

Return of Organization Exempt From Income Tax

2000

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning **July 1, 2000**, and ending **June 30, 20**

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	Please use IRS label or print or type. See Specific Instructions.	C Name of organization El Nido Family Services		D Employer identification number 95: 3186429
		Number and street (or P O box if mail is not delivered to street address) Room/suite 500 Shatto Place, Suite 425	E Telephone number (213) 384-1600	
		City or town, state or country, and ZIP code Los Angeles, CA 90020		F Check <input type="checkbox"/> if application pending

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

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

J Accounting method Cash Accrual Other (specify) ▶

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.

Note: H and I are not applicable to section 527 orgs.

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? Yes No (If "No," attach a list. See inst.)

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

I Enter 4-digit group exemption no. (GEN) ▶

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	518,249		
	b Indirect public support	1b	274,357		
	c Government contributions (grants)	1c	8,299,170		
	d Total (add lines 1a through 1c) (cash \$ 9,091,776 noncash \$ 0)	1d			9,091,776
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			900
	3 Membership dues and assessments	3			0
	4 Interest on savings and temporary cash investments	4			0
	5 Dividends and interest from securities	5			105,309
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			0
7 Other investment income (describe ▶)	7			0	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	5,972,990	8a	0		
	5,925,167	8b	0		
	47,823	8c	0		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			47,823	
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			0	
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			0	
11 Other revenue (from Part VII, line 103)	11			8,498	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			9,254,306	
Expenses	13 Fundraising services (from line 44, column (B))	13		8,233,672	
	14 Management and general (from line 44, column (C))	14		826,491	
	15 Fundraising (from line 44, column (D))	15		89,042	
	16 Payments to affiliates (attach schedule)	16		0	
	17 Total expenses (add lines 13, 14, 15, and 16)	17			9,149,205
18 Excess (deficit) for the year (subtract line 17 from line 12)	18			105,101	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,530,569	
	20 Other changes in net assets or fund balances (attach explanation)	20		112,335	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,748,005	

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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. (See Specific Instructions on page 20.)

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 \$ _____)	22				
23	Specific assistance to individuals (attach schedule)	23	177,368	177,368		
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	171,675	168,073	3,602	
26	Other salaries and wages	26	5,859,128	5,330,398	528,730	
27	Pension plan contributions	27	16,350	14,912	1,433	
28	Other employee benefits	28	409,353	373,356	35,889	
29	Payroll taxes	29	507,146	503,705	3,139	
30	Professional fundraising fees	30				
31	Accounting fees	31	17,900	17,900		
32	Legal fees	32	500	500		
33	Supplies	33	240,210	219,361	20,249	
34	Telephone	34	145,185	132,584	12,234	
35	Postage and shipping	35	35,234	32,176	2,708	
36	Occupancy	36	561,388	503,115	58,029	
37	Equipment rental and maintenance	37	35,699	31,938	3,744	
38	Printing and publications	38	32,919		32,794	
39	Travel	39	141,454	129,177	11,894	
40	Conferences, conventions, and meetings	40	45,085	37,340	3,549	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	52,549		52,549	
43	Other expenses (itemize) a	43a				
	b See attached statement 5	43b	700,062	561,769	59,550	
	c	43c				
	d	43d				
	e	43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	9,149,205	8,233,672	826,491	89,042

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? 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 (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Services to children and families	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a See attached statement 6	
(Grants and allocations \$ _____)	8,233,672
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	8,233,672

Part IV Balance Sheets (See Specific Instructions on page 23.)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
Assets	45	Cash—non-interest-bearing		90,815	45	161,992
	46	Savings and temporary cash investments		442,182	46	0
	47a	47a	1,695,777			
		47b	0	22,861	47c	1,695,777
		b Less allowance for doubtful accounts				
	48a	48a	7,250			
		48b	0	0	48c	7,250
		b Less allowance for doubtful accounts				
	49	Grants receivable		949,749	49	0
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51a	51a Other notes and loans receivable (attach schedule)				
		51b		0	51c	0
		b Less allowance for doubtful accounts				
	52	Inventories for sale or use		0	52	0
53	Prepaid expenses and deferred charges		62,262	53	99,110	
54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,212,176	54	1,360,247	
55a	55a Investments—land, buildings, and equipment basis					
	55b		0	55c	0	
	b Less accumulated depreciation (attach schedule)					
56	Investments—other (attach schedule)		4,781	56	0	
57a	57a Land, buildings, and equipment basis					
	57b	553,075				
	b Less accumulated depreciation (attach schedule)					
	57b	241,602	149,741	57c	311,473	
58	58 Other assets (describe ►)		47,583	58	0	
59	59 Total assets (add lines 45 through 58) (must equal line 74)		2,982,150	59	3,635,849	
Liabilities	60	60 Accounts payable and accrued expenses		376,550	60	887,844
	61	61 Grants payable		0	61	0
	62	62 Deferred revenue		70,413	62	0
	63	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64a	64a Tax-exempt bond liabilities (attach schedule)		0	64a	0
		b Mortgages and other notes payable (attach schedule)		4,618	64b	0
	65	65 Other liabilities (describe ►)		0	65	0
66	66 Total liabilities (add lines 60 through 65)		451,581	66	887,844	
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	67 Unrestricted		2,303,788	67	2,261,421
	68	68 Temporarily restricted		115,635	68	375,438
	69	69 Permanently restricted		111,146	69	111,146
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	70 Capital stock, trust principal, or current funds			70	
	71	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		2,530,569	73	2,748,005
	74	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		2,982,150	74	3,635,849

