

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2002 calendar year, or tax year period beginning **OCT 1, 2002** and ending **SEP 30, 2003**

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

C Name of organization: **LA FAMILIA, INC.**

D Employer identification number: **85-0366556**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **707 BROADWAY NE, SUITE 103**

City or town, state or country, and ZIP + 4: **ALBUQUERQUE, NM 87102**

E Telephone number: **(505) 766-9361**

F Accounting method: Cash Accrual (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

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

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.

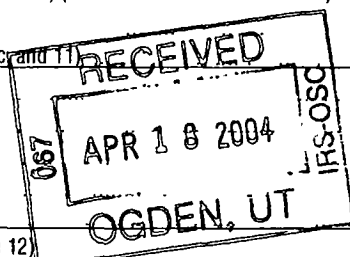
I Enter 4-digit GEN ▶

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,524,221.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	606,233.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 606,233. noncash \$)	1d	606,233.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,893,778.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	2,948.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
	7	Other investment income (describe)	7			
	8a	Gross amount from sale of assets other than inventory	(A) Securities	8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11	Other revenue (from Part VII, line 103)	11	21,262.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,524,221.			
13	Program services (from line 44, column (B))	13	3,461,500.			
14	Management and general (from line 44, column (C))	14	184,905.			
15	Fundraising (from line 44, column (D))	15				
16	Payments to affiliates (attach schedule)	16				
17	Total expenses (add lines 16 and 44, column (A))	17	3,646,405.			
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<122,184.>			
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	609,585.			
20	Other changes in net assets or fund balances (attach explanation)	20	0.			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	487,401.			



SCANNED APR 29 '04 Net Assets

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.			
<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	226,279.	219,327.	6,952.
26	Other salaries and wages	26	1,783,356.	1,720,791.	62,565.
27	Pension plan contributions	27	26,442.	25,517.	925.
28	Other employee benefits	28	218,258.	212,273.	5,985.
29	Payroll taxes	29	155,448.	149,719.	5,729.
30	Professional fundraising fees	30			
31	Accounting fees	31	30,927.	28,515.	2,412.
32	Legal fees	32			
33	Supplies	33	60,457.	52,736.	7,721.
34	Telephone	34	40,377.	36,586.	3,791.
35	Postage and shipping	35			
36	Occupancy	36	324,788.	312,224.	12,564.
37	Equipment rental and maintenance	37	40,191.	30,748.	9,443.
38	Printing and publications	38			
39	Travel	39	54,868.	50,118.	4,750.
40	Conferences, conventions, and meetings	40			
41	Interest	41	19,742.	17,482.	2,260.
42	Depreciation, depletion, etc. (attach schedule)	42	52,708.	40,453.	12,255.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 1	43e	612,564.	565,011.	47,553.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	3,646,405.	3,461,500.	184,905.

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		Program Service Expenses
What is the organization's primary exempt purpose? SEE STATEMENT 2		(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 \$ _____)		1,386,419.
b OUTPATIENT COUNSELING SERVICES-A COMPREHENSIVE RANGE OF OUTPATIENT MENTAL HEALTH SERVICES, INCLUDING INDIVIDUAL, FAMILY, GOURP AND MARITAL THERAPY. (Grants and allocations \$ _____)		875,418.
c ADULT SERVICES-A FULL RANGE OF CARE MANAGEMENT, FIDUCIARY AND FINANCIAL SERVICES TO OLDER ADULTS FACING AGE RELATED CHALLENGES, TO THOSE WITH DEVELOPMENTAL DISABILITIES AND TO THEIR FAMILIES. (Grants and allocations \$ _____)		428,338.
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 \$ _____)		249,181.
e Other program services (attach schedule) STATEMENT 3 (Grants and allocations \$ _____)		522,144.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		3,461,500.

