

# 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)

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 **OCT 1, 2001** and ending **SEP 30, 2002**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>LA FAMILIA, INC.</b>		<b>D</b> Employer identification number <b>85-0366556</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>707 BROADWAY, NE, SUITE 103</b>		<b>E</b> Telephone number <b>(505) 766-9361</b>
		City or town, state or country, and ZIP + 4 <b>ALBUQUERQUE, NM 87102</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

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

**G** Web site **WWW.LA-FAMILIA-INC.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.

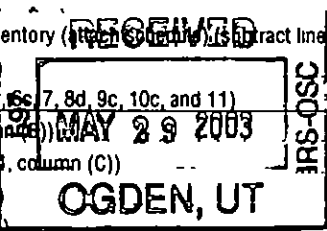
**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **3,303,760.**

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

**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)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN **▶** \_\_\_\_\_

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

		(A) Securities	(B) Other			
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received					
	<b>a</b> Direct public support	<b>1a</b>	<b>494,490.</b>			
	<b>b</b> Indirect public support	<b>1b</b>				
	<b>c</b> Government contributions (grants)	<b>1c</b>				
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>494,490.</b> noncash \$ _____)				<b>1d</b>	<b>494,490.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2</b>	<b>2,798,375.</b>
	<b>3</b> Membership dues and assessments				<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments				<b>4</b>	<b>2,780.</b>
	<b>5</b> Dividends and interest from securities				<b>5</b>	
	<b>6 a</b> Gross rents	<b>6a</b>				
	<b>b</b> Less rental expenses	<b>6b</b>				
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b>	
<b>7</b> Other investment income (describe _____)				<b>7</b>		
<b>8 a</b> Gross amount from sale of assets other than inventory						
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>				
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>				
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			<b>8d</b>	
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>				
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)				<b>9c</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>				
	<b>b</b> Less cost of goods sold	<b>10b</b>				
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)				<b>11</b>	<b>8,115.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12</b>	<b>3,303,760.</b>	
Expenses	<b>13</b> Program services (from line 44, column (A))			<b>13</b>	<b>3,166,670.</b>	
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>168,568.</b>	
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>3,335,238.</b>	
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>&lt;31,478.&gt;</b>	
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73 column (A))			<b>19</b>	<b>641,063.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	<b>0.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>609,585.</b>	



SCANNED JUN 24 '03

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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	227,378.	216,992.	10,386.	0.
26	Other salaries and wages	1,666,206.	1,635,143.	31,063.	
27	Pension plan contributions	19,786.	17,391.	2,395.	
28	Other employee benefits	130,189.	114,429.	15,760.	
29	Payroll taxes	141,668.	139,207.	2,461.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	50,712.	39,938.	10,774.	
34	Telephone	36,819.	32,947.	3,872.	
35	Postage and shipping				
36	Occupancy	257,390.	227,938.	29,452.	
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	54,911.	49,675.	5,236.	
40	Conferences, conventions, and meetings				
41	Interest	13,202.	11,262.	1,940.	
42	Depreciation, depletion, etc (attach schedule)	58,607.	52,746.	5,861.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 1	678,370.	629,002.	49,368.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	3,335,238.	3,166,670.	168,568.	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? <b>SEE STATEMENT 2</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a TREATMENT FOSTER CARE-PROVIDES FOSTER FAMILY BASED TREATMENT PROGRAM THAT TRAINS, REIMBURSES AND SUPERVISES FAMILIES TO PROVIDE HOMES FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN AND ADOLESCENTS. (Grants and allocations \$ _____)	1,315,022.
b OUTPATIENT COUNSELING SERVICES-A COMPREHENSIVE RANGE OF OUTPATIENT MENTAL HEALTH SERVICES, INCLUDING INDIVIDUAL, FAMILY, GOURP AND MARITAL THERAPY. (Grants and allocations \$ _____)	722,124.
c ADULT SERVICES-A FULL RANGE OF CARE MANAGMENT, FIDUCIARY AND FINANCIAL SERVICES TO OLDER ADULTS FACING AGE RELATED CHALLENGES, TO THOSE WITH DEVELOPMENTAL DISABILITIES AND TO THEIR FAMILIES. (Grants and allocations \$ _____)	445,690.
d ADOPTION OPPORTUNITIES GRANT-FEDERAL GRANT PROGRAM TO DEVELOP, IMPLEMENT AND EVALUATE AN INTERACTIVE MULTIMEDIA TRAINING AND SUPPORT PACKAGE FOR PARENTS WHO ARE ADOPTING TRANSRACIALLY. (Grants and allocations \$ _____)	260,277.
e Other program services (attach schedule) STATEMENT 3 (Grants and allocations \$ _____)	423,557.
f Total of Program Service Expenses (should equal line 44 column (B) Program services)	3,166,670.

