

Return of Organization Exempt from Income Tax

2001

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 2002

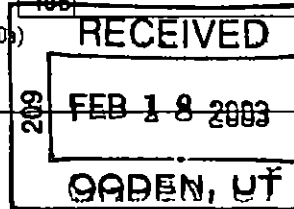
B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. El Nido Family Centers, 500 Shatto Place, Suite 425, Los Angeles, CA 90020. D Employer Identification Number 95-3186429. E Telephone number (213) 384-1600. F Accounting method Cash, Accrual.

G Web site: www.elnidofamilycenters.org. H and I are not applicable to Section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If yes enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

J Organization type (check only one) 501(c) 3. K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 11,862,907.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes revenue from contributions, program services, membership dues, interest, dividends, rents, sales of assets, special events, inventory, and other revenue. Total revenue is 9,721,396. Total expenses are 10,001,240. Excess or deficit is -279,844.



SCANNED MAR 04 2003

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) See Stmt 4 (cash \$ 8,288. non-cash \$ )	22 8,288.	8,288.		
23 Specific assistance to individuals (att sch) \$ 5	23 136,247	136,247		
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25 259,188.	233,269.	25,919.	
26 Other salaries and wages	26 6,463,776.	5,767,638.	696,138.	
27 Pension plan contributions	27			
28 Other employee benefits	28 545,743.	491,348.	54,395.	
29 Payroll taxes	29 555,506.	497,220.	58,286	
30 Professional fundraising fees	30 54,775.			54,775.
31 Accounting fees	31 26,403	19,523.	6,880.	
32 Legal fees	32 100		100.	
33 Supplies	33 256,542	234,511.	22,031.	
34 Telephone	34 154,206.	135,969.	18,237.	
35 Postage and shipping	35 39,583.	30,465.	9,118.	
36 Occupancy	36 563,789.	505,954.	57,835.	
37 Equipment rental and maintenance	37 27,720.	21,883.	5,837.	
38 Printing and publications	38 29,416.		29,416.	
39 Travel	39 160,469.	148,391.	12,078.	
40 Conferences, conventions, and meetings	40 53,865.	46,062.	7,803	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 127,260.		127,260	
43 Other expenses not covered above (itemize)				
a See Statement 6	43a 538,364.	506,183.	32,181.	
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 10,001,240.	8,782,951.	1,163,514.	54,775

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? <u>See Statement 7</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a See Statement 8	
(Grants and allocations \$ )	8,782,951.
b	
(Grants and allocations \$ )	
c	
(Grants and allocations \$ )	
d	
(Grants and allocations \$ )	
e Other program services (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	8,782,951.

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

**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
<b>ASSETS</b>	45 Cash – non interest-bearing	161,992.	45	251,050.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a 1,254,118.		
	b Less allowance for doubtful accounts	47 b	1,695,777.	47 c 1,254,118.
	48 a Pledges receivable	48 a 50,000		
	b Less allowance for doubtful accounts	48 b	7,250.	48 c 50,000
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		99,110.	53 129,731
	54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,360,247.	54 1,093,325.
	55 a Investments – land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b		55 c
56 Investments – other (attach schedule)		56		
57 a Land, buildings, and equipment basis	57 a 664,901.			
b Less accumulated depreciation (attach schedule) <b>Statement 9</b>	57 b 358,890	311,473.	57 c 306,011.	
58 Other assets (describe ▶ _____)		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		3,635,849.	59 3,084,235.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	887,844.	60	526,360.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ <b>See Statement 10</b> _____)		65	100,000.
	66 <b>Total liabilities</b> (add lines 60 through 65)		887,844.	66 626,360.
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,261,421	67	2,049,154.
	68 Temporarily restricted	375,438.	68	297,575.
	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 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		2,748,005.	73 2,457,875.	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		3,635,849.	74 3,084,235.	

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.

