

Return of Organization Exempt From Income Tax

2005

Open to Public Inspection

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)

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

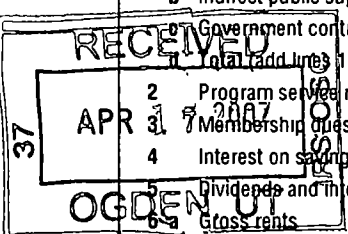
A For the 2005 calendar year, or tax year beginning JUL 1, 2005 and ending JUN 30, 2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: EL NIDO FAMILY CENTERS. D Employer identification number: 95-3186429. E Telephone number: 818-830-3646. F Accounting method: Cash, Accrual.

G Website: WWW.ELNIDOFAMILYCENTERS.ORG. J Organization type: 501(c)(3). K Check here: if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: 9,871,197. H and I are not applicable to section 527 organizations.

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

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



SCANNED MAY 14 2007

**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 \$ <u>5,400</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>	22 5,400.	5,400.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23 34,088.	34,088.	STATEMENT 7	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. * *	25 297,787.	266,024.	30,585.	1,178.
26 Other salaries and wages	26 5,187,606.	4,632,720.	534,357.	20,529.
27 Pension plan contributions	27 88,896.	79,849.	8,742.	305.
28 Other employee benefits	28 650,074.	583,925.	63,930.	2,219.
29 Payroll taxes	29 507,575.	457,147.	48,697.	1,731.
30 Professional fundraising fees	30 58,227.			58,227.
31 Accounting fees	31 24,500.		24,500.	
32 Legal fees	32 4,510.		4,510.	
33 Supplies	33 184,273.	147,313.	36,960.	
34 Telephone	34 110,961.	100,352.	10,609.	
35 Postage and shipping	35 26,661.	24,479.	2,182.	
36 Occupancy	36 532,733.	480,686.	52,047.	
37 Equipment rental and maintenance	37 84,013.	65,767.	18,246.	
38 Printing and publications	38 16,988.		16,988.	
39 Travel	39 1,923.	1,384.	539.	
40 Conferences, conventions, and meetings	40 42,219.	29,029.	13,190.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 35,505.	31,209.	4,296.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g 480,516.	404,250.	71,284.	4,982.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 8,374,455.	7,343,622.	941,662.	89,171.

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 \$ N/A , (ii) the amount allocated to Program services \$ N/A ,  
 (iii) the amount allocated to Management and general \$ N/A , and (iv) the amount allocated to Fundraising \$ N/A

\*\* SEE STATEMENT 5

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? <b>COUNSELING, FAMILY LIFE EDUCATION &amp; SERVICE COORDINATION</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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.)	
<b>a STATEMENT B</b>     	
(Grants and allocations \$ 5,400. ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>b</b>     	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>     	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>     	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> 	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>7,343,622.</b>