**Part IV Balance Sheets**

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year	(B) End of year
Assets	45	Cash - non-interest-bearing		370,429.	45 875.
	46	Savings and temporary cash investments			46 380,498.
	47 a	Accounts receivable	47a 392,192.	424,803.	47c 374,845.
	b	Less allowance for doubtful accounts	47b 17,347.		
	48 a	Pledges receivable	48a 11,250.		48c 11,250.
	b	Less allowance for doubtful accounts	48b		
	49	Grants receivable			49
	50	Receivables from officers, directors, trustees, and key employees			50
	51 a	Other notes and loans receivable	51a		51c
	b	Less allowance for doubtful accounts	51b		
	52	Inventories for sale or use			52
	53	Prepaid expenses and deferred charges		17,859.	53 5,403.
	54	Investments - securities			54
	55 a	Investments - land, buildings, and equipment basis	55a		55c
	b	Less accumulated depreciation	55b		
56	Investments - other			56	
57 a	Land, buildings, and equipment basis	57a 612,865.	141,842.	57c 400,762.	
b	Less accumulated depreciation STMT 4	57b 212,103.			
58	Other assets (describe ► SEE STATEMENT 5 )		2,945,422.	58 3,632,380.	
59 Total assets (add lines 45 through 58) (must equal line 74)				3,900,355.	59 4,806,013.
Liabilities	60	Accounts payable and accrued expenses		246,143.	60 318,411.
	61	Grants payable			61
	62	Deferred revenue			62 15,751.
	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		62,699.	64b 230,843.
	65	Other liabilities (describe ► SEE STATEMENT 7 )		2,950,450.	65 3,631,423.
66 Total liabilities (add lines 60 through 65)				3,259,292.	66 4,196,428.
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		635,553.	67 597,825.
	68	Temporarily restricted		5,510.	68 11,760.
	69	Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70
	71	Paid-in or capital surplus, or land, building, and equipment fund			71
	72	Retained earnings, endowment, accumulated income, or other funds			72
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		641,063.	73 609,585.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		3,900,355.	74 4,806,013.	

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

Table with 5 columns: Description, a, b, c, d, e. Row 1: Total revenue, gains, and other support per audited financial statements (a) 3,303,760. Row 2: Amounts included on line a but not on line 12, Form 990 (b) 0. Row 3: Line a minus line b (c) 3,303,760. Row 4: Amounts included on line 12, Form 990 but not on line a (d) 0. Row 5: Total revenue per line 12, Form 990 (line c plus line d) (e) 3,303,760.

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

Table with 5 columns: Description, a, b, c, d, e. Row 1: Total expenses and losses per audited financial statements (a) 3,335,238. Row 2: Amounts included on line a but not on line 17, Form 990 (b) 0. Row 3: Line a minus line b (c) 3,335,238. Row 4: Amounts included on line 17, Form 990 but not on line a (d) 0. Row 5: Total expenses per line 17, Form 990 (line c plus line d) (e) 3,335,238.

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

Table with 5 columns: (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. Row 1: SEE STATEMENT 8, (C) 227,378., (D) 16,431., (E) 0.