BAA



**Part VI Other Information** (See specific instructions)

		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
78 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
81 a	Enter direct or indirect political expenditures. See line 81 instructions. <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81 a	0.
81 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	
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)	82 b	48,099.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 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
84 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 a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
85 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.		N/A
85 c	Dues, assessments, and similar amounts from members.	85 c	N/A
85 d	Section 162(e) lobbying and political expenditures	85 d	N/A
85 e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85 e	N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
85 g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85 g	N/A
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?	85 h	N/A
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86 a	N/A
86 b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87 a	N/A
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	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
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.	89 a	
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 b	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 ▶ California	90 a	
90 b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90 b	205
91	The books are in care of ▶ Jack Lebovits Telephone number ▶ (213) 384-1600 Located at ▶ 500 Shatto Place, # 425, Los Angeles, CA ZIP + 4 ▶ 90020	91	
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	92	N/A

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

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Service Fees					856
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					9,277,108
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	30,393	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-62,565	
101 Net income or (loss) from special events					8,210
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b Miscellaneous			1	32,642	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				470	9,286,174
105 Total (add line 104 columns (B), (D), and (E))					9,286,644

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 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)
93a-g	Government grants and program service fees are used for the organization's primary exempt purposes
101	Fund raising events - promoting community awareness of the organization's goals and needs

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions)

(A) Name, address, and EIN of corporation partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

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

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

Under penalties of perjury, I declare that I have prepared this return including accompanying schedules and statements and to the best of my knowledge and belief it is true and correct. I am not aware of any information of which preparer has any knowledge

Feb 14, 2003

Date

Tack Lebovits

**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 Supplementary Information - (See separate instructions)

**2001**

Supplementary Information - (see separate instructions)

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

Department of the Treasury  
Internal Revenue Service

Name of the Organization

El Nido Family Centers

Employer Identification Number

95-3186429

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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
Vicki Carnes C/O El Nido Family Centers	Division Dir. 37.5	69,000	4,425.	0.
Pamela Jones C/O El Nido Family Centers	Division Dir. 37.5	68,066.	4,414.	0.
Diana Harris C/O El Nido Family Centers	Dir. of HR 37.5	65,004.	4,077.	0.
Alicia Ames C/O El Nido Family Centers	Division Dir. 37.5	64,614.	4,105.	0.
Stacy Banks C/O El Nido Family Centers	Clinical Dir. 37.5	61,224.	4,002.	0.
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See 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 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.)	792,606	480,345	652,644	523,821	2,449,416
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	8,300,070	6,304,209	7,074,886	6,595,879	28,275,044
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	105,309	111,153	113,721	115,743	445,926
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. See Stmt 16.	8,498				8,498
23 Total of lines 15 through 22	9,206,483	6,895,707	7,841,251	7,235,443	31,178,884
24 Line 23 minus line 17	906,413	591,498	766,365	639,564	2,903,840
25 Enter 1% of line 23	92,065	68,957	78,413	72,354	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	58,077
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	
c Total support for Section 509(a)(1) test. Enter line 24, column (e).		26c	2,903,840
d Add: Amounts from column (e) for lines 18 <u>445,926</u> 19 _____		26d	454,424
22 <u>8,498</u> 26b _____		26e	2,449,416
e Public support (line 26c minus line 26d total)		26f	84.35%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12	N/A
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) _____ (1999) _____ (1998) _____ (1997) _____
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) _____ (1999) _____ (1998) _____ (1997) _____
c Add: Amounts from column (e) for lines 15 _____ 16 _____	17 _____ 20 _____ 21 _____
d Add: Line 27a total _____ and line 27b total _____	27c _____ 27d _____
e Public support (line 27c total minus line 27d total)	27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).	27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g _____ %
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))	27h _____ %

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.

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

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement ) ----- ----- -----		
32 a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32 b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32 c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32 d	d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
33 a	Does the organization discriminate by race in any way with respect to a Students' rights or privileges?		
33 b	b Admissions policies?		
33 c	c Employment of faculty or administrative staff?		
33 d	d Scholarships or other financial assistance?		
33 e	e Educational policies?		
33 f	f Use of facilities?		
33 g	g Athletic programs?		
33 h	h Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
34 b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

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

N/A

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

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
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 -		
	<b>If the amount on line 40 is -</b>		
	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		
	<b>The lobbying nontaxable amount is -</b>		
	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	41	
	\$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	
	<b>Caution.</b> If there is an amount on either line 43 or line 44, you must file Form 4720		

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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

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

Yes	No	Amount



Client ELNIDO

El Nido Family Centers

95-3186429

1/31/03

02 21PM

**Statement 1**  
**Form 990, Part I, Line 8**  
**Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities

Gross Sales Price. 2,060,411.  
 Cost or Other Basis. 2,122,976.

