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Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047  
**2009**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>Westside Children's Center</b> Doing Business As		<b>D</b> Employer identification number <b>95-4117747</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>5721 W. Slauson Avenue 120</b>		<b>E</b> Telephone number <b>(310) 390-0551</b>
		City or town, state or country, and ZIP + 4 <b>Culver City, CA 90230</b>		<b>G</b> Gross receipts \$ <b>7,144,150.</b>
		<b>F</b> Name and address of principal officer: <b>Heather Carrigan same as C above</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number

**I** Tax-exempt status:  501(c) (3 ) (insert no.)  4947(a)(1) or  527

**J** Website: **www.westsidechildrens.org**

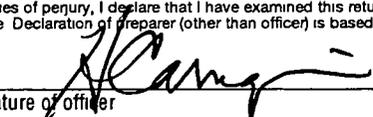
**K** Form of organization  Corporation  Trust  Association  Other **L** Year of formation **1987** **M** State of legal domicile **CA**

### Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>Westside Children's Center, a not-for-profit agency, supports underserved, vulnerable children and</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	5	Total number of employees (Part V, line 2a)	<b>5</b>	<b>79</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>21</b>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <b>6,704,441.</b>	Current Year <b>6,284,149.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>270,118.</b>	<b>273,603.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,687.</b>	<b>9,771.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>505,657.</b>	<b>519,122.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>7,485,903.</b>	<b>7,086,645.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,790,821.</b>	<b>4,050,960.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) <b>308,518.</b>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>3,273,221.</b>	<b>3,296,250.</b>	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,064,042.</b>	<b>7,347,210.</b>	
19	Revenue less expenses Subtract line 18 from line 12	<b>421,861.</b>	<b>&lt;260,565.&gt;</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <b>8,604,158.</b>	End of Year <b>8,200,794.</b>
	21	Total liabilities (Part X, line 26)	<b>2,280,528.</b>	<b>2,137,729.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>6,323,630.</b>	<b>6,063,065.</b>

### Part II Signature Block

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

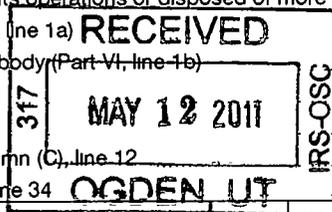
Sign Here:  Date **5/19/11**  
 Signature of officer  
**Heather Carrigan, Executive Director**  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature  Date **5/3/11** Check if self-employed  Preparer's identifying number (see instructions)  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Harrington Group, CPAs, LLP**  
**2670 Mission Street, Suite 200**  
**San Marino, CA 91108**  
 EIN: \_\_\_\_\_ Phone no: **(626) 403-6801**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

See Schedule O for Organization Mission Statement Continuation

SCANNED JUN 02 2011



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**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission: See Schedule O for Continuation  
Westside Children's Center is a not-for-profit agency providing  
comprehensive services to vulnerable children and their families in  
areas of West Los Angeles County to escape the cycles of poverty,  
violence and abuse. We provide a full range of crucial

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

See Schedule O for Continuation(s)

4a (Code: ) (Expenses \$ 3,397,766. including grants of \$ ) (Revenue \$ 3,448,261.)  
Early Education:

Early Care and Education Center offers high-quality, subsidized child  
care and early learning to approximately 100 children, ages 18 months  
to five years old. The preschool program provides a highly-qualified  
staff, which exceeds state licensing requirements, and a high  
staff-to-child ratio of 1:4 for toddlers and 1:7 to 1:8 for three to  
five year olds. The curriculum engages children in activities that  
develop their social, emotional, intellectual, and physical abilities.  
Enrichment activities focus on creativity, expressing emotions through  
art, and learning about nutrition and health through gardening.  
Parenting classes are also offered and focus on child development,

4b (Code: ) (Expenses \$ 1,198,504. including grants of \$ ) (Revenue \$ 1,525,943.)  
Family Support

The Family Support department provides comprehensive services to  
families and their children. The five Los Angeles County Department of  
Children and Family Services ("DCFS") funded programs -- Family  
Preservation, Family Unity Network, Prevention Initiative Demonstration  
Project, and Foster Care and Adoptions -- are designed to provide  
multidisciplinary services to each family. The purpose in the Family  
Support Department is to do what is in the best interest of the child,  
which we believe is to keep children in their biological families if  
possible. When remaining in the biological family is not in the best  
interest of the child, we provide permanent, loving homes.