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	875.	876.
	46 Savings and temporary cash investments	380,498.	149,030.
	47 a Accounts receivable	577,287.	
	b Less: allowance for doubtful accounts	10,379.	
	48 a Pledges receivable	5,000.	
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	5,403.	4,084.
	54 Investments - securities		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	630,428.		
b Less: accumulated depreciation STMT 4	264,811.		
58 Other assets (describe SEE STATEMENT 5)	3,632,380.	4,996,574.	
59 Total assets (add lines 45 through 58) (must equal line 74)	4,806,013.	6,088,089.	
Liabilities	60 Accounts payable and accrued expenses	318,411.	366,340.
	61 Grants payable		
	62 Deferred revenue	15,751.	33,695.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 6	230,843.	204,014.
	65 Other liabilities (describe SEE STATEMENT 7)	3,631,423.	4,996,639.
66 Total liabilities (add lines 60 through 65)	4,196,428.	5,600,688.	
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	597,825.	478,517.
	68 Temporarily restricted	11,760.	8,884.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	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)	609,585.	487,401.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	4,806,013.	6,088,089.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information 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
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt.
81 a Enter direct or indirect political expenditures. See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
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?
82 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.)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h 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?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89 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
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2002
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

Part VII Analysis of Income-Producing Activities (See page 31 of 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICE FEES					375,858.
b PRIVATE INSURANCE					63,546.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					2,454,374.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,948.	
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 OTHER INCOME					21,262.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		2,948.	2,915,040.
105 Total (add line 104, columns (B), (D), and (E))					2,917,988.

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 page 32 of 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).
▼	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of 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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual who is a disqualified person?
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on behalf of any individual who is a disqualified person?
- 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 provided to the preparer.

Signature of officer: *Deborah Monby* Date: 4/19/03

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's 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)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

Department of the Treasury
Internal Revenue Service

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

Name of the organization **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
<u>EMILY STAFFORD</u> 707 BROADWAY, NE, STE, 103, ALB, NM	DIR ADULT SVC 40	56,050.		
<u>STEVE NUANEZ</u> 707 BROADWAY, NE, STE, 103, ALB, NM	DIR OUTPATIEN 40	53,822.		
<u>LISA GRAHAM</u> 707 BROADWAY, NE, STE, 103, ALB, NM	DIR SPC NEEDS 40	56,326.		
<u>LINDA SALING</u> 707 BROADWAY, NE, STE, 103, ALB, NM	DIR TFC 40	68,816.		
----- ----- -----				
Total number of other employees paid over \$50,000 ▶	4			

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
<u>LEAH RUDNICK</u> 707 BROADWAY, NE, SUITE 103, ALB, NM	PSYCHIATRIC SERVICE	51,649.
<u>RASHMI SABU</u> 707 BROADWAY NE, SUITE 103, ALB, NM	PSYCHIATRIC SERVICE	50,896.
----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	2	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 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) SEE STATEMENT 10		
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)? SEE PART V, FORM 990.	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

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

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 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 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	483,240.	21,296.	7,426.	1,506.	513,468.
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	2,848,333.	2,987,610.	2,227,924.	2,205,305.	10,269,172.
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	2,780.		7.		2,787.
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	8,115.	2,501.	SEE STATEMENT 11		10,616.
23 Total of lines 15 through 22	3,342,468.	3,011,407.	2,235,357.	2,206,811.	10,796,043.
24 Line 23 minus line 17	494,135.	23,797.	7,433.	1,506.	526,871.
25 Enter 1% of line 23	33,425.	30,114.	22,354.	22,068.	
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return Enter the sum 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: (2001) 0. (2000) 0. (1999) 0. (1998) 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: (2001) 0. (2000) 0. (1999) 0. (1998) 0.					
c Add: Amounts from column (e) for lines: 15 513,468. 16 _____ 17 10,269,172. 20 _____ 21 _____					27c 10,782,640.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 10,782,640.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 10,796,043.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.8759%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .0258%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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 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/>			
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/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER SOFTWARE	VARIABLES	200DB	3.00	17	27,020.			27,020.	6,213.		5,404.
2	OFFICE EQUIPMENT	VARIABLES	200DB	5.00	17	76,960.			76,960.	13,875.		15,392.
	OFFICE FURNITURE AND											
3	FIXTURES	VARIABLES	200DB	5.00	17	310,682.			310,682.	189,264.		31,189.
4	LEASEHOLD IMPROVEMENTS	VARIABLES	SSL	27.50	17	13,116.			13,116.	2,751.		723.
5	BUILDING	VARIABLES	SSL	39.00	17	202,650.			202,650.			0.
	* TOTAL 990 PAGE 2					630,428.						
	DEPR							0.	630,428.	212,103.	0.	52,708.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM EXPENSES	115,698.	103,813.	11,885.	
PROFESSIONAL TRAINING	27,798.	20,941.	6,857.	
BANK SERVICE FEES	2,288.	120.	2,168.	
PROFESSIONAL FEES:CLINICAL	256,117.	256,117.		
ADVERTISING EXPENSE	15,765.	13,081.	2,684.	
DUES & SUBSCRIPTION EXPENSE	15,053.	11,988.	3,065.	
PROFESSIONAL FEES:OTHER	99,531.	91,830.	7,701.	
LICENSES AND PERMITS	10,843.	10,154.	689.	
RECRUITMENT	4,919.	3,959.	960.	
MISCELLANEOUS EXPENSE	3,923.	2,474.	1,449.	
BAD DEBT EXPENSE	10,360.	10,360.		
INSURANCE EXPENSE	50,142.	40,050.	10,092.	
DEVELOPMENT EXPENSE	127.	124.	3.	
TOTAL TO FM 990, LN 43	612,564.	565,011.	47,553.	