Total Gain (Loss) Publicly Traded Securities \$ -62,565.

Total Net Gain (Loss) From Noninventory Sales \$ -62,565

**Statement 2**  
**Form 990, Part I, Line 9**  
**Net Income (Loss) from Special Events**

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contributions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Annual event	29,370	2,625.	26,745.	18,535	8,210.
Totals	\$ 29,370	\$ 2,625.	\$ 26,745.	\$ 18,535.	\$ 8,210.

**Statement 3**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

Prior period adjustment to fixed assets	\$ 22,960
Unrealized loss	-33,246.
Total	\$ <u>-10,286.</u>

**Statement 4**  
**Form 990, Part II, Line 22**  
**Grants and Allocations**

Cash Grants and Allocations

Donee's Name:	See statement C	
Amount Given:		\$ 8,288.
Total Cash Grants and Allocations		\$ <u>8,288.</u>
Total Grants and Allocations		\$ <u>8,288</u>

Client ELNIDO

El Nido Family Centers

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**Statement 5**  
**Form 990, Part II, Line 23**  
**Specific Assistance to Individuals**

Client supplies	\$ 108,188.
Support services	28,059.
<b>Total</b>	<b>\$ <u>136,247.</u></b>

**Statement 6**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Bank and payroll services	24,116.	21,571.	2,545.	
Building maintenance	81,403.	79,978.	1,425.	
Consultants and Interns	126,860.	108,202.	18,658.	
Dues and subscriptions	4,301.	1,010.	3,291.	
In-kind expenses	1,607.	1,607.		
Insurance	50,814.	45,794.	5,020.	
Miscellaneous	789.	730.	59.	
Professional fees	25,760.	25,760.		
Staff recruitments	23,970.	22,787.	1,183.	
Subcontractors	168,763.	168,763.		
Utilities	29,981.	29,981.		
<b>Total</b>	<b>\$ <u>538,364</u></b>	<b>\$ <u>506,183.</u></b>	<b>\$ <u>32,181.</u></b>	<b>\$ <u>0</u></b>

**Statement 7**  
**Form 990, Part III**  
**Organization's Primary Exempt Purpose**

El Nido provides counseling, family life education and service coordination to children, adolescents and families in the most disadvantaged communities throughout Los Angeles County. It also serves pregnant teenagers and young parents, families or individuals affected by child abuse, youth facing problems in school, at home or with the law, and parents struggling to raise their children.

**Statement 8**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
Teen Parents and Infant Development Program - This program offers a variety of services to pregnant or parenting adolescents and their babies.		4,722,250.
Delinquency Prevention Program - This 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.		1,224,105.

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Statement 8 (continued)  
Form 990, Part III, Line a  
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Child Abuse Prevention/Treatment Program - This 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.		1,042,867
Parenting Education and Child Development Program - This is an early intervention program, which is designed to improve the quality of parent-child relations and serves low-income families at risk.		1,151,848
Pregnancy Prevention Program - This 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.		641,881.
	<u>\$ 0.</u>	<u>\$8,782,951.</u>

Statement 9  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 31,170.	\$ 10,839.	\$ 20,331
Machinery and Equipment	258,223.	147,475.	110,748
Improvements	94,342.	25,989.	68,353
Miscellaneous	281,166.	174,587.	106,579
Total	<u>\$ 664,901.</u>	<u>\$ 358,890.</u>	<u>\$ 306,011.</u>

Statement 10  
Form 990, Part IV, Line 65  
Other Liabilities

Line of Credit	\$ 100,000.
Total	<u>\$ 100,000.</u>

Statement 11  
Form 990, Part IV-A, Line d(2)  
Other Amounts

Special event expense	\$ -18,535
Total	<u>\$ -18,535</u>



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Statement 16  
Schedule A, Part IV-A, Line 22  
Other Income

Description	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
Other income	\$ 8,498.	\$ 0.	\$ 0.	\$ 0.	\$ 8,498.
Total	<u>\$ 8,498</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0</u>	<u>\$ 8,498</u>