4c (Code: ) (Expenses \$ 813,957. including grants of \$ ) (Revenue \$ 532,336.)  
Prevention and Early Intervention

The Center's Prevention and Early Intervention department addresses the  
school readiness, health, mental health and special needs of the  
children we serve. These services are integrated into both our early  
education and child welfare programs.

The School Readiness and Special Needs program is a multi-faceted  
program serving 427 children and their families annually. The program  
prepares preschool children with the social and emotional skills needed  
to be successful in elementary school, setting the groundwork for  
success in school and later in life. Services are provided in-home and

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ 787,288. including grants of \$ ) (Revenue \$ 70,238.)

4e Total program service expenses ► \$ 6,197,515.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Westside Children's Center - (310) 390-0551**  
**5721 W. Slauson Avenue, #120, Culver City, CA 90230**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Marianna Fisher Chairperson	2.00	X					0.	0.	0.	
Lezlie Johnson Founder	2.00	X					0.	0.	0.	
Karen Smith Elstad Vice-Chair	2.00	X					0.	0.	0.	
Gloria Waldinger Secretary	2.00	X					0.	0.	0.	
Andrew Harwood, CPA Treasurer Chair	2.00	X					0.	0.	0.	
Lorena Barrientos Board Member	2.00	X					0.	0.	0.	
Pam Brendlinger Board Member	2.00	X					0.	0.	0.	
Carla Du Manoir Board Member	2.00	X					0.	0.	0.	
Amber Ellis Board Member	2.00	X					0.	0.	0.	
Adrienne Grant Board Member	2.00	X					0.	0.	0.	
Michael Green Board Member	2.00	X					0.	0.	0.	
Neal Halfon, M.D., MPH Board Member	2.00	X					0.	0.	0.	
Ann E. Kronen Board Member	2.00	X					0.	0.	0.	
Gordon Lee Board Member	2.00	X					0.	0.	0.	
Leanne Moore Board Member	2.00	X					0.	0.	0.	
Susan Newirth Board Member	2.00	X					0.	0.	0.	
Tracey Stevens, Esq. Board Member	2.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Arnetta Vannuki-Notkin Board Member	2.00	X					0.	0.	0.	
Jo Kaplan, Esq Advisory Council	2.00	X					0.	0.	0.	
Terry Ogawa Advisory Council	2.00	X					0.	0.	0.	
Annie Rosenberger Advisory Council	2.00	X					0.	0.	0.	
Adele Yellin Advisory Council	2.00	X					0.	0.	0.	
Karen Bell Cox Emeritus Board Member	2.00	X					0.	0.	0.	
Nancy Englander Emeritus Board Member	2.00	X					0.	0.	0.	
Verna Harrah Emeritus Board Member	2.00	X					0.	0.	0.	
Catherine McNamee Emeritus Board Member	2.00	X					0.	0.	0.	
Nancy Moonves Emeritus Board Member	2.00	X					0.	0.	0.	
<b>1b Total</b>							<b>251,635.</b>	<b>0.</b>	<b>5,962.</b>	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