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 (See Specific Instructions on page 26)		N/A	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	76		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	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	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?	80a		X
b	If "Yes," enter the name of the organization <input checked="" type="checkbox"/> Not applicable and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		N/A
b	Did the organization file Form 1120-POL for this year?	81b		N/A
82a	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?	82a	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 for reporting in Part III)	82b		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b		N/A
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?	85g		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?	85h		N/A
86	501(c)(7) orgs 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) orgs 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	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>			
b	501(c)(3) and 501(c)(4) orgs 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	89b		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
90a	List the states with which a copy of this return is filed <input type="text" value="California"/>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b		171
91	The books are in care of <input type="text" value="El Nido Family Centers"/> Telephone no <input type="text" value="(213) 384-1600"/> Located at <input type="text" value="500 Shatto Place, Suite 425, Los Angeles, CA"/> ZIP code <input type="text" value="90020"/>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="92"/>			N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

	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	
Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a Program service fees					900
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	105,309	
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			18	47,823	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Miscellaneous income			01	8,498	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		161,630	900
105 Total (add line 104, columns (B), (D), and (E))					162,530

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 31)

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)
93a	Program service fees are used for the organization's primary exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(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
Not applicable	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

return including accompanying schedules and statements, and to the best of my knowledge preparer (other than officer) is based on all information of which preparer has any knowledge

11/8/02

Emily Lloyd Executive Director

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

El Nido Family Services

95.3186429

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
Stacy Banks 500 Shatto Place, Suite 425, Los Angeles, CA 90020	Program Director 37.5 hours per week	59,479	0	0
Vicki Carnes 500 Shatto Place, Suite 425, Los Angeles, CA 90020	Program Director 37.5 hours per week	59,388	0	0
Ernestine Myers 500 Shatto Place, Suite 425, Los Angeles, CA 90020	Program Director 37.5 hours per week	58,903	0	0
Yoko Takasumi 500 Shatto Place, Suite 425, Los Angeles, CA 90020	Program Director 37.5 hours per week	58,793	0	0
Diana Harris 500 Shatto Place, Suite 425, Los Angeles, CA 90020	Dir of Human Resources 37.5 hours per week	57,120	0	0
Total number of other employees paid over \$50,000 ▶	7			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

- 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 ▶ \$ _____
 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
- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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
- a Sale, exchange, or leasing of property?
 - b Lending of money or other extension of credit?
 - c Furnishing of goods, services, or facilities?
 - d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
 - e Transfer of any part of its income or assets?
 If the answer to any question is "Yes," attach a detailed statement explaining the transactions
- 3 Does the organization make grants for scholarships, fellowships, student loans, etc. ?
- 4a Do you have a section 403(b) annuity plan for your employees?
 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 (See page 2 of the instructions)

	Yes	No
1		X
2a		X
2b		X
2c		X
2d	X	
2e		X
3	X	
4a	X	

Part IV Reason for Non-Private Foundation Status (See pages 2 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, page 5)
- 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
Not applicable	

- 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	480,345	652,644	523,821	7,009,338	8,666,148
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	6,304,209	7,074,886	6,595,879	99,136	20,074,110
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	111,153	113,721	115,743	134,737	475,354
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	6,895,707	7,841,251	7,235,443	7,243,211	29,215,612
24 Line 23 minus line 17	591,498	766,365	639,564	7,144,075	9,141,502
25 Enter 1% of line 23	68,957	78,413	72,354	72,432	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 182,830
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a 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 9,141,502
d Add Amounts from column (e) for lines 18 475,354 19 0					26d 475,354
22 0 26b N/A					26e 8,666,148
e Public support (line 26c minus line 26d total)					26f 94.80%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person" Enter the sum of such amounts for each year	(1999) N/A	(1998) N/A	(1997) N/A	(1996) N/A	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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) 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	(1999) N/A	(1998) N/A	(1997) N/A	(1996) N/A	
c Add Amounts from column (e) for lines 15 _____ 16 _____					27c _____
17 _____ 20 _____ 21 _____					27d _____
d Add Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total)					27f _____
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)					

Part V Private School Questionnaire (See page 5 of the instructions.)
 (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?		N/A
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?		N/A
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) Not applicable		N/A
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		N/A
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		N/A
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		N/A
d Copies of all material used by the organization or on its behalf to solicit contributions?		N/A
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Not applicable		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		N/A
b Admissions policies?		N/A
c Employment of faculty or administrative staff?		N/A
d Scholarships or other financial assistance?		N/A
e Educational policies?		N/A
f Use of facilities?		N/A
g Athletic programs?		N/A
h Other extracurricular activities?		N/A
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) Not applicable		
34a Does the organization receive any financial aid or assistance from a governmental agency?		N/A
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		N/A
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		N/A

