

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

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

Please use IRS label or print or type See specific instructions.

WARMLINE FAMILY RESOURCE CENTER 2035 HURLEY WAY #250 SACRAMENTO, CA 95825

D Employer Identification Number 68-0391212 E Telephone number 916-922-9276 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? 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?

G Web site: www.warmlinefrc.org

J Organization type (check only one): 501(c) 3, 4947(a)(1), 527

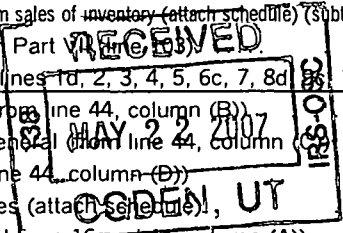
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 384,961.

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

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for public support, program service revenue, membership dues, interest on savings, dividends, gross rents, net rental income, other investment income, gross amount from sales of assets, special events and activities, gross sales of inventory, other revenue, total revenue, program services, management and general expenses, fundraising, payments to affiliates, total expenses, excess or deficit, net assets or fund balances at beginning and end of year.

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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 (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	51,620.	43,877.	7,743.	0.
26 Other salaries and wages	26	152,478.	129,606.	22,872.	
27 Pension plan contributions	27				
28 Other employee benefits	28	12,336.	10,486.	1,850.	
29 Payroll taxes	29	17,309.	14,713.	2,596.	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	10,226.	8,692.	1,534.	
34 Telephone	34	6,334.	6,017.	317.	
35 Postage and shipping	35	2,874.	2,730.	144.	
36 Occupancy	36	51,299.	49,054.	2,245.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	9,347.	8,880.	467.	
39 Travel	39	4,042.	3,436.	606.	
40 Conferences, conventions, and meetings	40	307.	261.	46.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	4,813.	4,572.	241.	
43 Other expenses not covered above (itemize):					
a <u>ACTIVITY/PROJECT EXPENSE</u>	43a	15,007.	15,007.		
b <u>INSURANCE</u>	43b	5,892.	5,597.	295.	
c <u>MISCELLANEOUS</u>	43c	875.	219.	656.	
d <u>PROFESSIONAL FEES</u>	43d	6,589.	536.	6,053.	
e <u>STAFF TRAINING</u>	43e	1,388.	1,388.		
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	352,736.	305,071.	47,665.	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 \$ \_\_\_\_\_

BAA

Part III Statement of Program Service Accomplishments

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.

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) organizations and 4947(a)(1) trusts, but optional for others)

a See Statement 3

(Grants and allocations \$ ) If this amount includes foreign grants, check here

305,071.

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here

e Other program services

(Grants and allocations \$ ) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

305,071.

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**Part IV Balance Sheets** (See Instructions)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				
ASSETS	45 Cash – non-interest-bearing	50,285.	45	54,659.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable		47a	
	b Less allowance for doubtful accounts		47b	47c
	48a Pledges receivable	85,387.	48a	
	b Less allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	85,387.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)		51a	
	b Less allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	5,145.	53	3,421.
	54 Investments – securities (attach schedule)		54	
	55a Investments – land, buildings, & equipment basis		55a	
	b Less accumulated depreciation (attach schedule)		55b	55c
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	37,802.	57a		
b Less accumulated depreciation (attach schedule)		57b	57c	
58 Other assets (describe <input checked="" type="checkbox"/> See Statement 5)	16,549.	58	18,638.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	154,413.	59	167,707.	
LIABILITIES	60 Accounts payable and accrued expenses	10,932.	60	13,919.
	61 Grants payable		61	
	62 Deferred revenue	10,692.	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> )	1.	65	
66 <b>Total liabilities.</b> Add lines 60 through 65	21,625.	66	13,919.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	132,788.	67	153,788.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
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)	132,788.	73	153,788.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	154,413.	74	167,707.	

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Form 990 (2005)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	373,736.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12.			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify) _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	373,736.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	373,736.

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	352,736.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20.	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	352,736.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b> .		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	352,736.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 and deferred compensation plans	(E) Expense account and other allowances
See Statement 6		51,620.	0.	0.