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Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions. 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
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		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	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	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
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed NEW MEXICO		
b	Number of employees employed in the pay period that includes March 12, 2001 90b 52		
91	The books are in care of SONIA J. BORJA Telephone no (505) 766-9361		
	Located at 707 BROADWAY NE, SUITE 103, ALBUQUERQUE, NM ZIP +4 87102		
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>PROGRAM SERVICE FEES</b>					380,500.
b	<b>PRIVATE INSURANCE</b>					43,669.
c						
d						
e						
f	Medicare/Medicaid payments					2,374,206.
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	2,780.	
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	<b>BAD DEBT RECOVERY</b>					5,000.
b	<b>OTHER INCOME</b>					3,115.
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0.		2,780.	2,806,490.
105	Total (add line 104, columns (B), (D), and (E))					2,809,270.

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)
1	SEE STATEMENT 9

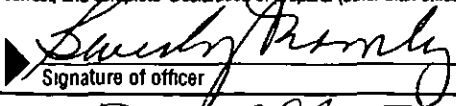
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)


(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**

- (a) Did the organization, during the year, receive any funds directly or indirectly, to
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a
- Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign Here:  Date: 15/

Paid Preparer's Use Only: Preparer's signature:   
 Firm name (or yours if self-employed) address and ZIP + 4: MEYERS & COMPANY, LLC  
 500 MARQUETTE NW, SUITE  
 ALBUQUERQUE, NM 87102

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(a), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2001**

Name of the organization

LA FAMILIA, INC.

Employer identification number

85 0366556

**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
LINDA SALING ----- 707 BROADWAY, NE, SUITE 103, ALB, NM	TFC DIRECTOR 40 HRS	58,989.		
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-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
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
LEAH RUDNICK ----- 707 BROADWAY, NE, SUITE 103, ALB, NM	PSYCHIATRIC SERVICE	60,442.
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Total number of others receiving over \$50,000 for professional services ▶	0	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

**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) <b>SEE STATEMENT 10</b>		
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)? <b>SEE PART V, FORM 990</b>	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		
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	21,296.	7,426.	1,506.	13,796.	44,024.		
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	2,987,610.	2,227,924.	2,205,305.	1,700,446.	9,121,285.		
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		7.			7.		
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	2,501.		SEE STATEMENT 11		2,501.		
23 Total of lines 15 through 22	3,011,407.	2,235,357.	2,206,811.	1,714,242.	9,167,817.		
24 Line 23 minus line 17	23,797.	7,433.	1,506.	13,796.	46,532.		
25 Enter 1% of line 23	30,114.	22,354.	22,068.	17,142.			
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a	N/A	
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					26b	N/A	
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c	N/A	
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d	N/A	
e Public support (line 26c minus line 26d total)					26e	N/A	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					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 _____ 16 _____ 17 _____ 19 _____ 20 _____ 21 _____					27c	9,165,309.	
d Add: Line 27a total _____ 0. and line 27b total _____ 0.					27d	0.	
e Public support (line 27c total minus line 27d total)					27e	9,165,309.	
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f	9,167,817.	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g	99.9726%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h	.0001%	

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.)		
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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 -	41	
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			
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(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				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.

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions )

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
<b>51 a(i)</b>		<input checked="" type="checkbox"/>
<b>a(ii)</b>		<input checked="" type="checkbox"/>
<b>b(i)</b>		<input checked="" type="checkbox"/>
<b>b(ii)</b>		<input checked="" type="checkbox"/>
<b>b(iii)</b>		<input checked="" type="checkbox"/>
<b>b(iv)</b>		<input checked="" type="checkbox"/>
<b>b(v)</b>		<input checked="" type="checkbox"/>
<b>b(vi)</b>		<input checked="" type="checkbox"/>
<b>c</b>		<input checked="" type="checkbox"/>