**Part IV Balance Sheets** (See the 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	164,505.	45	157,306.
	46 Savings and temporary cash investments	622,019.	46	710,213.
	47 a Accounts receivable	47a 1,322,991.		
	b Less: allowance for doubtful accounts	47b	1,317,188.	47c 1,322,991.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		113,558.	53 77,065.
	54 Investments - securities STMT 8 STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,090,340.	54 1,026,568.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b		55c
56 Investments - other SEE STATEMENT 10		66,931.	56 169,629.	
57 a Land, buildings, and equipment: basis	57a 657,391.			
b Less accumulated depreciation STMT 11	57b 610,630.	76,188.	57c 46,761.	
58 Other assets (describe <b>▶ OTHER RECEIVABLES</b> )			58 42,200.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		3,450,729.	59 3,552,733.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	52,643.	60	86,107.
	61 Grants payable		61	
	62 Deferred revenue		62	
	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 <b>▶ SEE STATEMENT 12</b> )		922,951.	65 726,578.
66 <b>Total liabilities.</b> Add lines 60 through 65)		975,594.	66 812,685.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	2,296,980.	67	2,547,954.
	68 Temporarily restricted	67,009.	68	80,948.
	69 Permanently restricted	111,146.	69	111,146.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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, column (B) must equal line 21)		2,475,135.	73 2,740,048.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		3,450,729.	74 3,552,733.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	8,758,317.
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	<39,756.	
2	Donated services and use of facilities	b2	113,322.	
3	Recoveries of prior year grants	b3		
4	Other (specify): <u>SPECIAL EVENTS DIRECT COSTS</u>	b4	5,627.	
	Add lines b1 through b4			<b>b</b> 79,193.
<b>c</b>	Subtract line b from line a			<b>c</b> 8,679,124.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			<b>d</b> 0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines c and d			<b>e</b> 8,679,124.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	8,493,404.
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	113,322.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <u>SPECIAL EVENTS DIRECT COSTS</u>	b4	5,627.	
	Add lines b1 through b4			<b>b</b> 118,949.
<b>c</b>	Subtract line b from line a			<b>c</b> 8,374,455.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2			<b>d</b> 0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines c and d			<b>e</b> 8,374,455.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 & deferred compensation plans	(E) Expense account and other allowances
LIZABETH HERRERA 10200 SEPULVEDA BLVD., STE 350 MISSION HILLS, CA 91345	EXECUTIVE DIRECTOR 37.50	103,674.	4,724.	4,800.
JACK LEBOVITS 10200 SEPULVEDA BLVD., STE 350 MISSION HILLS, CA 91345	DIRECTOR OF FINANCE 37.50	90,210.	4,546.	0.
VICKI CARNES 10200 SEPULVEDA BLVD., STE 350 MISSION HILLS, CA 91345	ASSOCIATE DIRECTOR 37.50	85,350.	4,483.	0.
STUART BERTON 10200 SEPULVEDA BLVD., STE 350 MISSION HILLS, CA 91345	PRESIDENT 0.50	0.	0.	0.
WALTER FURMAN 10200 SEPULVEDA BLVD., STE 350 MISSION HILLS, CA 91345	VICE PRESIDENT 0.50	0.	0.	0.
RUDY MENDOZA 10200 SEPULVEDA BLVD., STE 350 MISSION HILLS, CA 91345	VICE PRESIDENT 0.50	0.	0.	0.
JEANNE GIOVANNONI 10200 SEPULVEDA BLVD., STE 350 MISSION HILLS, CA 91345	SECRETARY 0.50	0.	0.	0.
JOHN ABEL 10200 SEPULVEDA BLVD., STE 350 MISSION HILLS, CA 91345	TREASURER 0.50	0.	0.	0.



Part VI Other Information (continued)		Yes	No
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?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 113,322.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	N/A		
	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.		
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
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.		
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.		
90 a	List the states with which a copy of this return is filed ▶ CA		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	154
91 a	The books are in care of ▶ MAI NGUYEN Telephone no ▶ (818) 830-3646 Located at ▶ 10200 SEPULVEDA BLVD, STE 350, MISSION HILLS, CA ZIP + 4 ▶ 91345		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
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 the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (SERVICE FEES), Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, Gain or (loss) from sales of assets, and Subtotal.

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 the instructions.)

Table with 2 columns: 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. Rows 93A and 93G describe the use of service fees for primary exempt purposes.

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

Table with 5 columns: (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. All entries are N/A.

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Signature and contact information section including Preparer's signature, Date (APR 04 2007), Type or print name and title (Elizabeth Herrera, Executive Director), Preparer's SSN or PTIN, Firm's name (GREEN HASSON & JANKS LLP), address (10990 WILSHIRE BLVD., 16TH FLOOR, LOS ANGELES, CA 90024-3929), and Phone no ((310) 873-1600).