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		200,133.
ADOPTION COUNSELING AND PLACEMENT-FULL SERVICE		107,003.
ADOPTION AGENCY SERVICES		63,461.
GROUP HOME-COMMUNITY-BASED PROGRAM FOR ADOLESCENT DEAF AND HEARING IMPAIRED		

IAATP GRANT - TO TRAIN NEW MEXICO PUBLIC HEALTH
WORKERS IN INFANT ADOPTION

151,547.

TOTAL TO FORM 990, PART III, LINE E

522,144.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER SOFTWARE	27,020.	11,617.	15,403.
OFFICE EQUIPMENT	76,960.	29,267.	47,693.
OFFICE FURNITURE AND FIXTURES	310,682.	220,453.	90,229.
LEASEHOLD IMPROVEMENTS	13,116.	3,474.	9,642.
BUILDING	202,650.	0.	202,650.
TOTAL TO FORM 990, PART IV, LN 57	630,428.	264,811.	365,617.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
ADULT SERVICES CUSTODIAL ACCOUNT	4,980,780.
CASH IN TRUST	15,794.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	4,996,574.

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.	63,569.

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.	140,445.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 204,014.

FORM 990 OTHER LIABILITIES STATEMENT 7

DESCRIPTION	AMOUNT
TRUST FUNDS PAYABLE	15,859.
ADULT SERVICES CUSTODIAL ACCOUNT	4,980,780.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	4,996,639.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE	ACCOUNT
KARI BRANDENBURG 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.	0.
NELLE Y. MCELRAVY-CONWAY 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.	0.
TOM M. GONZALES 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.	0.
TRUDY JONES 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.	0.
EMILY KOPLIK, MSW 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	CHAIR OF BOARD 6 HRS/MO	0.	0.	0.	0.
ELIDA LECHUGA 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.	0.
BRUCE LEVIN 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 4 HRS/MO	0.	0.	0.	0.
SUSAN LIBIT, LISW 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	VICE-CHAIR 4 HRS/MO	0.	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	89,062.	6,702.	0.
KENNETH C KENNEY 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	VICE PRESIDENT 40+ HRS/WK	79,989.	5,918.	0.
SONIA J. BORJA 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	DIRECTOR OF FINANCE 40+ HRS/WK	57,228.	5,952.	0.
TOTALS INCLUDED ON FORM 990, PART V		226,279.	18,572.	0.

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

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
103B	MISCELLANEOUS INCOME FROM PROGRAM SERVICES

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

LINE 2C: LA FAMILIA PAID APPROXIMATELY \$62,545 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	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
SPECIAL EVENTS	0.	2,501.	0.	0.
MISC INCOME	8,115.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	8,115.	2,501.	0.	0.