See Schedule J-2 for Part VII, Section A Continuation

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	5,576,778.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	707,371.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	<b>Total.</b> Add lines 1a-1f		6,284,149.				
Program Service Revenue	2 a	Parent Fees	Business Code 900099	191,568.	191,568.			
	b	Program Income	900099	82,035.	82,035.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		273,603.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,771.			9,771.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real (ii) Personal					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	341,642.				
		Less: direct expenses	b	57,505.				
		Net income or (loss) from fundraising events		284,137.	284,137.		0.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	Miscellaneous Income	900099	234,985.			234,985.		
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		234,985.					
12	<b>Total revenue.</b> See instructions		7,086,645.	557,740.	0.	244,756.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	255,962.	97,464.	106,454.	52,044.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,914,837.	2,377,833.	398,830.	138,174.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	165,365.	130,619.	27,752.	6,994.
9 Other employee benefits	419,417.	333,730.	68,908.	16,779.
10 Payroll taxes	295,379.	233,314.	49,572.	12,493.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	28,249.	23,567.	3,097.	1,585.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	405,918.	338,634.	44,494.	22,790.
12 Advertising and promotion	20,040.	4,800.		15,240.
13 Office expenses	315,122.	267,868.	32,083.	15,171.
14 Information technology				
15 Royalties				
16 Occupancy	152,034.	131,657.	13,794.	6,583.
17 Travel	55,770.	52,725.	952.	2,093.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	88,679.	55,921.	29,989.	2,769.
20 Interest	52,832.	40,556.	12,276.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	162,700.	146,055.	12,489.	4,156.
23 Insurance	71,450.	54,911.	12,266.	4,273.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Provider Payments</u>	1,837,569.	1,837,569.		
b <u>Fees and Licenses</u>	67,325.	47,226.	15,347.	4,752.
c <u>Repair and Maintenance</u>	33,076.	23,066.	7,388.	2,622.
d <u>Miscellaneous</u>	5,486.		5,486.	
e _____				
f All other expenses _____				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	7,347,210.	6,197,515.	841,177.	308,518.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	315,006.	<b>1</b>	204,093.
	<b>2</b> Savings and temporary cash investments	36,247.	<b>2</b>	1,725.
	<b>3</b> Pledges and grants receivable, net	540,310.	<b>3</b>	357,536.
	<b>4</b> Accounts receivable, net	864,609.	<b>4</b>	1,196,083.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	103,432.	<b>9</b>	218,426.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 6,721,397.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,532,356.	5,331,307.	<b>10c</b> 5,189,041.
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11	930,244.	<b>12</b>	765,322.
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	483,003.	<b>15</b>	268,568.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,604,158.	<b>16</b>	8,200,794.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	820,528.	<b>17</b>	887,729.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	460,000.	<b>23</b>	400,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	1,000,000.	<b>24</b>	850,000.
	<b>25</b> Other liabilities. Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	2,280,528.	<b>26</b>	2,137,729.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	5,418,107.	<b>27</b>	5,501,149.
	<b>28</b> Temporarily restricted net assets	905,523.	<b>28</b>	561,916.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	6,323,630.	<b>33</b>	6,063,065.
	<b>34</b> Total liabilities and net assets/fund balances	8,604,158.	<b>34</b>	8,200,794.

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form 990 (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2940009.	1719261.	1849356.	6704441.	6284149.	19497216.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2940009.	1719261.	1849356.	6704441.	6284149.	19497216.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1618662.
<b>6 Public support.</b> Subtract line 5 from line 4						17878554.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	2940009.	1719261.	1849356.	6704441.	6284149.	19497216.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,895.	35,562.	19,346.	5,687.	9,771.	85,261.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	13,708.	2,788.	<45.>	52,238.	234,985.	303,674.
<b>11 Total support.</b> Add lines 7 through 10						19886151.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	14,225,232.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	89.90	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	86.94	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>		%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>		%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization Westside Children's Center Employer identification number 95-4117747

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	905,523.	1,378,765.			
b Contributions		810,688.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	343,607.	1,283,930.			
f Administrative expenses					
g End of year balance	561,916.	905,523.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  100.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		988,897.		988,897.
b Buildings		5,154,115.	1,111,946.	4,042,169.
c Leasehold improvements				
d Equipment		535,383.	389,396.	145,987.
e Other		43,002.	31,014.	11,988.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,189,041.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,086,645.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,347,210.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<260,565.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<260,565.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	7,086,645.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV.)	2d	
	e Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,086,645.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,086,645.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	7,347,210.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV.)	2d	
	e Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,347,210.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV.)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,347,210.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: The organization's endowment Funds consists of

temporarily restricted net assets to be used as follows:

WIN	\$294,400
Program support	135,000
Development	50,053
Social grants	41,228
Special needs	33,000
Foster care	5,050

**Part XIV** Supplemental Information *(continued)*

Center Based Childcare 2,935

Private Childcare 250

\$561,916

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization

Westside Children's Center

Employer identification number

95-4117747

	YES	NO
<b>1</b> 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?	X	
<b>2</b> 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?	X	
<b>3</b> 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, use Schedule O (Form 990)	X	
<hr/> <hr/> <hr/>		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).		
<hr/> <hr/>		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		X
<b>b</b> Admissions policies?		X
<b>c</b> Employment of faculty or administrative staff?		X
<b>d</b> Scholarships or other financial assistance?		X
<b>e</b> Educational policies?		X
<b>f</b> Use of facilities?		X
<b>g</b> Athletic programs?		X
<b>h</b> Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).		
<hr/> <hr/>		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?	X	
<b>6b</b> Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).		
<b>7</b> 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," explain on Schedule O (Form 990)	X	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Schedule E (Form 990 or 990-EZ) 2009

