

Return of Organization Exempt From Income Tax

2003

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

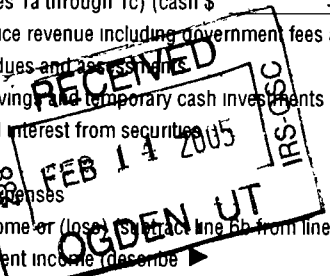
The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2003 calendar year, or tax year beginning JUL 1, 2003 and ending JUN 30, 2004

Form 990 header section including: B Check if applicable, C Name of organization (EL NIDO FAMILY CENTERS), D Employer identification number (95-3186429), E Telephone number ((213) 384-1600), F Accounting method (Accrual), G Website (WWW.ELNIDOFAMILYCENTERS.ORG), J Organization type (501(c)(3)), K Check here, L Gross receipts (8,824,259), M Check if required to attach Sch B.

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

Main table with 21 rows detailing revenue (lines 1-12), expenses (lines 13-17), and net assets (lines 18-21). Includes sub-tables for 8a (Securities/Other) and 9a (Special events). Total revenue is 8,164,077 and total expenses is 8,185,236.



Net Assets SCANNED FEB 24 2005

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ 7,100. noncash \$	7,100.	7,100.	STATEMENT 6	
23	Specific assistance to individuals (attach schedule)	130,057.	130,057.	STATEMENT 7	
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	270,202.	238,109.	32,093.	0.
26	Other salaries and wages	5,008,369.	4,413,502.	594,867.	
27	Pension plan contributions	56,381.	51,149.	5,232.	
28	Other employee benefits	687,751.	623,935.	63,816.	
29	Payroll taxes	404,626.	356,848.	47,778.	
30	Professional fundraising fees	76,602.	15,848.	4,048.	56,706.
31	Accounting fees	20,000.	4,137.	1,057.	14,806.
32	Legal fees	2,100.	434.	111.	1,555.
33	Supplies	118,056.	95,780.	22,276.	
34	Telephone	114,707.	100,090.	14,617.	
35	Postage and shipping	36,581.	25,781.	10,800.	
36	Occupancy	603,475.	547,217.	56,258.	
37	Equipment rental and maintenance	60,199.	41,623.	18,576.	
38	Printing and publications	12,635.	0.	12,635.	
39	Travel	108,120.	103,470.	4,650.	
40	Conferences, conventions, and meetings	45,597.	32,575.	12,200.	822.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	114,739.	101,111.	13,628.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 5	307,939.	249,547.	58,392.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	8,185,236.	7,138,313.	973,034.	73,889.

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? **SEE ATTACHED STATEMENT A**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)

a	SEE ATTACHED STATEMENT A				
		(Grants and allocations \$	7,100.)		7,138,313.
b					
		(Grants and allocations \$)		
c					
		(Grants and allocations \$)		
d					
		(Grants and allocations \$)		
e	Other program services (attach schedule)				
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				7,138,313.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	946,027.	45	314,551.
	46	Savings and temporary cash investments		46	617,356.
	47 a	Accounts receivable	1,198,427.		
	b	Less allowance for doubtful accounts		47c	1,198,427.
	48 a	Pledges receivable	25,000.		
	b	Less allowance for doubtful accounts		48c	25,000.
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable			
	b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	125,850.	53	79,174.
	54	Investments - securities STMT 8 STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,036,259.	54	1,052,254.
	Liabilities	55 a	Investments - land, buildings, and equipment basis		
b		Less accumulated depreciation		55c	
56		Investments - other SEE STATEMENT 10	0.	56	80,940.
57 a		Land, buildings, and equipment basis	625,904.		
b		Less accumulated depreciation	523,872.	57c	102,032.
58		Other assets (describe <input type="checkbox"/>)		58	
59		Total assets (add lines 45 through 58) (must equal line 74)	3,438,357.	59	3,469,734.
60		Accounts payable and accrued expenses	74,229.	60	101,362.
61		Grants payable		61	
62		Deferred revenue		62	
Net Assets or Fund Balances	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 11)	444,543.	65	396,360.
	66	Total liabilities (add lines 60 through 65)	518,772.	66	497,722.
	67	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	2,721,727.	67	2,786,948.	
68	Temporarily restricted	86,712.	68	73,918.	
69	Permanently restricted	111,146.	69	111,146.	
70	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)	2,919,585.	73	2,972,012.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	3,438,357.	74	3,469,734.	

