

Return of Organization Exempt From Income Tax

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

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 period beginning JUL 1, 2001 and ending JUN 30, 2002

B Check if applicable: C Name of organization CHILD ADVOCATES OF SAN BERNARDINO COUNTY D Employer identification number 33-0362613 E Telephone number 909-881-6760

G Web site WWW.SBCAPI.ORG H and I are not applicable to section 527 organizations

J Organization type (check only one) [X] 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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 180,573. M Check [ ] if the organization is not required to attach Sch B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received 1a 21,695. 1b 10,452. 1c 147,686. 1d 179,833.

2 Program service revenue including government fees and contracts (from Part VII, line 93) 2

3 Membership dues and assessments 3

4 Interest on savings and temporary cash investments 4 250.

5 Dividends and interest from securities 5

6a Gross rents 6a

6b Less rental expenses 6b

6c Net rental income or (loss) (subtract line 6b from line 6a) 6c

7 Other investment income (describe ) 7

8a Gross amount from sale of assets other than inventory (A) Securities (B) Other 8a

8b Less cost or other basis and sales expenses 8b

8c Gain or (loss) (attach schedule) 8c

8d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d

9 Special events and activities (attach schedule)

9a Gross revenue (not included on line 1a) of contributions 9a

9b Less direct expenses other than fundraising expenses 9b

9c Net income or (loss) from special events (subtract line 9b from line 9a) 9c

10a Gross sales of inventory, less returns and allowances 10a

10b Less cost of goods sold 10b

10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c

11 Other revenue (from Part VII, line 103) 11 490.

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 180,573.

13 Program services (from line 44, column (B)) 13 305,596.

14 Management and general (from line 44, column (C)) 14 56,057.

15 Fundraising (from line 44, column (D)) 15 40,010.

16 Payments to affiliates (attach schedule) 16

17 Total expenses (add lines 16 and 44, column (A)) 17 401,663.

18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 -221,090.

19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 309,566.

20 Other changes in net assets or fund balances (attach explanation) 20 0.

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 88,476.

123001 01-04-02 LHA For Paperwork Reduction Act Notice, see the separate instructions.1

Form 990 (2001)

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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

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 \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	64,987.	35,996.	6,498.	22,493.
26	Other salaries and wages	173,743.	142,306.	23,578.	7,859.
27	Pension plan contributions				
28	Other employee benefits	19,014.	15,068.	2,428.	1,518.
29	Payroll taxes	18,893.	14,628.	2,358.	1,907.
30	Professional fundraising fees				
31	Accounting fees	11,593.	9,028.	2,211.	354.
32	Legal fees				
33	Supplies	6,124.	4,714.	1,410.	
34	Telephone	7,855.	5,934.	1,179.	742.
35	Postage and shipping	2,270.	806.	1,464.	
36	Occupancy	19,749.	11,709.	5,289.	2,751.
37	Equipment rental and maintenance	3,410.	1,871.	1,004.	535.
38	Printing and publications	1,483.	1,135.	258.	90.
39	Travel				
40	Conferences, conventions, and meetings	7,944.	6,655.	1,289.	
41	Interest	1,622.	131.	1,491.	
42	Depreciation, depletion, etc (attach schedule)	9,168.	7,427.	1,191.	550.
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 1	53,808.	48,188.	4,409.	1,211.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	401,663.	305,596.	56,057.	40,010.

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**

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

a	<b>YOUTH EMPOWERMENT PROJECT-PROVIDES A VIOLENCE PREVENTION PROGRAM FOR YOUTH IN THE CRIMINAL COURT SYSTEM IN SAN BERNARDINO</b>	(Grants and allocations \$ _____)	174,734.
b	<b>RECRUITING AND TRAINING OF CHILD ADVOCATES-TO SERVE AS ADVOCATES FOR ABUSED, NEGLECTED AND MOLESTED CHILDREN WHO ARE INVOLVED WITH THE JUVENILE JUSTICE SYSTEM</b>	(Grants and allocations \$ _____)	57,545.
c	<b>SEE STATEMENT 3</b>	(Grants and allocations \$ _____)	73,317.
d	_____	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses (should equal line 44 column (B), Program services)</b>		<b>305,596.</b>

