

Return of Organization Exempt from Income Tax

2002

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 2002 calendar year, or tax year beginning 7/01, 2002, and ending 6/30, 2003

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Please use IRS label or print or type See specific instructions. 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 [X] Accrual [] Other (specify)

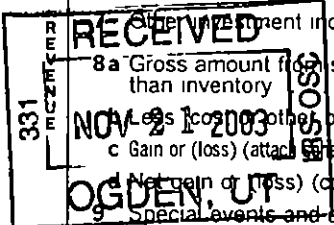
G Web site WWW.ELNIDOFAMILYCENTERS.ORG. H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? [] Yes [X] No. H (b) If Yes enter number of affiliates. H (c) Are all affiliates included? [] Yes [] No. H (d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No.

J Organization type (check only one) [X] 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. L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 9,423,142.

M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Enter 4-digit GEN.

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. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program service revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments. Row 5: Dividends and interest from securities. Row 6: Gross rents. Row 7: Other investment income. Row 8: Gross amount from sales of assets other than inventory. Row 9: Special events and activities. Row 10: Gross sales of inventory, less returns and allowances. Row 11: Other revenue. Row 12: Total revenue. Row 13: Program services. Row 14: Management and general. Row 15: Fundraising. Row 16: Payments to affiliates. Row 17: Total expenses. Row 18: Excess or (deficit) for the year. Row 19: Net assets or fund balances at beginning of year. Row 20: Other changes in net assets or fund balances. Row 21: Net assets or fund balances at end of year.



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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 3 (cash \$ 5,150 non cash \$)	22 5,150	5,150		
23	Specific assistance to individuals (att sch) ST 4	23 101,751	101,751		
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 255,828	229,670	26,158	
26	Other salaries and wages	26 5,779,042	5,188,142	590,900	
27	Pension plan contributions	27			
28	Other employee benefits	28 774,374	698,806	75,568	
29	Payroll taxes	29 500,899	450,621	50,278	
30	Professional fundraising fees	30			
31	Accounting fees	31 29,288	8,250	3,224	17,814
32	Legal fees	32			
33	Supplies	33 102,237	82,330	19,907	
34	Telephone	34 113,974	100,108	13,866	
35	Postage and shipping	35 34,124	25,817	8,255	52
36	Occupancy	36 602,484	543,722	58,762	
37	Equipment rental and maintenance	37 39,194	23,960	15,234	
38	Printing and publications	38 13,302		13,302	
39	Travel	39 132,174	126,129	6,045	
40	Conferences, conventions, and meetings	40 33,745	26,362	7,383	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 129,689		129,689	
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 5	43a 339,907	257,186	47,069	35,652
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 8,987,162.	7,868,004	1,065,640	53,518

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? <input type="checkbox"/> SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 7 _____ _____ _____ (Grants and allocations \$ _____)	7,868,004
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)	7,868,004

Part IV Balance Sheets (See Instructions)

				(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		251,050	45	946,027	
	46	Savings and temporary cash investments			46		
	47a	47a	1,111,595				
		b	Less allowance for doubtful accounts	1,254,118	47c	1,111,595	
	48a	48a	25,000				
		b	Less allowance for doubtful accounts	50,000	48c	25,000	
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	51a					
		b	Less allowance for doubtful accounts		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		129,731	53	125,850	
	54	Investments — securities (attach schedule)		1,093,325	54	1,036,259	
	55a	Investments — land, buildings, & equipment basis					
		b	Less accumulated depreciation (attach schedule)		55c		
	56	Investments — other (attach schedule)			56		
	57a	57a	682,203				
		b	Less accumulated depreciation (attach schedule) STATEMENT 8	306,011	57c	193,626	
	58	Other assets (describe ▶ _____)			58		
59	Total assets (add lines 45 through 58) (must equal line 74)		3,084,235	59	3,438,357		
LIABILITIES	60	Accounts payable and accrued expenses		494,092	60	74,229	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax exempt bond liabilities (attach schedule)			64a		
		b	Mortgages and other notes payable (attach schedule)		64b		
	65	Other liabilities (describe ▶ SEE STATEMENT 9 _____)		132,268	65	444,543	
66	Total liabilities (add lines 60 through 65)		626,360	66	518,772		
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		2,049,154	67	2,721,727	
	68	Temporarily restricted		297,575	68	86,712	
	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	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)		2,457,875	73	2,919,585	
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)		3,084,235	74	3,438,357	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue, gains, and other support per audited financial statements	▶	a 9,604,267	a Total expenses and losses per audited financial statements	▶	a 9,142,557
b Amounts included on line a but not on line 12, Form 990			b Amounts included on line a but not on line 17, Form 990		
(1) Net unrealized gains on investments \$ 38,524			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities \$ 142,601			(2) Prior year adjustments reported on line 20, Form 990 \$ 142,601.		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify)			(4) Other (specify)		
SEE STM 10 \$ 12,794			SEE STMT 11 \$ 12,794		
Add amounts on lines (1) through (4)	▶	b 193,919	Add amounts on lines (1) through (4)	▶	b 155,395
c Line a minus line b	▶	c 9,410,348	c Line a minus line b	▶	c 8,987,162
d Amounts included on line 12, Form 990 but not on line a			d Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)			(2) Other (specify)		
----- \$			----- \$		
Add amounts on lines (1) and (2)	▶	d	Add amounts on lines (1) and (2)	▶	d
e Total revenue per line 12, Form 990 (line c plus line d)	▶	e 9,410,348.	e Total expenses per line 17, Form 990 (line c plus line d)	▶	e 8,987,162

