

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)

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
CHILD AND FAMILY CENTER
 Number and street (or P O box if mail is not delivered to street address) Room/suite
21545 REDVIEW DRIVE
 City or town, state or country, and ZIP + 4
SANTA CLARITA, CA 91350

D Employer identification number
95-3941342

E Telephone number
661-287-6847

F Accounting method: Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

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? **N/A** Yes No (If "No," attach a list)

G Web site **WWW.CHILDFAMILYCENTER.ORG**

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

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

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

I Enter 4-digit GEN _____

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **7,297,863.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a			
	b	Indirect public support	1b	306,200.		
	c	Government contributions (grants)	1c	6,924,541.		
	d	Total (add lines 1a through 1c) (cash \$ 7,230,741. noncash \$ _____)	1d			7,230,741.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			25,827.
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			34,494.
	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				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
Revenue	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
Revenue	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold (attach schedule)	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
Expenses	11	Other revenue (from Part VII, line 103)	11			6,801.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			7,297,863.
	13	Program services (from line 44, column (B))	13			6,079,997.
	14	Management and general (from line 44, column (C))	14			808,241.
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17			6,888,238.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			409,625.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			2,827,028.
	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			3,236,653.

RECEIVED
 NOV 10 2002
 OGDEN, UT

SCANNED NOV 13 02

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	146,659.	0.	146,659.	0.
26	Other salaries and wages	4,035,871.	3,614,557.	421,314.	
27	Pension plan contributions	40,468.	25,718.	14,750.	
28	Other employee benefits	209,379.	157,981.	51,398.	
29	Payroll taxes	464,261.	401,216.	63,045.	
30	Professional fundraising fees				
31	Accounting fees	18,102.	18,102.		
32	Legal fees				
33	Supplies	107,187.	93,253.	13,934.	
34	Telephone	70,079.	64,362.	5,717.	
35	Postage and shipping	13,991.	12,741.	1,250.	
36	Occupancy	541,781.	524,338.	17,443.	
37	Equipment rental and maintenance	134,714.	119,212.	15,502.	
38	Printing and publications	30,423.	28,907.	1,516.	
39	Travel	36,860.	33,427.	3,433.	
40	Conferences, conventions, and meetings	29,205.	24,004.	5,201.	
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	231,393.	201,886.	29,507.	
43	Other expenses not covered above (itemize)				
a	CONTRACT SERVICES	16,296.	11,584.	4,712.	
b	DUES AND SUBSCRIPTIONS	16,269.	14,757.	1,512.	
c	LIABILITY INSURANCE	43,425.	38,639.	4,786.	
d	MISCELLANEOUS	8,297.	1,735.	6,562.	
e	PROGRAM	693,578.	693,578.		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	6,888,238.	6,079,997.	808,241.	0.

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 1**

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	MENTAL HEALTH SERVICES PROVIDE COUNSELING AND MENTAL HEALTH SERVICES TO ADOLESCENTS AGE 17 OR YOUNGER AND TO CLIENTS WHO ARE ELIGIBLE FOR GOVERNMENT ASSISTANCE PROGRAMS. (Grants and allocations \$ _____)	5,245,148.
b	CHILD CARE SERVICES PROVIDE CHILD CARE SERVICES FOR LOW AND MODERATE INCOME WORKING FAMILIES WHO ARE ELIGIBLE FOR STATE ASSISTANCE PROGRAMS. (Grants and allocations \$ _____)	401,697.
c	SEE STATEMENT 2 (Grants and allocations \$ _____)	156,968.
d	ALCOHOL & DRUG SERVICES ALCOHOL AND DRUG NON-RESIDENTIAL SERVICES DIRECTED TOWARDS ALLEVIATING AND/OR PREVENTING ALCOHOL AND DRUG PROBLEMS AMONG ADOLESCENTS. (Grants and allocations \$ _____)	138,292.
e	Other program services (attach schedule) STATEMENT 3 (Grants and allocations \$ _____)	137,892.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	6,079,997.

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	3,076,941.	45	361,571.
	46	Savings and temporary cash investments	214,000.	46	222,526.
	47 a	Accounts receivable	47a 1,528,137.		
	b	Less allowance for doubtful accounts	47b	47c 782,809.	1,528,137.
	48 a	Pledges receivable	48a		
	b	Less allowance for doubtful accounts	48b	48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	51a		
	b	Less allowance for doubtful accounts	51b	51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	14,188.	53	27,431.
	54	Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a	Investments - land, buildings, and equipment basis	55a		
	b	Less accumulated depreciation	55b	55c	
56	Investments - other		56		
57 a	Land, buildings, and equipment basis	57a 4,871,856.			
b	Less accumulated depreciation	57b 377,181.	57c 1,772,490.	4,494,675.	
58	Other assets (describe <input type="checkbox"/> DEPOSITS)	31,465.	58	31,561.	
59	Total assets (add lines 45 through 58) (must equal line 74)	5,891,893.	59	6,665,901.	
Liabilities	60	Accounts payable and accrued expenses	270,510.	60	500,250.
	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	2,794,355.	64b	2,723,998.
65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 4)		65	205,000.	
66	Total liabilities (add lines 60 through 65)	3,064,865.	66	3,429,248.	
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	2,807,028.	67	2,970,394.
	68	Temporarily restricted		68	246,259.
	69	Permanently restricted	20,000.	69	20,000.
	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)	2,827,028.	73	3,236,653.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	5,891,893.	74	6,665,901.	