(i) Cash

(ii) Other assets

**b** Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes  No

**b** If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER SOFTWARE	VARIABLES	200DB	3.00	17	24,252.			24,252.	1,363.		4,850.
2	OFFICE EQUIPMENT	VARIABLES	200DB	5.00	17	69,374.			69,374.			13,875.
3	OFFICE FURNITURE AND FIXTURES	VARIABLES	200DB	5.00	17	308,983.			308,983.	151,256.		38,008.
4	LEASEHOLD IMPROVEMENTS	VARIABLES	SSL	27.50	17	13,116.			13,116.	877.		1,874.
5	BUILDING	VARIABLES	SSL	39.00	17	197,140.			197,140.			0.
	* TOTAL 990 PAGE 2 DEPR					612,865.		0.	612,865.	153,496.	0.	58,607.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM EXPENSES	101,300.	99,184.	2,116.	
PROFESSIONAL TRAINING	32,342.	25,200.	7,142.	
BANK SERVICE FEES	914.	135.	779.	
PROFESSIONAL FEES	138,941.	131,808.	7,133.	
ADVERTISING EXPENSE	15,057.	13,313.	1,744.	
DUES & SUBSCRIPTION EXPENSE	13,945.	12,655.	1,290.	
REPAIRES & MAINTENANCE	34,640.	27,264.	7,376.	
LICENSES AND PERMITS	9,524.	8,529.	995.	
RECRUITMENT EXPENSE	3,644.	3,536.	108.	
MISCELLANEOUS EXPENSE	2,758.	2,116.	642.	
BAD DEBT EXPENSE	19,992.	19,992.		
INSURANCE EXPENSE	44,900.	32,189.	12,711.	
DEVELOPMENT EXPENSE	7,632.	300.	7,332.	
CONTRACT THERAPIST	252,781.	252,781.		
<b>TOTAL TO FM 990, LN 43</b>	<b>678,370.</b>	<b>629,002.</b>	<b>49,368.</b>	

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

EXPLANATION

TO PROVIDE CHILD PLACEMENT AND COUNSELING SERVICES IN ALBUQUERQUE, NM.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 3

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
ADOPTION NM GRANT-PROVIDES ADOPTION PROMOTION AND SUPPORT SERVICES		217,956.
ADOPTION COUNSELING AND PLACEMENT-FULL SERVICE ADOPTION AGENCY SERVICES		139,070.
GROUP HOME-COMMUNITY-BASED PROGRAM FOR ADOLESCENT DEAF AND HEARING IMPAIRED		

STUDENTS	38,764.
INDEPENDANT LIVING-PROVIDES SERVICES FOR ADOLESCENTS MOVING INTO ADULthood.	27,767.
TOTAL TO FORM 990, PART III, LINE E	423,557.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER SOFTWARE	24,252.	6,213.	18,039.
OFFICE EQUIPMENT	69,374.	13,875.	55,499.
OFFICE FURNITURE AND FIXTURES	308,983.	189,264.	119,719.
LEASEHOLD IMPROVEMENTS	13,116.	2,751.	10,365.
BUILDING	197,140.	0.	197,140.
TOTAL TO FORM 990, PART IV, LN 57	612,865.	212,103.	400,762.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
ADULT SERVICES CUSTODIAL ACCOUNT	3,619,241.
CASH IN TRUST	13,139.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	3,632,380.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 6

LENDER'S NAME TERMS OF REPAYMENT  
 4 CAPITAL LEASES VAR MO PMTS AT VAR INT RATES

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
VARIOUS	VARIOUS	0.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN  
 VAR FURN & EQUIP

RELATIONSHIP OF LENDER  
 NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	84,563.

LENDER'S NAME TERMS OF REPAYMENT  
 NOTE PAYABLE \$1,327/MO

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	06/30/07	147,188.	7.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN  
 REAL ESTATE

RELATIONSHIP OF LENDER  
 NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	146,280.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 230,843.