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
LIZABETH HERRERA 500 SHATTO PLACE, SUITE 425 LOS ANGELES, CA 90020	EXECUTIVE DIREC 37 5	96,996	0	0
JACK LEBOVITS 500 SHATTO PLACE, SUITE 425 LOS ANGELES, CA 90020	DIR OF FINANCE 37 5	83,168	0	0
VICKI CARNES 500 SHATTO PLACE, SUITE 425 LOS ANGELES, CA 90020	ASSOCIATE DIR 37 5	75,664	0	0
BOARD OF DIRECTORS ----- SEE STATEMENT A, ----- ----- -----	AS NEEDED	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No

If 'Yes,' attach schedule - see instructions

Part VI Other Information (See 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
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	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
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?		X
	b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
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?	X	
	b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	142,601
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	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 on line 85f?	85g	N/A
	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?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
	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	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 <u>CALIFORNIA</u>		
	b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	214
91	The books are in care of <u>JACK LEBOVITS</u> Telephone number <u>(213) 384-1600</u> Located at <u>500 SHATTO PLACE, # 425, LOS ANGELES, CA</u> ZIP + 4 <u>90020</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A

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

	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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <u>SERVICE FEES</u>					1,514.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					8,947,383
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	36,135	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					8,916
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b <u>MISCELLANEOUS</u>			1	10,560	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				46,695	8,957,813
105 Total (add line 104, columns (B), (D), and (E))					9,004,508.

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)

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

Signature of Officer: [Signature] Date: 11/12/03

Director

Date: 11/5/03 Check if self employed: Preparer's SSN or PTIN (see General Instruction W)

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)

2002

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

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 and deferred compensation	(e) Expense account and other allowances
STACY BANKS ----- C/O EL NIDO FAMILY CENTERS	CLINICAL DIR 37.5	61,224	0	0
DIANA HARRIS ----- C/O EL NIDO FAMILY CENTERS	DIVISION HR 37.5	65,004	0	0
MAI NGUYEN ----- C/O EL NIDO FAMILY CENTERS	CONTROLLER 37.5	58,968	0	0
LELI SARSOZO ----- C/O EL NIDO FAMILY CENTERS	PEDIATRIC NURSE 37.5	55,717	0	0
YOKO TAKASUMI ----- C/O EL NIDO FAMILY CENTERS	INTERN DIR 37.5	60,528.	0	0
Total number of other employees paid over \$50,000 ▶	9			

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
JANE JOHNSTON ----- 1008 5TH ST , SANTA MONICA, CA 90403	FUNDRAISING	52,885
----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions)

	Yes	No
<p>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 ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line I of Part VI B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p>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.)</p> <p style="text-align: center;">SEE STATEMENT 12</p> <p>a Sale, exchange, or leasing of property?</p>	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)?	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	
<p>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</p>		

Part IV Reason for Non-Private Foundation Status (See instructions)

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	434,752	792,606	480,345	652,644	2,360,347
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	9,304,709	8,300,070	6,304,209	7,074,886	30,983,874
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	30,393.	105,309.	111,153	113,721	360,576
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 14	32,642	8,498.			41,140.
23 Total of lines 15 through 22	9,802,496	9,206,483.	6,895,707	7,841,251.	33,745,937.
24 Line 23 minus line 17	497,787	906,413	591,498	766,365	2,762,063.
25 Enter 1% of line 23	98,025	92,065.	68,957	78,413	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	55,241
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 total of all these excess amounts.		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	2,762,063
d Add: Amounts from column (e) for lines	18 360,576 19 _____	26d	401,716
	22 41,140 26b _____	26e	2,360,347
e Public support (line 26c minus line 26d total)		26e	2,360,347
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	85.46 %