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

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

91 The books are in care of FABRIZIO CONSERVA Telephone no (661) 255-6847
Located at 21545 REDVIEW DRIVE, SANTA CLARITA, CA ZIP +4 91359

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 SERVICE OR PARENT FEES					25,827.
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	34,494.	
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 REIMBURSEMENT					6,300.
b JURY DUTY REFUNDS					501.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		34,494.	32,628.
105 Total (add line 104, columns (B), (D), and (E))					67,122.

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)
▼	SEE STATEMENT 5

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

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

11/5/02 Elizabeth Seipel CEO

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

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

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

(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.)	5,436,118.	3,097,057.	2,460,670.	1,430,609.	12,424,454.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	35,948.	46,589.	34,602.	19,216.	136,355.
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	35,639.	17,857.	9,265.	6,920.	69,681.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	5,507,705.	3,161,503.	2,504,537.	1,456,745.	12,630,490.
24 Line 23 minus line 17	5,471,757.	3,114,914.	2,469,935.	1,437,529.	12,494,135.
25 Enter 1% of line 23	55,077.	31,615.	25,045.	14,567.	
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. c Total support for section 509(a)(1) test. Enter line 24, column (e). d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26a N/A 26b N/A 26c N/A 26d N/A 26e N/A 26f N/A %
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 12,424,454. 16 _____ 17 136,355. 20 _____ 21 _____ d Add: Line 27a total 0. and line 27b total 0. 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). g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27c 12,560,809. 27d 0. 27e 12,560,809. 27f 12,630,490. 27g 99.4483% 27h .5517%

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.

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)		

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	

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	

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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(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 (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
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 -		
	The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
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				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(a))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(a))				0.
50	Grassroots lobbying expenditures				0.

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	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			0.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2001

Name of organization

CHILD AND FAMILY CENTER

Employer identification number

95-3941342

Organization type (check one)

Filers of

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

For organizations filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution. Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization CHILD AND FAMILY CENTER	Employer identification number 95-3941342
--	---

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 306,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 1
PART III

EXPLANATION

TO SUPPORT THE PROGRAMS AND ACTIVITIES OF THE CHILD & FAMILY CENTER IN PARTICULAR THE MENTAL HEALTH, DRUGS AND ALCOHOL ABUSE, AND THE CHILD CARE SERVICES.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 2

DESCRIPTION OF PROGRAM SERVICE THREE

FAMILY PRESERVATION PROGRAM
A COMPREHENSIVE, INTEGRATED, COMMUNITY BASED AND COLLABORATIVE APPROACH TO PROVIDE SERVICES TO FAMILIES WHICH ENHANCES CHILD SAFETY WHILE STRENGTHENING AND PRESERVING FAMILIES IN SITUATIONS OF ABUSE, NEGLECT OR EXPLOITATION.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		156,968.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 3

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
FAMILY SUPPORT PROVIDE COUNSELING AND ASSISTANCE TO PREGNANT ADOLESCENTS, SINGLE YOUNG MOTHERS, AND ADOLESCENT COUPLES.		137,892.
TOTAL TO FORM 990, PART III, LINE E		137,892.

FORM 990	OTHER LIABILITIES	STATEMENT	4
DESCRIPTION		AMOUNT	
LINE OF CREDIT		80,000.	
INTER-FUND PAYABLE		125,000.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		205,000.	

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	5
----------	---	-----------	---

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	MOSTLY FEES COLLECTED IN ACCORDANCE TO GRANT REQUIREMENTS AND THE ABILITY OF PATIENT OR CLIENT TO PAY. GENERALLY, THEY ARE SET AT A MUCH LOWER LEVEL THAN REGULAR FEES. THE OVERALL OBJECTIVE IS TO PROVIDE SERVICES TO NEEDY CHILDREN AND THEIR FAMILIES.
103A	REIMBURSEMENT OF JOINT SET UP COSTS FROM CHILD & FAMILY GUIDANCE CENTER IN CONNECTION WITH THE ESTABLISHMENT OF THE FAMILY LINKS PROGRAM.
103B	JURY DUTY REFUNDS.

Child & Family Center
 EIN# 95-3941342
 2001 Form 990, Part V
 List of Directors, Officers, Key Employees

Name	Title	Address	Hours devoted per week	Compensation	Contribution to Employee Benefit Plan	Expense and allowance account
Roberta Veloz	Chair	21545 Redview Drive, Santa Clarita, CA 91359	varies	0	0	0
Wes Toy	Vice Chair	21545 Redview Drive, Santa Clarita, CA 91359	varies	0	0	0
Paul Frease	Treasurer	21545 Redview Drive, Santa Clarita, CA 91359	varies	0	0	0
Robert Lee, Ed. D	Secretary	21545 Redview Drive, Santa Clarita, CA 91359	varies	0	0	0
Dale Donohoe	Director	21545 Redview Drive, Santa Clarita, CA 91359	varies	0	0	0
Judy Fish	Director	21545 Redview Drive, Santa Clarita, CA 91359	varies	0	0	0
Cheri Fleming	Director	21545 Redview Drive, Santa Clarita, CA 91359	varies	0	0	0
Bill Groves, M D	Director	21545 Redview Drive, Santa Clarita, CA 91359	varies	0	0	0
Millie Jones	Director	21545 Redview Drive, Santa Clarita, CA 91359	varies	0	0	0
Terry Martin, CPA	Director	21545 Redview Drive, Santa Clarita, CA 91359	varies	0	0	0
Elizabeth Seipel	CEO	21546 Redview Drive, Santa Clarita, CA 91359	40 hours	92,326	2,582	0
Carol Gelsinger	President/Ex. Dir	21547 Redview Drive, Santa Clarita, CA 91359	20 hours	54,333	1,680	0
Total				146,659	4,262	