**Part IV Balance Sheets**

Note		(A) Beginning of year		(B) End of year	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45	Cash - non-interest-bearing	17,406.	45	6,208.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable	21,434.		
	b	Less allowance for doubtful accounts		47c	21,434.
	48 a	Pledges receivable			
	b	Less allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees and key employees		50	
	51 a	Other notes and loans receivable			
	b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	6,177.	53	4,433.
	54	Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a	Investments - land, buildings, and equipment basis			
	b	Less accumulated depreciation		55c	
56	Investments - other		56		
57 a	Land, buildings, and equipment basis	77,565.			
b	Less accumulated depreciation STMT 4	59,693.	57c	17,872.	
58	Other assets (describe SEE STATEMENT 5 )	255,332.	58	96,796.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	341,100.	59	146,743.	
Liabilities	60	Accounts payable and accrued expenses	20,983.	60	34,561.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable STMT 6	2,205.	64b	16,910.
	65	Other liabilities (describe SEE STATEMENT 7 )	8,346.	65	6,796.
66	<b>Total liabilities</b> (add lines 60 through 65)	31,534.	66	58,267.	
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	37,028.	67	-14,328.
	68	Temporarily restricted	272,538.	68	102,804.
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19, column (B) must equal line 21)	309,566.	73	88,476.	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	341,100.	74	146,743.	

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	
a Total revenue, gains, and other support per audited financial statements	180,573.
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 \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify) \$	
Add amounts on lines (1) through (4)	0.
c Line a minus line b	180,573.
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)	0.
e Total revenue per line 12, Form 990 (line c plus line d)	180,573.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
a Total expenses and losses per audited financial statements	401,663.
b Amounts included on line a but not on line 17, Form 990	
(1) Donated services and use of facilities \$	
(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)	0.
c Line a minus line b	401,663.
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)	0.
e Total expenses per line 17, Form 990 (line c plus line d)	401,663.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated)

(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
HARLENE RHEUBOTTOM-MASON 1635 NORTH "D" STREET SAN BERNARDINO, CA 92405	PRESIDENT 20 HOURS	0.	0.	0.
MARGARET CAULFIELD 1635 NORTH "D" STREET SAN BERNARDINO, CA 92405	VICE PRESIDENT 10 HOURS	0.	0.	0.
FARRIEL DOBARD 1635 NORTH "D" STREET SAN BERNARDINO, CA 92405	TREASURER (TERMED 2/21/02) 10 HOURS	0.	0.	0.
BONNIE RUSSELL-HUNT 1635 NORTH "D" STREET SAN BERNARDINO, CA 92405	SECRETARY 10 HOURS	0.	0.	0.
HOPE CAMP-LUNA 1635 NORTH "D" STREET SAN BERNARDINO, CA 92405	BOARD MEMBER 10 HOURS	0.	0.	0.
STEVEN WEBER 1635 NORTH "D" STREET SAN BERNARDINO, CA 92405	BOARD MEMBER 10 HOURS	0.	0.	0.
JULIA LAMBSON 1635 NORTH "D" STREET SAN BERNARDINO, CA 92405	LIAISON 10 HOURS	0.	0.	0.
LEON WILBER 1635 NORTH "D" STREET SAN BERNARDINO, CA 92405	TREASURER 20 HOURS	0.	0.	0.
JOSHUA BECKLEY 1635 NORTH "D" STREET SAN BERNARDINO, CA 92405	BOARD MEMBER 10 HOURS	0.	0.	0.
KENNE' MILLER 1635 NORTH "D" STREET SAN BERNARDINO, CA 92405	EXECUTIVE DIRECTOR 40 HOURS	64,987.	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? If "Yes" attach schedule  Yes  No

Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Rows include questions 76 through 91 regarding organizational activities, financials, and governance.

91 The books are in care of KENNE' MILLER Telephone no 909-881-6760
Located at 1635 NORTH "D" STREET, SAN BERNARDINO, CA ZIP +4 92405

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**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			14	250.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a SALE OF CANDY MACHINE			01	400.	
b MISCELLANEOUS INCOME			01	90.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		740.	0.
105 Total (add line 104, columns (B), (D), and (E))				740.	740.

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
N/A	%			
	%			
	%			
	%			

**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).

I am preparing this return on behalf of the organization and I am not a preparer. I am completing schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge.