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.	(2001) _____ (2000) _____ (1999) _____ (1998) _____		
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) _____ (2000) _____ (1999) _____ (1998) _____		
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)		27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f _____	27g	%
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 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 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	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	
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	
34a	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 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		(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)	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 -- 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	
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)

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

Yes	No	Amount

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

EL NIDO FAMILY CENTERS

95-3186429

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
ANNUAL EVENT	29,910	8,200	21,710	12,794	8,916
TOTAL	<u>\$ 29,910</u>	<u>\$ 8,200</u>	<u>\$ 21,710</u>	<u>\$ 12,794</u>	<u>\$ 8,916</u>

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN IN INVESTMENT				\$ 38,524
TOTAL				<u>\$ 38,524</u>

STATEMENT 3
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME AMOUNT GIVEN	SEE STATEMENT B		\$ 5,150.
TOTAL GRANTS AND ALLOCATIONS			<u>\$ 5,150</u>

STATEMENT 4
FORM 990, PART II, LINE 23
SPECIFIC ASSISTANCE TO INDIVIDUALS

CLIENT ASSISTANCE			\$ 101,751
TOTAL			<u>\$ 101,751</u>

STATEMENT 5
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT & GENERAL</u>	(D) <u>FUNDRAISING</u>
AUTO EXPENSE	13,538	13,538		
BANK AND PAYROLL SERVICES	45,771	18,681	27,090	
BUILDING MAINTENANCE	74,811	73,494	1,317	
CONSULTANTS AND INTERNS	59,895	54,408	5,487	
INSURANCE	53,128	48,463	4,665	
LEASE EQUIPMENT	11,090	10,297	793	

EL NIDO FAMILY CENTERS

95-3186429

STATEMENT 5 (CONTINUED)
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
MISCELLANEOUS	14,793	13,909	884	
PROFESSIONAL FEES	58,617	16,511	6,454	35,652
STAFF RECRUITMENTS	8,264	7,885	379	
TOTAL	<u>\$ 339,907</u>	<u>\$ 257,186</u>	<u>\$ 47,069</u>	<u>\$ 35,652</u>

STATEMENT 6
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 SINCE 1925, EL NIDO HAS WORKED TO HELP MAKE FAMILIES STRONGER SO THEY CAN HAVE HEALTHIER, MORE PRODUCTIVE FUTURES.

EL NIDO 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 7
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		5,015,133
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		409,241
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		1,069,886
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		811,564
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		562,180

STATEMENT 7 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
	\$ 0	\$ 7,868,004

STATEMENT 8
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 31,170	\$ 14,890.	\$ 16,280
MACHINERY AND EQUIPMENT	556,691	416,250.	140,441
IMPROVEMENTS	94,342	57,437	36,905
TOTAL	<u>\$ 682,203</u>	<u>\$ 488,577</u>	<u>\$ 193,626</u>

STATEMENT 9
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ACCRUED PAYROLL	\$ 75,000.
ACCRUED VACATION	76,133
DUE TO EMPLOYEES FOR MILEAGE	12,979
LINE OF CREDIT	228,204
OTHER ACCRUED EXPENSES	36,993
PENSION PLAN PAYABLE	15,234
TOTAL	<u>\$ 444,543</u>

STATEMENT 10
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

SPECIAL EVENTS DIRECT COSTS	\$ 12,794
TOTAL	<u>\$ 12,794</u>

STATEMENT 11
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

SPECIAL EVENTS DIRECT COSTS	\$ 12,794
TOTAL	<u>\$ 12,794</u>

EL NIDO FAMILY CENTERS

95-3186429

STATEMENT 12
 SCHEDULE A, PART III, LINE 2
 TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.

LEASED OFFICE SPACE OWNED BY A BOARD MEMBER, HOWEVER LANDLORD WAS NOT A BOARD MEMBER WHEN LEASE WAS NEGOTIATED

STATEMENT 13
 SCHEDULE A, PART III, LINE 3
 QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

EL NIDO AWARDS SCHOLARSHIPS TO CLIENTS (AND/OR FAMILY MEMBERS) THROUGH A COMPETITIVE PROCESS IN WHICH APPLICANTS SUBMIT AN ESSAY DESCRIBING THEIR FUTURE ACADEMIC PLANS AND HOW THEIR EDUCATIONAL GOALS WILL BENEFIT THEIR LONG-TERM OBJECTIVES TOWARD SELF-SUFFICIENCY A SUB-COMMITTEE OF EL NIDO'S BOARD DETERMINES THE SUCCESSFUL RECIPIENTS.