FORM 990	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		AMOUNT	
TRUST FUNDS PAYABLE		12,182.	
ADULT SERVICES CUSTODIAL ACCOUNT		3,619,241.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		3,631,423.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	8
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KARI BRANDENBURG 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.
NELLE Y. MCELRAVY-CONWAY 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.
TOM M. GONZALES 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.
TRUDY JONES 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.
EMILY KOPLIK, MSW 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	CHAIR OF BOARD 6 HRS/MO	0.	0.	0.
ELIDA LECHUGA 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.
BRUCE LEVIN 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.
SUSAN LIBIT, LISW 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	VICE-CHAIR 4 HRS/MO	0.	0.	0.

ALLISON PIERONI 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.
RICK THALER 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.
BEVERLY R. NOMBERG 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	PRESIDENT AND CEO 40+ HRS/WK	86,599.	5,677.	0.
KENNETH C. KENNEY 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	VICE PRESIDENT 40+ HRS/WK	86,599.	5,477.	0.
SONIA J. BORJA 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	DIRECTOR OF FINANCE 40+ HRS/WK	54,180.	5,277.	0.
TOTALS INCLUDED ON FORM 990, PART V		227,378.	16,431.	0.

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 9  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A & B	FEES AND PRIVATE INSURANCE RECEIVED FOR VARIOUS SERVICES INCLUDING FULL SERVICE ADOPTION, SUPPORTED INDEPENDENT LIVING, MENTAL HEALTH SERVICES AND MANAGMENT CARE FOR ADULTS.
93F	MEDICAID PAYMENTS FOR SCREENING, COUNSELING, AND FOSTER CARE COORDINATION SERVICES FOR CHILDREN
103A	BAD DEBT RECOVERY FOR PROGRAM SERVICES RENDERED IN A PRIOR YEAR
103B	MISCELLANEOUS INCOME FROM PROGRAM SERVICES

SCHEDULE A                      STATEMENT REGARDING ACTIVITIES WITH                      STATEMENT 10  
 SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,  
 CREATORS, KEY EMPLOYEES, ETC.,  
 PART III, LINE 2

LINE 2C: LA FAMILIA PAID APPROXIMATELY \$49,300 TO A NON-EMPLOYEE MEMBER OF AN OFFICER'S HOUSEHOLD FOR PROVIDING NEW COMPUTER HARDWARE, SOFTWARE DEVELOPMENT SERVICES AND TRAINING.

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
SPECIAL EVENTS	2,501.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	2,501.	0.	0.	0.

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. Name of Exempt Organization: LA FAMILIA, INC. Employer identification number: 85-0366556. Address: 707 BROADWAY NE, NO. 103, ALBUQUERQUE, NM 87102.

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

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

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

- If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).

4 I request an additional 3 month extension of time until AUGUST 15, 2003. 5 For calendar year OCT 1, 2001 and ending SEP 30, 2002. 6 If this tax year is for less than 12 months, check reason. 7 State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance Due: N/A.

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: [Handwritten Signature] Title: CPA Date: 4/28/2003

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. We have not approved this application. We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

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

Name: MEYNER'S + COMPANY, LLC. Address: 500 MARQUETTE NW, SUITE 400, ALBUQUERQUE, NM 87102.

123832 07-16 01

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

File a separate application for each return

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

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

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

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

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

Type or print	Name of Exempt Organization <b>LA FAMILIA, INC.</b>	Employer identification number <b>85-0366556</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions <b>707 BROADWAY NE, NO. 103</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>ALBUQUERQUE, NM 87102</b>	

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

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

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

1 I request an automatic 3 month (6-month, for 990-T corporation) extension of time until MAY 15, 2003 to file the exempt organization return for the organization named above The extension is for the organization's return for

calendar year \_\_\_\_\_ or

tax year beginning OCT 1, 2001 and ending SEP 30, 2002

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

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

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

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

### Signature and Verification

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

Signature  Title CPA Date 1-9-2003

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)