Part VI Other Information (continued)	Yes	No
<b>82 a</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?	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 in Part III.)		
<b>82 b</b>		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>83 b</b>		
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		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?		N/A
<b>84 b</b>		
<b>85</b> 501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?		N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
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.		
<b>c</b> Dues, assessments, and similar amounts from members	N/A	
<b>85 c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures	N/A	
<b>85 d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>85 e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>85 f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>85 g</b>		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
<b>85 h</b>		
<b>86</b> 501(c)(7) organizations Enter <b>a</b> Initiation fees and capital contributions included on line 12	N/A	
<b>86 a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>86 b</b>		
<b>87</b> 501(c)(12) organizations Enter <b>a</b> Gross income from members or shareholders	N/A	
<b>87 a</b>		
<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.)	N/A	
<b>87 b</b>		
<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		X
<b>88</b>		
<b>89 a</b> 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
<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		X
<b>89 b</b>		
<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 on line 89c, above, reimbursed by the organization		0.
<b>90 a</b> List the states with which a copy of this return is filed ▶ CA		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	11	
<b>90 b</b>		
<b>91 a</b> The books are in care of ▶ Warmline Family Resource Ctr. Telephone number ▶ (916) 922-9276 Located at ▶ 2035 Hurley Way, Sacramento, CA #250, ZIP + 4 ▶ 95825		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country		X
<b>91 b</b>		
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country		X
<b>91 c</b>		
<b>92</b> 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	N/A	<input type="checkbox"/>
<b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See the instructions)

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 & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	161.	
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	12,275.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b Miscellaneous			1	2,454.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				14,890.	
105 Total (add line 104, columns (B), (D), and (E))					14,890.

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 the instructions)

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 the instructions)

(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				

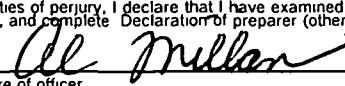
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

- 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)

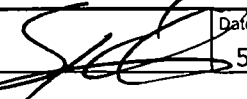
**Please Sign Here**

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

 Signature of officer 15-14-07  
Date

▶ **Al Millan, Executive Director**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ **Steven J. Olds CPA**  Date **5/11/07**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **Williams & Olds, CPA's  
3100 Zinfandel Dr Suite 170  
Rancho Cordova, CA 95670-6062**

Check if self-employed  Preparer's SSN or PTIN (See General Instruction W) **P00032941**

EIN ▶ **01-0560769**

Phone no ▶ **(916) 858-1680**



**Part III** Statements About Activities (See instructions)

	Yes	No
<p><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>                    N/A                    </u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>		X
<p><b>2</b> 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.)</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>		X
<p><b>b</b> Lending of money or other extension of credit?</p>		X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>		X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p style="text-align: center;">See Form 990, Part V</p>	X	
<p><b>e</b> Transfer of any part of its income or assets?</p>		X
<p><b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)</p>		X
<p><b>b</b> Do you have a section 403(b) annuity plan for your employees?</p>		X
<p><b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>		X
<p><b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		X
<p><b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X

**Part IV** Reason for Non-Private Foundation Status (See 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.)
- 11 a  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)
- 11 b  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). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See 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 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	319,247.	187,908.	153,783.	141,792.	802,730.
<b>16</b> Membership fees received					0.
<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.					0.
<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.					0.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<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.					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 7.	3,797.	279.	73.	133.	4,282.
<b>23</b> Total of lines 15 through 22	323,044.	188,187.	153,856.	141,925.	807,012.
<b>24</b> Line 23 minus line 17	323,044.	188,187.	153,856.	141,925.	807,012.
<b>25</b> Enter 1% of line 23	3,230.	1,882.	1,539.	1,419.	

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	16,140.
<b>b</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 2001 through 2004 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>	
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)		<b>26c</b>	807,012.
<b>d</b> Add: Amounts from column (e) for lines:	<b>18</b> _____ <b>19</b> _____	<b>26d</b>	4,282.
	<b>22</b> <u>4,282.</u>	<b>26e</b>	802,730.
<b>e</b> Public support (line 26c minus line 26d total)		<b>26f</b>	99.47 %
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