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 VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a SERVICE FEES					2,123.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					7,593,252.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	22,045.	
96 Dividends and interest from securities			14	9,314.	
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	13,095.	<15,886.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	8,737.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		53,191.	7,579,489.
105 Total (add line 104, columns (B), (D), and (E))					7,632,680.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PROGRAM SERVICE FEES ARE USED FOR THE ORGANIZATION'S PRIMARY EXEMPT PURPOSES. (SEE STATEMENT A)
93G	GOVERNMENT CONTRACTS SERVICE FEES ARE USED FOR THE ORGANIZATION'S PRIMARY EXEMPT PURPOSES. (SEE STATEMENT A)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the 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 examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. All information of which preparer has any knowledge

Date: 10 FEB 05

Preparer's name and title: Liz Herrera, Exec. Director

Preparer's SSN or PTIN: [Redacted]

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

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

OMB No 1545-0047

2003

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 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
DIANA HARRIS ----- C/O EL NIDO FAMILY CENTERS	DIVISION HR. 37.5	66,650.	0.	0.
STACY BANKS ----- C/O EL NIDO FAMILY CENTERS	CLINICAL DIR. 37.5	62,142.	0.	0.
YOKO TAKASUMI ----- C/O EL NIDO FAMILY CENTERS	INTERN DIR. 37.5	61,434.	0.	0.
MAI NGUYEN ----- C/O EL NIDO FAMILY CENTERS	CONTROLLER 37.5	59,982.	0.	0.
LAURIE ALPER ----- C/O EL NIDO FAMILY CENTERS	PROG ANALYST 37.5	55,998.	0.	0.
Total number of other employees paid over \$50,000 ▶	6			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
JANE JOHNSTON ----- 1008 5TH STREET #3, SANTA MONICA, CA 90403	FUNDRAISING	54,750.
----- ----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 14		
a	Sale, exchange, or leasing of property?	X	
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) SEE STATEMENT 15	X	
b	Do you have a section 403(b) annuity plan for your employees?	X	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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

Provide the following information about the supported organizations (See page 5 of the instructions)

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

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

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

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	427,550.	434,752.	792,606.	480,345.	2,135,253.
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	8,948,897.	9,304,709.	8,300,070.	6,304,209.	32,857,885.
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	36,135.	30,393.	105,309.	111,153.	282,990.
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	10,560.	32,642.	SEE STATEMENT 16 8,498.		51,700.
23 Total of lines 15 through 22	9,423,142.	9,802,496.	9,206,483.	6,895,707.	35,327,828.
24 Line 23 minus line 17	474,245.	497,787.	906,413.	591,498.	2,469,943.
25 Enter 1% of line 23	94,231.	98,025.	92,065.	68,957.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 49,399.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 25,601.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,469,943.
d Add: Amounts from column (e) for lines 18 <u>282,990.</u> 19 <u> </u> 22 <u>51,700.</u> 26b <u>25,601.</u>					26d 360,291.
e Public support (line 26c minus line 26d total)					26e 2,109,652.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 85.4130%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002) <u>N/A</u> (2001) <u> </u> (2000) <u> </u> (1999) <u> </u>					
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: (2002) <u>N/A</u> (2001) <u> </u> (2000) <u> </u> (1999) <u> </u>					
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					27c <u>N/A</u>
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					27d <u>N/A</u>
e Public support (line 27c total minus line 27d total)					27e <u>N/A</u>
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f <u>N/A</u>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g <u>N/A</u> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h <u>N/A</u> %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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					28 NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Schedule A (Form 990 or 990-EZ) 2003

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

N/A

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

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	Yes	No	Amount
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.)			0.

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

EL NIDO FAMILY CENTERS
EIN: 95-3186429
2003 FORM 990, PART III

STATEMENT OF EXEMPT PURPOSE

El Nido Family Centers (El Nido) was established in 1925 and incorporated as a not-for-profit organization in the State of California in 1954. Concerned with the welfare of children and youth, 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 OF PROGRAM SERVICE ACCOMPLISHMENTS

El Nido operates five major program areas.