STATEMENT 14
 SCHEDULE A, PART IV-A, LINE 22
 OTHER INCOME

DESCRIPTION	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
OTHER INCOME	\$ 32,642	\$ 8,498	\$ 0	\$ 0	\$ 41,140
TOTAL	<u>\$ 32,642</u>	<u>\$ 8,498</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 41,140</u>

EL NIDO FAMILY CENTERS

EIN: 95-3186429

2002 Form 990, Part V

LIST OF BOARD OF DIRECTORS

President

Jay de Miranda

Executive Director

Liz Herrera

Vice Presidents

Fred Beck

Su-z Boray

Secretary

Jeanne Giovannoni

Treasurer

Christine Dempsey

Fred Beck	213 Hentage Oak Drive Glendora, CA 91741
Stuart Berton	12245 Viewcrest Road Studio City, CA 91604
Su-z Boray	4886 Patrae Street Los Angeles, CA 90066
Rita Carmen	177 Furnace Street Lake Oswego, OR 97034
Jay R. de Miranda	23 Cottonwood Circle Rolling Hills Estates, CA 90274
Christine Dempsey	3741 Boise Avenue Los Angeles, CA 90066
Jannet M. Feldman <i>(Leave of absence)</i>	6572 Eddinghill Drive Rancho Palos Verdes, CA 90275
Dr. Walter Furman	UCLA-School of Social Work 247 Dodd Hall Los Angeles, CA 90024
Jeanne Giovannoni	126 Vista Place Venice, CA 90291

EL NIDO FAMILY CENTERS
EIN: 95-3186429
2002 Form 990, Part V

LIST OF BOARD OF DIRECTORS

Liz Herrera	El Nido Family Centers 500 Shatto Place, Suite 425 Los Angeles, CA 90020
Randy Hirt	510 North Flores Street West Hollywood, CA 90046
Heinz Holba	9578 Hidden Valley Road Beverly Hills, CA 90210
Allan C. Jones, D.D.S.	23560 Madison St, Suite 111 Torrance, CA 90505
Carole Keen	17700 S Avalon Blvd , Space 38 Carson, CA 90746
June Lang	3053 Hutton Drive Beverly Hills, CA 90210
Rudy Mendoza	646 South Greenwood Avenue Montebello, CA 90640
JoAnn Meth	15720 Royal Oak Road Encino, CA 91436
John Ortega	5540 Rose Avenue Long Beach, CA 90805
Kathy Perez	Fox Television KTTV Channel 11 1999 South Bundy Drive Los Angeles, CA 90025
Virginia Rodriguez	10625 Youngworth Road Culver City, CA 90230

**** None of the directors received any compensation**

El Nido Family Centers
 EIN. 95-3186429
 2002 Form 990, Part II, line 22

Scholarship Recipients

Name	Address	Amount
Lakela Aldridge	3333 Carlin Avenue #10, Lynwood 90262	\$25
Jessica Arias	13876 Paxton Street, Pacoima 91331	\$25
Sonya Ascencio	10371 Patrick Avenue, Arleta 91331	\$25
Ines Benitez	11400 South Budlong Avenue #2, Los Angeles 90044	\$600
Chante Marie Crisp	11962 Phillippi Avenue, San Fernando 91340	\$25
Claudia Del Carmen		\$25
Antonia Dominguez	243 West 61 st St, Los Angeles	\$600
Veronica Galvez	13336 Remington Street, Pacoima 91331	\$25
Maria Gamino	6739 St Clair Avenue, North Hollywood 91606	\$600 25
Daisy Garibay	329 West 41 st Place, Los Angeles 90037	\$25
Nicole Hall	4434 11 th Avenue, Los Angeles 90043	\$600 25
Franzhua V Hernandez	11310 Tamarack Avenue, San Fernando 91340	\$500
Treonne Lumpkin	3831 Virginia Street, Lynwood 90262	\$25
Wendy Parada	11829½ Hamlin Street, N Hollywood 91606	\$600
Evangelina Madrigal	11242 Borden Avenue, Pacoima 91331	\$25
Mayra Mungia	18303 Kittridge Street #5, Reseda 91335	\$25
Cristina Maria Panazza	10568 Haddon Avenue #306, Pacoima 91331	\$25
Rosa Ramirez	318 East 97 th Street, Los Angeles 90003	\$600
Danielle Reilly	26011 Bellis Drive, Valencia 91355	\$25
Ebony Ricks	10211 Juniper Street #627, Los Angeles 90002	\$25
Kimberly Valentine	5424 Bradna Drive, Los Angeles 90043	\$25
Cristobal Vargas	9933 Woodman Avenue 306D, Mission Hills 91348	\$600
Paula Villareal	29116 Val Verde Road, Val Verde 91384	\$25
Erika Watkins	238 East 94 th Street, Los Angeles 90003	\$25
Total		\$5,150 =====

\$600 – Regular Scholarship, \$500 – Access Wall Street Scholarship,
 \$25 6-month postcard follow-up