**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 4947(a)(1) Nonexempt Charitable Trust

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization **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	HUMAN RESOURCE DIR. 37.50	70,296.	2,086.	0.
STACI BANKS C/O EL NIDO FAMILY CENTERS	CLINICAL DIR. 37.50	64,954.	4,207.	0.
MAI NGUYEN C/O EL NIDO FAMILY CENTERS	CONTROLLER 37.50	63,000.	4,181.	0.
ROSEMARY MOLLINEDO C/O EL NIDO FAMILY CENTERS	PROGRAM DIR. 37.50	62,940.	4,187.	0.
LIZZ ALUND C/O EL NIDO FAMILY CENTERS	PROGRAM DIR. 37.50	62,496.	4,148.	0.
Total number of other employees paid over \$50,000 ▶	11			

**Part II-A 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 1435 26TH STREET #7, SANTA MONICA, CA 90404	FUNDRAISING	58,227.
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-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

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

<b>Part III Statements About Activities</b> (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	1		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.)			
a Sale, exchange, or leasing of property? <span style="float: right;">SEE STATEMENT 15</span>	2a	X	
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <span style="float: right;">SEE PART V-A, FORM 990</span>	2d	X	
e Transfer of any part of its income or assets?	2e		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.) <span style="float: right;">SEE STATEMENT 14</span>	3a	X	
b Do you have a section 403(b) annuity plan for your employees?	3b	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	505,820.	531,397.	427,550.	434,752.	1,899,519.
<b>16</b> Membership fees received					
<b>17</b> 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	7,408,620.	7,609,618.	8,948,897.	9,304,709.	33,271,844.
<b>18</b> 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	49,823.	31,359.	36,135.	30,393.	147,710.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	5,256.	8,737.	SEE STATEMENT 16 10,560.	32,642.	57,195.
<b>23</b> Total of lines 15 through 22	7,969,519.	8,181,111.	9,423,142.	9,802,496.	35,376,268.
<b>24</b> Line 23 minus line 17	560,899.	571,493.	474,245.	497,787.	2,104,424.
<b>25</b> Enter 1% of line 23	79,695.	81,811.	94,231.	98,025.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 42,088.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 12,912.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,104,424.
d Add: Amounts from column (e) for lines 18 147,710. 19 _____ 22 57,195. 26b 12,912.					26d 217,817.
e Public support (line 26c minus line 26d total)					26e 1,886,607.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 89.6496%
<b>27</b> 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	(2004) N/A	(2003) N/A	(2002) N/A	(2001) N/A	
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 11b, 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	(2004) N/A	(2003) N/A	(2002) N/A	(2001) N/A	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/> <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/> <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/> <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) 2005

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

<b>Limits on Lobbying Expenditures</b> (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 -                      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 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

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



FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	1,254,231.	1,186,446.	0.	67,785.
TO FORM 990, PART I, LINE 8	1,254,231.	1,186,446.	0.	67,785.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
COME ABOARD FOR THE KIDS	3,575.		3,575.	5,627.	<2,052.>
TO FM 990, PART I, LINE 9	3,575.		3,575.	5,627.	<2,052.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS	<39,756.>
TOTAL TO FORM 990, PART I, LINE 20	<39,756.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	51,128.	47,137.	3,991.	0.
STAFF RECRUITMENT	9,654.	8,155.	1,499.	0.
MOVING EXPENSE	17,251.	2,132.	15,119.	0.
AUTOMOBILE EXPENSES	125,835.	121,403.	4,432.	0.
SUBCONTRACTORS AND INTERNS	58,958.	47,517.	11,441.	0.
BUILDING MAINTENANCE	65,633.	64,553.	1,080.	0.
OTHER	2,531.	1,851.	280.	400.
BANK, INVESTMENT AND PAYROLL SERVICE	45,283.	17,766.	27,517.	0.