BOARD OF DIRECTORS

Name	Title/ Position	Avg Hours/wk	Compensation	Emp Benefits	Expenses Acct
John Tonsick	President	Varies	None	None	None
Fred Beck and Su-z Boray	Vice President	Varies	None	None	None
Phyllis Abbate	Secretary	Varies	None	None	None
Kermit Hathcoat	Treasurer	Varies	None	None	None
John Abel	Board member	Varies	None	None	None
Phillip Adler	Board member	Varies	None	None	None
Canard E Barnes	Board member	Varies	None	None	None
Christine Dempsey	Board member	Varies	None	None	None
Jay De Miranda	Board member	Varies	None	None	None
Jannet M Feldman	Board member	Varies	None	None	None
Dr Jeanne Giovannoni	Board member	Varies	None	None	None
Randy Hirt	Board member	Varies	None	None	None
Lawrence Jordan	Board member	Varies	None	None	None
Carole Keen	Board member	Varies	None	None	None
Mark Lieberman	Board member	Varies	None	None	None
John Ortega	Board member	Varies	None	None	None
Kathy Perez	Board member	Varies	None	None	None
Virginia Rodriguez	Board member	Varies	None	None	None
David Segal	Board member	Varies	None	None	None
Sharon M Verduzco	Board member	Varies	None	None	None
Dr Helen Wolff	Board member	Varies	None	None	None
Roberta Wolff	Board member	Varies	None	None	None

Mailing address for all Board members  
500 Shatto Place, Suite 425, Los Angeles, CA 90020

Scholarship Awards 2001-2002	Amount
Sonya Assencio c/o Bryman College 6 Hutton Central Drive, Suite 400 Santa Ana, CA 92707	\$ 625 00
Ana P Castillejo c/o Casa Loma College 6850 Van Nuys Blvd Van Nuys, CA 91405	\$ 625 00
Maria Chi c/o S M Community College 1900 Pico Blvd Santa Monica, CA 90405	\$ 625 00
Maria Nancy Conteras c/o L A Valley College 5800 Fulton Avenue Valley Glen, CA 91401	\$ 625 00
Evangelina Madrigal c/o Mission College 13356 Eldridge Avenue Sylmar, CA 91342	\$ 625 00
Mayra Munguia c/o Cerritos College 11110 Alondra Blvd Norwalk, CA 90650	\$ 600 00
Wendy Parada c/o L A Valley College 5800 Fulton Avenue Valley Glen, CA 91401	\$ 600 00

Scholarship Awards 2001-2002	Amount
Ebony Ricks c/o L A Southwest College 1600 West Imperial Highway Los Angeles, CA 90042	\$ 625
Virginia Thomas c/o LA Trade Technique College Los Angeles, CA	\$ 625
Eunique Vazquez c/o San Fernando Beauty College 8700 Van Nuys Blvd Van Nuys, CA 91402	\$ 600
Erika Watkins c/o Habor Community 1111 Figueroa Place Wilmington, CA 90744	\$ 625
Daisy Garibay c/o S M Community College 1900 Pico Blvd Santa Monica, CA 90405	\$ 600
Treonne Lumpkin c/o Cerritos College 11110 Alondra Blvd Norwalk, CA 90650	\$ 600
Other Varies \$ 25 00 Scholarships given through out the year	\$ 288
	<u>\$ 8,288</u>

8868

Application for Extension of Time to File Exempt Organization Return

OMB No 1545-1709

(December 2000)

Department of the Treasury Internal Revenue Service

File a separate application for each return

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

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

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 3736 to request an extension of time to file Form 1065, 1066, or 1041

Name of Exempt Organization: EL NIDO FAMILY SERVICES
Employer Identification Number: 95-3186429
Number, Street and Room or Suite Number: 16133 VENTURA BLVD, #1140
City, Town or Post Office: ENCINO CA 91436

Check type of return to be filed (file a separate application for each return)
[X] Form 990
Form 990-BL
Form 990-EZ
Form 990-PF
Form 990-T (corporation)
Form 990-T (Section 401(a) or 408(a) trust)
Form 990-T (trust other than above)
Form 1041-A
Form 4720
Form 5227
Form 6069
Form 8870

- 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 2/15 20 03 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- calendar year 20 or
- tax year beginning 7/01 20 01 and ending 6/30 20 02
2 If this tax year is for less than 12 months check reason: Initial return, Final return, Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720 or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ 0
c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0

Signature and Verification

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, and that I am authorized to prepare this form.

Signature Title Date

AA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)