Teen, Parent and Family Services	\$4,702,266
This program area offers a variety of services to pregnant or parenting adolescents and their babies.	
Child Abuse Prevention and Treatment	606,723
This program area 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.	
Delinquency Prevention	349,081
This program area strives to reduce juvenile crime and gang violence by strengthening children's connections through positive support systems including his or her family, school and community.	
Parenting and Child Development	959,407
Programs in this area are designed to increase parenting skills and knowledge; improve the quality of parent-child relations, and, help young children develop cognitively and behaviorally so they will be successful in school as well as in life in general.	
Pregnancy Prevention	520,836
This program area provides counseling, education and social activities in an attempt to reduce the incidence of teenage pregnancy by creating support networks for high-risk youth.	
Total	\$7,138,313

STATEMENT A

El Nido Family Centers

EIN: 95-3186429

Part II, line 22

2003-2004 Recipient Scholarship Fund Disbursement Roster

Disbursement Request Date	Name of Recipients	School Disbursement Was Sent To:	Amount
July 29, 2003	Hernandez, Franzhua	Attn: Linda, Financial Aid Officer Mission College 13356 Eldridge Avenue, Sylmar, CA 91342	\$500
July 29, 2003	Neal, Lanetta	Attn: Vic Gutierrez, Financial Aid Officer John Wesley International Barber & Beauty College 717 Pine Avenue, Long Beach, CA 90813	600
July 29, 2003	Santos, Dayrin	Attn: Edith Gonzalez, Financial Aid Officer Bryman College 18040 Sherman Way, Reseda, CA 91335	600
August 1, 2003	Powell, Yudyra	Attn: Financial Aid Office The Fashion Institute of Design & Merchandising 919 South Grand Avenue, LA, CA 90015	600
August 7, 2003	Guess, Alicia	Attn: Financial Aid Office California State University, Dominguez Hills 1000 Victoria Street, Carson, CA 90747	600
August 11, 2003	Villarreal, Yvonne	Attn: Financial Aid Office College of the Canyons 26455 Rockwell Canyon Road, Santa Clarita, CA 91355	600
August 15, 2003	Orozco, Kristhell	Attn: Financial Aid Office El Camino College 16007 Crenshaw Blvd, Torrance, CA 90506	600

El Nido Family Centers

EIN: 95-3186429

Part II, line 22

Disbursement Request Date	Name of Recipients	School Disbursement Was Sent To:	Amount
August 20, 2003	Hall, Nicole	Attn: Financial Aid Office California State University, Dominguez Hills 1000 Victoria Street, Carson, CA 90747	\$600
August 20, 2003	Varnado, Krystle	Attn: Financial Aid Office Antelope Valley College 3041 West Avenue K, Lancaster, CA 93536	600
September 16, 2003	Lozano, Alejandra	Attn: Mario Fuentes, Financial Aid Officer International Academy of Cosmetology 4085 Tweedy Boulevard, South Gate, CA 90280	600
October 10, 2003	Niño, Anhelé	Attn: Financial Aid Office University of South Dakota 414 East Clark Street, Vermillion, SD 57069	600
December 16, 2003	Mierau, Tinarose	Glendale Community College 1500 North Verdugo Road, Glendale, CA 91208	600

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.

File by the due date for filing your return See instructions	Type or print	Name of Exempt Organization	Employer identification number
		EL NIDO FAMILY CENTER	95-3186429
		Number, street, and room or suite no. If a P.O. box, see instructions. 500 SHATTO PLACE, NO. 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, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning JUL 1, 2003, and ending JUN 30, 2004

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

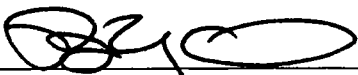
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

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

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

Signature and Verification

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

Signature ▶  Title ▶ CPA Date ▶ 11/8/04

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

111504-NFP- 1

FOOTNOTES

STATEMENT 1

PROPERTY AND EQUIPMENT AT JUNE 30, 2004 CONSIST OF THE FOLLOWING:

OFFICE EQUIPMENT	278,619.
COMPUTER EQUIPMENT	221,772.
LEASEHOLD IMPROVEMENTS	94,342.
FURNITURE AND FIXTURES	31,171.
	<hr/>
TOTAL	625,904.
LESS: ACCUMULATED DEPRECIATION	<523,872.>
	<hr/>
PROPERTY AND EQUIPMENT (NET)	102,032.
	<hr/> <hr/>