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

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 9 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	N/A	N/A	N/A	N/A	N/A
46					N/A
47					N/A
48					N/A
49					N/A
50					N/A

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 9 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

El Nido Family Centers
Form 990 and Schedule A Attachments
For the fiscal year ended June 30, 2001

EIN: 95-3186429

Statement 1. Form 990, Part I, line 8. Sale of assets other than inventory

(A) Securities	Gross revenue	Direct expenses	Net revenue
Various investments	\$ 5,972,990	\$ 5,925,167	\$ 47,823

Statement 2. Form 990, Part I, line 20. Other changes in net assets or fund balances

Prior period adjustment to correct previous error in recording	\$ 112,335
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Statement 3. Form 990, Part II, line 23. Specific assistance to individuals

Client supplies	\$ 153,481
Support services	17,618
Scholarship awards	6,269
Total specific assistance to individuals	\$ 177,368

Statement 4. Form 990, Part II, line 42. Depreciation, depletion, etc. and Form 990, Part IV, line 57. Land, buildings and equipment

	Cost or basis	Depreciation		Accumulated Depreciation	Book value
		Method/Life	Expense		
Office equipment	\$ 285,939	S/L - various	\$ 31,186	\$ 143,061	\$ 142,878
Computer equipment	215,112	S/L - various	19,126	86,430	128,682
Leasehold improvements	28,842	None			28,842
Furniture and fixtures	23,182	S/L - various	2,237	12,111	11,071
	<u>\$ 553,075</u>		<u>\$ 52,549</u>	<u>\$ 241,602</u>	<u>\$ 311,473</u>

Statement 5. Form 990, Part II, line 43. Other expenses

	Total	Program services	Management and general	Fundraising
Consultants and interns	\$ 258,299	\$ 147,147	\$ 49,000	\$ 62,152
Subcontractors	219,537	219,302		235
Staff recruitment	51,535	51,529		6
Computer consulting	48,387	48,387		
Insurance	44,301	40,228	4,065	8
Special events	15,983			15,983
Bank and payroll services	14,872	13,576	1,291	5
Dues and subscriptions	5,194		5,194	
Other miscellaneous expenses	41,954	41,600		354
	<u>\$ 700,062</u>	<u>\$ 561,769</u>	<u>\$ 59,550</u>	<u>\$ 78,743</u>

El Nido Family Centers
Form 990 and Schedule A Attachments
For the fiscal year ended June 30, 2001

EIN: 95-3186429

Statement 6 Form 990, Part III Statement of Program Service Accomplishments

The Teen Parents and Infant Development Program offers a variety of services to pregnant or parenting adolescents and their babies	\$ 4,435,831
The Delinquency Prevention Program strives to reduce juvenile crime and gang violence by strengthening children's connection to positive support systems including his or her family, school and community	1,468,166
The Child Abuse Prevention/Treatment Program focuses on abused children in an effort to heal their damaged self-esteem and ability to trust. It also focuses on the family to address the causes of abusive behavior	949,187
The Parenting Education and Child Development Program is an early intervention program designed to improve the quality of parent-child relations	705,872
The Pregnancy Prevention Program provides counseling, education and social activities in an attempt to reduce the incidence of teenage pregnancy by creating support networks for high-risk youth	674,616
Total program service expenses	<u>\$ 8,233,672</u>

Statement 7 Form 990, Part IV, line 54 Investments in securities

Government securities	\$ 702,647
Equities	467,925
Money market funds	119,481
Corporate bonds	70,194
Total investments in securities	<u>\$ 1,360,247</u>

Statement 8 Form 990, Part V List of Officers, Directors, Trustees, and Key Employees

Phillip Adler - President	Dr Jeanne Giovannoni, Vice President	
John Tonsick - Vice President	Roberta Wolff, Vice President	
Sharon Muravez - Secretary	Kermit E. Hathcoat - Treasurer	
Other Board Members		
John Abel	Carnard E. Barnes	Fred Beck
Isaac Claybrooks	Deborah Cockerill	Jannet M. Feldman
Larry Jordan	Carole Keen	June Lang
Mark Lieberman	Joann Meth	Kathy Perez
Helena Redondo		Dr Helen Wolff

Statement 9 Form 990 Schedule A, Part III, line 2d. Payment of compensation

See Form 990, Page 4, Part V for detail on compensation of officers, directors, trustees, and key employees

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 File by the due date for filing your return See instructions.	Name of Exempt Organization El Nido Family Services	Employer identification number 95 3186429
	Number, street, and room or suite no. If a P O box, see instructions 500 Shatto Place, Suite 425	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Los Angeles, CA 90020	

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 **February 15**, 2002, to file the exempt organization return for the organization named above The extension is for the organization's return for
 ▶ calendar year 20__ or
 ▶ tax year beginning **July 1**, 2000, and ending **June 30**, 2001

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 \$ _____ **N/A**

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 \$ _____ **N/A**

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

COPY

Signature ▶ _____ Title ▶ _____ Date ▶ _____

Original on file with IRS

Attachment *1 of 1
Page 1 of 1