EL NIDO FAMILY CENTERS

95-3186429

PROFESSIONAL FEES	32,157.	22,500.	5,075.	4,582.
CLIENT EXPENSES	72,086.	71,236.	850.	0.
TOTAL TO FM 990, LN 43	<u>480,516.</u>	<u>404,250.</u>	<u>71,284.</u>	<u>4,982.</u>

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LIZ HERRERA	103,674.	4,724.	4,800.	113,198.
A. PROGRAM SERVICES	92,581.	4,244.	4,312.	101,137.
B. MANAGEMENT AND GENERAL	10,678.	464.	472.	11,614.
C. FUNDRAISING	415.	16.	16.	447.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JACK LEBOVITS	90,210.	4,546.		94,756.
A. PROGRAM SERVICES	80,558.	4,084.		84,642.
B. MANAGEMENT AND GENERAL	9,292.	447.		9,739.
C. FUNDRAISING	360.	15.		375.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
VICKI CARNES	85,350.	4,483.		89,833.
A. PROGRAM SERVICES	76,218.	4,027.		80,245.
B. MANAGEMENT AND GENERAL	8,791.	441.		9,232.
C. FUNDRAISING	341.	15.		356.

TOTAL PROGRAM SERVICES				266,024.
TOTAL MANAGEMENT AND GENERAL				30,585.
TOTAL FUNDRAISING				1,178.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>297,787.</u>

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP	ELIZABETH DEBROECK	ANTELOPE VALLEY COLLEGE, LANCASTER, CA	UNRELATED	600.
SCHOLARSHIP	GRISELDA ENRIQUEZ LARA	CSUN, NORTHRIDGE, CA 91330	UNRELATED	600.
SCHOLARSHIP	JASMINE LOPER	PIERCE COLLEGE, 6201 WINNETKA AVE, WOODLAND HILLS, CA	UNRELATED	600.
SCHOLARSHIP	MALISA MILES	PIERCE COLLEGE, 6201 WINNETKA AVE, WOODLAND HILLS, CA	UNRELATED	600.
SCHOLARSHIP	BRANDI NICOLE NICHOLSON	SANTA MONICA CITY COLLEGE, SANTA MONICA, CA 90405	UNRELATED	600.
SCHOLARSHIP	TATIAN RICHARDSON	CSULB, LONG BEACH, CA 90840	UNRELATED	600.
SCHOLARSHIP	ASTRID MURALLES	LOS ANGELES VALLEY COLLEGE, VALLEY GLEN, CA 91401	UNRELATED	600.
SCHOLARSHIP	LIZABETH FUENTES	GRAND RAPIDS COMMUNITY COLLEGE, GRAND RAPIDS, MI	UNRELATED	600.
SCHOLARSHIP	MARIA DEL ROSARIO	GLENDALE COMMUNITY COLLEGE, GLENDALE, CA 91208	UNRELATED	600.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

5,400.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 7

DESCRIPTION	AMOUNT
CLIENT SUPPLIES	30,543.
CLIENT TRANSPORTATION	845.
FOOD	1,966.
CHILD CARE	734.
<b>TOTAL TO FORM 990, PART II, LINE 23</b>	<b>34,088.</b>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES	FMV	624,524.			624,524.
CORPORATE BONDS	FMV		48,334.		48,334.
<b>TO FORM 990, LINE 54, COL B</b>		<b>624,524.</b>	<b>48,334.</b>		<b>672,858.</b>

FORM 990 GOVERNMENT SECURITIES STATEMENT 9

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT SECURITIES	FMV	353,710.		353,710.
<b>TOTAL TO FORM 990, LINE 54, COL B</b>		<b>353,710.</b>		<b>353,710.</b>

FORM 990 OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	AMOUNT
MONEY MARKET FUNDS	MARKET VALUE	49,284.
MUTUAL FUNDS	MARKET VALUE	120,345.
<b>TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B</b>		<b>169,629.</b>

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	294,967.	0.	294,967.
COMPUTER EQUIPMENT	236,911.	0.	236,911.
LEASEHOLD IMPROVEMENTS	94,342.	0.	94,342.
FURNITURE & FIXTURES	31,171.	0.	31,171.
LESS: ACCUMULATED DEPRECIATION	0.	610,630.	<610,630.>
TOTAL TO FORM 990, PART IV, LN 57	657,391.	610,630.	46,761.