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALES OF PUBLICLY TRADED SECURITIES	643,148.	630,053.	0.	13,095.
LOSS OF DISPOSAL OF ASSETS	0.	15,886.	0.	<15,886.>
TO FORM 990, PART I, LINE 8	643,148.	645,939.	0.	<2,791.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DAY AT THE RACES	32,721.	18,478.	14,243.	14,243.	0.
TO FM 990, PART I, LINE 9	32,721.	18,478.	14,243.	14,243.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED GAINS	73,586.
TOTAL TO FORM 990, PART I, LINE 20	73,586.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	60,730.	55,755.	4,975.	0.
STAFF RECRUITMENT	9,806.	8,361.	1,445.	0.
MOVING EXPENSE	7,069.	4,467.	2,602.	0.
AUTOMOBILE EXPENSES	6,393.	6,393.	0.	0.
SUBCONTRACTORS AND INTERNS	70,901.	58,092.	12,809.	0.
BUILDING MAINTENANCE	86,753.	85,450.	1,303.	0.

MISCELLANEOUS	22,813.	13,348.	9,465.	0.
BANK, INVESTMENT AND PAYROLL SERVICE	43,474.	17,681.	25,793.	
TOTAL TO FM 990, LN 43	307,939.	249,547.	58,392.	

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	SEE STATEMENT C		NONE	7,100.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				7,100.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 7

DESCRIPTION	AMOUNT
CLIENT SUPPLIES	99,966.
CLIENT FIELD TRIPS	3,989.
CLIENT TRANSPORTATION	3,955.
FOOD	18,535.
BROCHURES	1,390.
CHILD CARE	1,246.
PARENT ACTIVITY SUPPLIES	932.
CLIENT DISABILITY SUPPLIES	44.
TOTAL TO FORM 990, PART II, LINE 23	130,057.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES				569,623.	569,623.
CORPORATE BONDS		107,125.			107,125.
TO 990, LN 54 COL B		107,125.		569,623.	676,748.

FORM 990	GOVERNMENT SECURITIES		STATEMENT	9
DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
GOVERNMENT SECURITIES	375,506.		375,506.	
TOTAL TO FORM 990, LINE 54, COL B	375,506.		375,506.	

FORM 990	OTHER INVESTMENTS		STATEMENT	10
DESCRIPTION	VALUATION METHOD		AMOUNT	
MONEY MARKET FUNDS	MARKET VALUE		80,940.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B			80,940.	

FORM 990	OTHER LIABILITIES		STATEMENT	11
DESCRIPTION	AMOUNT			
ACCRUED UNEMPLOYMENT LIABILITY	75,000.			
ACCRUED VACATION	213,184.			
DUE TO EMPLOYEE FOR MILEAGE	10,471.			
OTHER ACCRUED EXPENSES	95,064.			
ACCRUED PAYROLL	2,641.			
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	396,360.			

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990		STATEMENT	12
DESCRIPTION	AMOUNT			
SPECIAL EVENTS DIRECT COSTS	14,243.			
TOTAL TO FORM 990, PART IV-A	14,243.			

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
SPECIAL EVENTS DIRECT COSTS	14,243.
TOTAL TO FORM 990, PART IV-B	14,243.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,. PART III, LINE 2 STATEMENT 14

EL NIDO LEASES SOME OF ITS OFFICE SPACE IN A BUILDING OWNED BY A MEMBER OF THE BOARD OF DIRECTORS. FOR THE FISCAL YEAR ENDED JUNE 30,2004, EL NIDO PAID \$22,164 OF RENT EXPENSE FOR THIS LEASE. THIS LEASE AGREEMENT WAS ENTERED PRIOR TO THE OWNER BECOMING A MEMBER OF THE BOARD OF DIRECTORS. THE MANAGEMENT OF EL NIDO BELIEVES THIS IS AN ARM'S-LENGTH TRANSACTION.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3 STATEMENT 15

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.

SCHEDULE A OTHER INCOME STATEMENT 16

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
OTHER INCOME	10,560.	32,642.	8,498.	0.
TOTAL TO SCHEDULE A, LINE 22	10,560.	32,642.	8,498.	0.