<b>27 Organizations described on line 12:</b>	N/A	
<b>a</b> 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:	(2004) _____ (2003) _____ (2002) _____ (2001) _____	
<b>b</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 11b, 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:	(2004) _____ (2003) _____ (2002) _____ (2001) _____	
<b>c</b> Add: Amounts from column (e) for lines:	<b>15</b> _____ <b>16</b> _____	<b>27c</b>
	<b>17</b> _____ <b>20</b> _____ <b>21</b> _____	<b>27d</b>
<b>d</b> Add: Line 27a total _____ and line 27b total _____		<b>27e</b>
<b>e</b> Public support (line 27c total minus line 27d total)		<b>27f</b>
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	<b>27f</b>	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

N/A

		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 a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32 b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32 c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32 d	d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement ) ----- -----		
33 a	33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges?		
33 b	b Admissions policies?		
33 c	c Employment of faculty or administrative staff?		
33 d	d Scholarships or other financial assistance?		
33 e	e Educational policies?		
33 f	f Use of facilities?		
33 g	g Athletic programs?		
33 h	h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
34 a	34 a Does the organization receive any financial aid or assistance from a governmental agency?		
34 b	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation		

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

N/A

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred )			
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table –			
<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>		
<b>Caution:</b> 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 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 non-taxable 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 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

Yes	No	Amount

- 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.)

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



WARMLINE FAMILY RESOURCE CENTER

68-0391212

5/11/07

10 45AM

**Statement 1**  
**Form 990, Part I, Line 9**  
**Net Income (Loss) from Special Events**

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
WARMLINE GOLF TOURNEY	23,500.	0.	23,500.	11,225.	12,275.
Total	<u>\$ 23,500.</u>	<u>\$ 0.</u>	<u>\$ 23,500.</u>	<u>\$ 11,225.</u>	<u>\$ 12,275.</u>

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

Warmline Family Resource Center provides information, education and support to promote and strengthen the foundation of families and children with disabilities or who are at risk for having disabilities or special needs. The Center also collaborates with and supports the community of professionals that work with and serve families with disabilities and special needs.

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

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
Warmline has developed a Family Resource Center/Network Plan (FRCP) with input from local agencies providing early intervention, child care, health care, family support, mental health and special education services. The FRCP includes 1) Peer Parent-to-Parent support and training 2) Referral to essential programs and services for children with disabilities and their families 3) Information Dissemination 4) Transition and School Readiness Training and Assistance for Families 5) An 800 phone number for information and support access available to families and professionals in six counties 6) Public Awareness of issues that families of children with disabilities face; and the nature of disabilities 7) Promote collaboration among all community partners and families to benefit the community 8) Support inclusion of children with disabilities in quality child care, school, and other typical community settings. Includes Foreign Grants: No		305,071.
Other Programs - Other programs provide information, education and support for families of children with special needs including siblings, grandparents and other family members. Includes Foreign Grants: No		
	<u>\$ 0.</u>	<u>\$ 305,071.</u>

## WARMLINE FAMILY RESOURCE CENTER

68-0391212

5/11/07

10 45AM

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

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 15,012.	\$ 11,965.	\$ 3,047.
Machinery and Equipment	15,342.	5,585.	9,757.
Buildings	7,448.	1,614.	5,834.
Total	\$ 37,802.	\$ 19,164.	\$ 18,638.

**Statement 5**  
**Form 990, Part IV, Line 58**  
**Other Assets**

Net Intangible Assets		1,011.
SECURITY DEPOSITS.		\$ 4,591.
Total		\$ 5,602.

**Statement 6**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Cindy Arstein-Kerslake 2035 Hurley Way, Suite 250 Sacramento, CA 95825	President 1	\$ 0.	\$ 0.	\$ 0.
Michael Rosenberg Same	Treasurer 1	0.	0.	0.
Cathy Mikitka	Vice President 1	0.	0.	0.
Ron Mainini	Parliamentarian 1	0.	0.	0.
Anker Christensen Same	Director 1	0.	0.	0.
Shirley Skaden-Smith Same	Director 1	0.	0.	0.