FORM 990 OTHER LIABILITIES STATEMENT 12

DESCRIPTION	AMOUNT
ACCRUED UNEMPLOYMENT LIABILITY	92,945.
ACCRUED VACATION	195,173.
OTHER ACCRUED EXPENSES	136,144.
RETIREMENT PLAN CONTRIBUTION	302,316.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	726,578.

FORM 990

EXPLANATION OF RELATIONSHIP  
PART V-A, LINE 75B

STATEMENT 13

INDIVIDUAL'S NAME

TITLE OR ROLE

SEE STATEMENT A

INDIVIDUAL'S NAME

TITLE OR ROLE

EXPLANATION OF RELATIONSHIP

SCHEDULE A

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

STATEMENT 14

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.

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2A

STATEMENT 15

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SEE STATEMENT A

SCHEDULE A	OTHER INCOME			STATEMENT 16
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	5,256.	8,737.	10,560.	32,642.
TOTAL TO SCHEDULE A, LINE 22	<u>5,256.</u>	<u>8,737.</u>	<u>10,560.</u>	<u>32,642.</u>

**EL NIDO FAMILY CENTERS**

EIN: 95-3186429

2005 FORM 990, PART V-A, LINE 75b

**RELATED PARTY TRANSACTION**

El Nido leases one of its office spaces in a building owned by a member of El Nido's Board of Directors. For the fiscal year ended June 30, 2006, El Nido paid \$23,962 of rent expense for this lease. This lease agreement was entered prior to the owner becoming a member of the El Nido's Board of Directors.

**EL NIDO FAMILY CENTERS**  
**EIN: 95-3186429**  
**2005 Form 990, Part III**

**Program Service Accomplishments**

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.

El Nido operates five major program areas.

Name of the program	Expenses in 2005-06
<b>Teen, Parent and Family Services</b> - This program area offers a variety of services to pregnant or parenting adolescents and their babies.	\$ 5,013,913
<b>Child Abuse Prevention and Treatment</b> - 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.	437,507
<b>Delinquency Prevention</b> - 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.	522,252
<b>Parenting and Child Development</b> - 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.	915,045
<b>Pregnancy Prevention</b> - 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.	454,905
<b>TOTAL PROGRAM EXPENSES (including grant of \$5,400)</b>	\$ 7,343,622

El Nido receives funds from federal, state, local and private funding sources.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>EL NIDO FAMILY CENTERS</b>	Employer identification number <b>95-3186429</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>500 SHATTO PLACE, SUITE 425</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90020</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **JACK LEBOVITS**  
Telephone No. **(818) 830-3646**    FAX No. \_\_\_\_\_
- 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 is for.

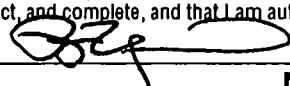
- 4 I request an additional 3-month extension of time until MAY 15, 2007.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2005 and ending JUN 30, 2006.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NECESSARY TO GATHER INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN**

- 8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. 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 **2/10/07**

**Notice to Applicant - To Be Completed by the IRS**

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>GREEN HASSON &amp; JANKS, LLP</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>10990 WILSHIRE BLVD, 16TH FLOOR</b>
	City or town, province or state, and country (including postal or ZIP code) <b>LOS ANGELES, CA 90024</b>

523832 05-01-05

# 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)
- 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)

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>EL NIDO FAMILY CENTERS</b>	<b>Employer identification number</b> <b>95-3186429</b>
<small>File by the due date for filing your return See instructions</small>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>500 SHATTO PLACE, SUITE 425</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90020</b>	

**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 |

- The books are in the care of ▶ **JACK LEBOVITS**  
 Telephone No: ▶ **(818) 830-3646** FAX No: ▶ \_\_\_\_\_
- 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-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** 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, 2005**, and ending **JUN 30, 2006**

**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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.