1503 **Kenne Miller** Executive Director  
Type or print name and title

**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

**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

CHILD ADVOCATES OF SAN BERNARDINO COUNTY

Employer identification number

33 0362613

**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 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 ▶	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )		X
4 Do you have a section 403(b) annuity plan for your employees?	X	
<b>Note</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		

**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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	374,896.	601,874.	368,391.	372,948.	1,718,109.
<b>16</b> Membership fees received					
<b>17</b> 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			55,535.	88,999.	144,534.
<b>18</b> 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	2,178.	2,744.	1,253.	1,043.	7,218.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization a benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	700.		SEE STATEMENT 8		700.
<b>23</b> Total of lines 15 through 22	377,774.	604,618.	425,179.	462,990.	1,870,561.
<b>24</b> Line 23 minus line 17	377,774.	604,618.	369,644.	373,991.	1,726,027.
<b>25</b> Enter 1% of line 23	3,778.	6,046.	4,252.	4,630.	
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				<b>26a</b> 34,521.
	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				<b>26b</b> 350,139.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				<b>26c</b> 1,726,027.
	d Add: Amounts from column (e) for lines 18 <u>7,218.</u> 19 _____				<b>26d</b> 358,057.
	22 <u>700.</u> 26b <u>350,139.</u>				<b>26e</b> 1,367,970.
	e Public support (line 26c minus line 26d total)				<b>26f</b> 79.2554%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
<b>27</b> 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: N/A				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
	c Add: Amounts from column (e) for lines 15 _____ 16 _____				<b>27c</b> N/A
	17 _____ 20 _____				<b>27d</b> N/A
	21 _____				<b>27e</b> N/A
	d Add: Line 27a total _____ and line 27b total _____				<b>27f</b> N/A
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e): N/A				<b>27g</b> N/A %
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27h</b> N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				
<b>28</b> 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.				
	NONE				

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

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





Asset Number	Description of property							
	Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
OFFICE EQUIPMENT								
1	LASER PRINTER							
	10/14/93	SL	5.00	16	1,002.		1,002.	0.
2	MAIL SCALE							
	01/25/94	SL	5.00	16	214.		214.	0.
3	BATTERY BACK UP							
	02/16/94	SL	5.00	16	350.		350.	0.
4	PRINTER MEMORY UPGRADE							
	03/01/94	SL	5.00	16	175.		175.	0.
5	LASER PRINTER							
	05/02/95	SL	5.00	16	1,449.		1,449.	0.
6	COMPUTER							
	10/23/95	SL	5.00	16	3,500.		3,500.	0.
7	COMPUTER MEMORY UPGRADE							
	01/05/96	SL	5.00	16	783.		783.	0.
8	COMPUTER EQUIPMENT							
	01/19/96	SL	5.00	16	2,000.		1,967.	33.
9	COMPUTER EQUIPMENT							
	04/18/96	SL	5.00	16	500.		467.	33.
10	ELECTRONIC EQUIPMENT							
	04/29/96	SL	5.00	16	384.		358.	25.
11	COMPUTER & CD							
	07/26/96	SL	5.00	16	1,786.		1,771.	15.
12	HP OFFICE JET FAX							
	02/03/97	SL	5.00	16	593.		519.	59.
13	SOFTWARE A/C POLICIES							
	02/27/97	SL	5.00	16	495.		429.	49.
14	DIGITAL CAMERA							
	03/02/97	SL	5.00	16	647.		554.	65.
15	TOSHIBA P200 MMX							
	06/02/97	SL	5.00	16	2,532.		2,046.	253.
16	MULTISYNC DISPLAY							
	06/02/97	SL	5.00	16	377.		304.	38.
17	HP DESKJET 694C							
	06/02/97	SL	5.00	16	323.		262.	32.
18	VIDEO CAMERA							
	06/28/97	SL	5.00	16	878.		711.	88.
19	COMPUTER & SOFTWARE							
	07/08/97	SL	5.00	16	677.		541.	135.
20	COMPUTER & SOFTWARE							
	07/31/97	SL	5.00	16	1,173.		879.	0.
21	COMPUTER & SOFTWARE							
	09/16/97	SL	5.00	16	1,094.		821.	0.
22	NETWORK & ZIP DRIVE							
	10/09/97	SL	5.00	16	4,633.		3,475.	0.
23	COMPUTER EQUIPMENT							
	12/26/97	SL	5.00	16	1,647.		1,152.	329.
24	COMPUTER							
	04/12/99	SL	5.00	16	1,799.		810.	360.
25	COMPUTER SYSTEMS							
	04/12/99	SL	5.00	16	7,919.		3,168.	1,584.
26	HP DESKJET PRINTER							
	09/07/99	SL	5.00	16	800.		293.	160.