## WARMLINE FAMILY RESOURCE CENTER

68-0391212

5/11/07

10 45AM

Statement 6 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Teresa Androvich Same ,	Secretary 1	\$ 0.	\$ 0.	\$ 0.
Al Millan Same , 95825	Executive Direc 40	51,620.	0.	0.
	Total	<u>\$ 51,620.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 7  
Schedule A, Part IV-A, Line 22  
Other Income

<u>Description</u>	<u>(a) 2004</u>	<u>(b) 2003</u>	<u>(c) 2002</u>	<u>(d) 2001</u>	<u>(e) Total</u>
Miscellaneous	\$ 3,797.	\$ 279.	\$ 73.	\$ 133.	\$ 4,282.
Total	<u>\$ 3,797.</u>	<u>\$ 279.</u>	<u>\$ 73.</u>	<u>\$ 133.</u>	<u>\$ 4,282.</u>

WARMLINE FAMILY RESOURCE CENTER

68-0391212

5/11/07

10:45AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Amortization																
4	Data Base Software	6/22/02		1,720							1,720	1,075	S/L	5		344
8	Quickbooks for Nonprofits	10/24/02		416							416	221	S/L	5		83
9	Up-Grade Quickbooks	6/16/03		511							511	340	S/L	3		171
Total Amortization																
				2,647		0	0	0	0	0	2,647	1,636				598
Buildings																
5	Computers	5/27/05		7,448							7,448	124	S/L	5		1,490
Total Buildings																
				7,448		0	0	0	0	0	7,448	124				1,490
Furniture and Fixtures																
1	File Cabinet	6/30/01		828							828	685	S/L	5		143
2	Furniture & Fixtures	6/30/00		10,294							10,294	10,294	S/L	5		0
6	Furniture	5/27/05		3,890							3,890	65	S/L	5		778
Total Furniture and Fixtures																
				15,012		0	0	0	0	0	15,012	11,044				921
Machinery and Equipment																
3	Compaq Computers	6/12/02		2,454							2,454	1,534	S/L	5		491
7	Copier	5/01/05		2,000							2,000	67	S/L	5		400
10	Laptop Computer	6/24/04		2,817							2,817	939	S/L	3		939
11	Computer	9/23/02		1,169							1,169	643	S/L	5		234
12	Server	1/13/06		2,749							2,749		S/L	5		275

WARMLINE FAMILY RESOURCE CENTER

68-0391212

5/11/07

10.45AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct	Cur 179 Bonus	Special Depr Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.									
13	Computer	3/28/06		1,253							1,253		S/L	5		63									
14	Computer	6/30/06		1,400							1,400		S/L	5		0									
15	Laptop (Yolo CCC)	6/30/06		1,500							1,500		S/L	5		0									
Total Machinery and Equipment															3,183							2,402			
Total Depreciation															37,802							14,351			4,813
Grand Total Amortization															2,647							1,636			598
Grand Total Depreciation															37,802							14,351			4,813

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

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

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

## **Part I** Automatic 3-Month Extension of Time – Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only

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

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b> File by the due date for filing your return See instructions.	Name of Exempt Organization		Employer identification number
	WARMLINE FAMILY RESOURCE CENTER		68-0391212
	Number, street, and room or suite number If a P O box, see instructions		
	1010 HURLEY WAY #290		
City, town or post office For a foreign address, see instructions		state	ZIP code
SACRAMENTO, CA		CA	95825

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

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

• The books are in the care of ▶ Warmline Family Resource Ctr.

Telephone No. ▶ (916) 922-9276 FAX No. ▶ \_\_\_\_\_

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

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 2/15, 20 07, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 7/01, 20 05, and ending 6/30, 20 06.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

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

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>WARMLINE FAMILY RESOURCE CENTER</b>	Employer identification number <b>68-0391212</b> <small>For IRS use only</small>
	Number, street, and room or suite number. If a P.O. box, see instructions <b>1010 HURLEY WAY #290</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SACRAMENTO, CA 95825</b>	

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

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

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

- The books are in care of **Warmline Family Resource Ctr.**  
Telephone No. **(916) 922-9276** FAX No. \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4** I request an additional 3-month extension of time until 5/15, 20 07.
- 5** For calendar year \_\_\_\_\_, or other tax year beginning 7/01, 20 05, and ending 6/30, 20 06.
- 6** If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7** State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

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

**Signature and Verification**

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

Signature [Signature] Title CPA Date 2/8/08

**Notice to Applicant – To be Completed by the IRS**

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

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

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

Type or print	Name <b>Williams &amp; Olds, CPA's</b>
	Number and street (include suite, room, or apartment number) or a P.O. box number <b>3100 Zinfandel Dr Suite 170</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Rancho Cordova, CA 95670-6062</b>