Asset Number	Description of property					Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	Date placed in service	Method/ IRC sec	Life or rate	Line No					
27	2	STYLUS 900S & 1 MONITOR							
	09/24/99	SL	5.00	16	1,480.		518.	296.	
28	HP PAVILION COMPUTER								
	09/24/99	SL	5.00	16	1,000.		350.	200.	
29	3 MAVICA COMPUTERS								
	12/03/99	SL	5.00	16	6,788.		2,150.	1,358.	
30	STYLUS 900 PRINTER								
	12/05/99	SL	5.00	16	400.		127.	80.	
31	COMPAQ PRESARIO COMPUTER								
	12/11/99	SL	5.00	16	1,776.		562.	355.	
32	COMPUTER								
	04/25/00	SL	5.00	16	1,773.		414.	355.	
33	EQUIPMENT								
	06/30/00	SL	5.00	16	2,169.		434.	434.	
	* 990 PAGE 2 TOTAL - OFFICE EQUIPMENT					53,116.	0.	32,555.	6,336.
	OFFICE FURNITURE								
36	OFFICE FURNITURE								
	05/01/89	SL	5.00	16	2,950.		2,950.	0.	
37	4 DRAWER LATERAL FILE								
	04/10/91	SL	5.00	16	531.		531.	0.	
38	CANNON PC II COPIER								
	10/03/91	SL	5.00	16	850.		850.	0.	
39	BOOKSHELVES & CART								
	10/03/91	SL	5.00	16	229.		229.	0.	
40	LAMINATOR								
	10/03/91	SL	5.00	16	40.		40.	0.	
41	T PWTR STAND & CHAIR								
	10/15/91	SL	5.00	16	100.		100.	0.	
42	5 DRAWER FILE CABINET								
	10/18/91	SL	5.00	16	565.		565.	0.	
43	SHELVES								
	10/27/91	SL	5.00	16	107.		107.	0.	
44	CALCULATOR & EQUIPMENT								
	02/14/92	SL	5.00	16	331.		331.	0.	
45	TRANSCRIBER								
	04/06/92	SL	5.00	16	117.		117.	0.	
46	TABLE								
	04/06/92	SL	5.00	16	119.		119.	0.	
47	CHAIRS								
	04/23/92	SL	5.00	16	168.		168.	0.	
48	TYPEWRITER & TELEPHONE								
	05/07/92	SL	5.00	16	207.		207.	0.	
49	OFFICE SHELVING								
	02/12/93	SL	5.00	16	183.		183.	0.	
50	PAPER SHREDDER								
	07/19/93	SL	5.00	16	225.		225.	0.	
51	BUSINESS ORGANIZER								
	03/11/94	SL	5.00	16	226.		226.	0.	
52	STENO CHAIR								
	09/13/94	SL	5.00	16	83.		83.	0.	
53	CHAIRS								
	10/18/94	SL	5.00	16	242.		242.	0.	



FORM 990	OTHER EXPENSES			STATEMENT	1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
EMPLOYEE EXPENSES	629.	21.	608.		
BANK CHARGES	744.		744.		
BOARD AND STAFF TRAINING	908.	352.	411.	145.	
CONSULTING FEES	20,290.	20,255.	35.		
DUES AND SUBSCRIPTIONS	595.	565.	30.		
GUARDIAN TRAINING	421.	421.			
INSURANCE	7,957.	6,391.	1,093.	473.	
LICENSES AND PERMITS	341.		341.		
MARKETING	3,095.	2,299.	234.	562.	
MILEAGE REIMBURSEMENT	9,207.	8,352.	824.	31.	
SPECIAL NEEDS OF CHILDREN	9,621.	9,532.	89.		
TOTAL TO FM 990, LN 43	53,808.	48,188.	4,409.	1,211.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	2
PART III			

## EXPLANATION

TO PROVIDE GUARDIAN AD LITEMS TO THE JUVENILE JUSTICE SYSTEM WITH IN  
SAN BERNARDINO COUNTY

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FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	3
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## DESCRIPTION OF PROGRAM SERVICE THREE

GUARDIAN SERVICES-DIRECT SUPPORT FOR VOLUNTEERS THAT HAVE BEEN TRAINED TO INVESTIGATE THE HOME ENVIRONMENT, INTERVIEW TEACHERS, CASE WORKERS, RELATIVES AND OTHER INVOLVED IN THE CHILD'S CASE AND REPORT THE FINDINGS TO THE JUDGE

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		73,317.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	4
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LASER PRINTER	1,002.	1,002.	0.
MAIL SCALE	214.	214.	0.
BATTERY BACK UP	350.	350.	0.
PRINTER MEMORY UPGRADE	175.	175.	0.
LASER PRINTER	1,449.	1,449.	0.
COMPUTER	3,500.	3,500.	0.
COMPUTER MEMORY UPGRADE	783.	783.	0.
COMPUTER EQUIPMENT	2,000.	2,000.	0.
COMPUTER EQUIPMENT	500.	500.	0.
ELECTRONIC EQUIPMENT	384.	383.	1.
COMPUTER & CD	1,786.	1,786.	0.
HP OFFICE JET FAX	593.	578.	15.
SOFTWARE A/C POLICIES	495.	478.	17.
DIGITAL CAMERA	647.	619.	28.
TOSHIBA P200 MMX	2,532.	2,299.	233.
MULTISYNC DISPLAY	377.	342.	35.
HP DESKJET 694C	323.	294.	29.
VIDEO CAMERA	878.	799.	79.
COMPUTER & SOFTWARE	677.	676.	1.
COMPUTER & SOFTWARE	1,173.	879.	294.
COMPUTER & SOFTWARE	1,094.	821.	273.
NETWORK & ZIP DRIVE	4,633.	3,475.	1,158.
COMPUTER EQUIPMENT	1,647.	1,481.	166.
COMPUTER	1,799.	1,170.	629.
COMPUTER SYSTEMS	7,919.	4,752.	3,167.
HP DESKJET PRINTER	800.	453.	347.
2 STYLUS 900S & 1 MONITOR	1,480.	814.	666.
HP PAVILION COMPUTER	1,000.	550.	450.
3 MAVICA COMPUTERS	6,788.	3,508.	3,280.
STYLUS 900 PRINTER	400.	207.	193.

COMPAQ PRESARIO COMPUTER	1,776.	917.	859.
COMPUTER	1,773.	769.	1,004.
EQUIPMENT	2,169.	868.	1,301.
OFFICE FURNITURE	2,950.	2,950.	0.
4 DRAWER LATERAL FILE	531.	531.	0.
CANNON PC II COPIER	850.	850.	0.
BOOKSHELVES & CART	229.	229.	0.
LAMINATOR	40.	40.	0.
T PWTR STAND & CHAIR	100.	100.	0.
5 DRAWER FILE CABINET	565.	565.	0.
SHELVES	107.	107.	0.
CALCULATOR & EQUIPMENT	331.	331.	0.
TRANSCRIBER	117.	117.	0.
TABLE	119.	119.	0.
CHAIRS	168.	168.	0.
TYPEWRITER & TELEPHONE	207.	207.	0.
OFFICE SHELVING	183.	183.	0.
PAPER SHREDDER	225.	225.	0.
BUSINESS ORGANIZER	226.	226.	0.
STENO CHAIR	83.	83.	0.
CHAIRS	242.	242.	0.
COMPUTER NETWORK	250.	250.	0.
COMPUTER MONITOR	1,300.	1,300.	0.
COMPUTER NETWORK	800.	800.	0.
COMPUTER NETWORK	252.	252.	0.
OFFICE FURNITURE	900.	870.	30.
DESKS TABLES	451.	430.	21.
OFFICE FURNITURE	700.	660.	40.
BOOK SHELVES	824.	713.	111.
LATERAL FILE	571.	446.	125.
CANON CL200 COLOR	7,500.	5,232.	2,268.
MINOLTA EP 8602	3,000.	2,093.	907.
CAMERA	628.	483.	145.
TOTAL TO FORM 990, PART IV, LN 57	<u>77,565.</u>	<u>59,693.</u>	<u>17,872.</u>

FORM 990	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	AMOUNT
UNCONDITIONAL PROMISE TO GIVE	90,000.
DUE FROM UNRESTRICTED FUND	6,796.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	<u>96,796.</u>

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 6

LENDER'S NAME TERMS OF REPAYMENT

BUSINESS BANK OF CALIFORNIA MONTHLY INT &amp; PRIN

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
06/03/02	06/03/03	15,510.	5.75%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

UCC FILING WORKING CAPITAL

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	15,510.

LENDER'S NAME TERMS OF REPAYMENT

AICCO FINANCE COMPANY MONTHLY INT &amp; PRIN

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
12/11/01	09/01/02	6,102.	8.25%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

INSURANCE POLICIES INSURANCE POLICY FINANCING

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	1,400.