See Schedule O for line 6 statement



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Children's Art Festival (event type)	Big Hearts (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	120,454.	84,479.	136,709.	341,642.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	120,454.	84,479.	136,709.	341,642.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	44,088.	8,107.	5,310.	57,505.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 57,505. )
11	Net income summary. Combine line 3, column (d), and line 10				284,137.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain.

\_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		





**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

Westside Children's Center

Employer identification number  
95-4117747

Form 990, Part I, Line 1, Description of Organization Mission:

their families in West Los Angeles by providing a full range of  
crucial, multidisciplinary services, including: early care and  
education, child development and special needs; child welfare, foster  
care and adoption; family support, family preservation and prevention,  
infant and family mental health, health consultation and referrals.

Form 990, Part III, Line 1, Description of Organization Mission:

multi-disciplinary services designed to:

- Protect children from harm
- Prevent family crises before they occur
- Provide the tools that give children and their families the power to  
shape their own future.

Form 990, Part III, Line 4a, Program Service Accomplishments:

parent engagement, and managing behavior issues.

The Family Child Care Home Education Network provides subsidized child  
care and developmental services for 265 children, through contracts  
with licensed family child care providers. Set in a homelike  
atmosphere, the curriculum focuses on school readiness and is available  
to children whose low-income parents are employed, seeking employment  
or medically incapacitated. This program also offers after-school care  
and vital support to parents on a path to economic independence.

The Early Head Start ("EHS") program provides comprehensive child and

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family development services for low-income pregnant women and families with infants and toddlers from birth to three years old. Currently serving 85 children, the EHS program enhances children's physical, social, emotional, and intellectual development; ensures pregnant women get comprehensive prenatal and postpartum care; develops parenting skills and helps families move toward self-sufficiency.

The Center offers two EHS program options; center-based care and home-based care. To meet the needs of working families, center-based services are offered for a full day, Monday through Friday at our early education center. Home-based services offer weekly home visits, parent training, and socialization groups. The EHS staff employs an evidence-based child development curriculum in the classrooms and on home visits. In addition, both programs engage a public health nurse, psychologist, nutritionist and disabilities specialist to provide assessments, consultations and individualized plans for families.

Form 990, Part III, Line 4b, Program Service Accomplishments:

The Family Preservation Program is the lead agency in Service Plan Area 5 and serves an average of 100 families per month, referred to the program from DCFS or the Los Angeles County Probation Department due to abuse or neglect. Our program is community-based and offers comprehensive case management designed to strengthen families at risk of having their children removed. When necessary, the program also provides family reunification services.

**SCHEDULE O**  
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Department of the Treasury  
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Family Unity Network (F.U.N.) Program provides preventative services to strengthen families and prevent them from DCFS involvement. Services include: case management to connect families with community resources, emergency basic support services, structured parent/ child and family-centered activities, health, parenting and other educational programs.

Prevention Initiative Demonstration Project ("PIDP") is a DCFS program to prevent child abuse and neglect through partnerships with community organizations. The Center works with community groups to provide family support and preventative services.

The Foster Family Program provides high-quality foster care and works to alleviate the shortage of foster homes. The Center recruits, trains, and certifies individuals to become foster parents and provides foster homes for children who are referred by DCFS. A staff of social workers provides ongoing supervision, case management, and support to biological parents, foster parents, foster children and their siblings.

The Adoption Program was licensed in July 1998. In cases where the Center's foster children are not able to reunify with their biological families, the Center provides permanent placements for foster children in adoptive homes. Additionally, the Center has agreements with the DCFS and other family agencies to provide similar adoption services to DCFS families and relative caretakers, helping to expedite their adoptions.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
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Form 990, Part III, Line 4c, Program Service Accomplishments:

in the classroom by trained school readiness specialists and early identification case managers using an evidence-based curriculum. The program also provides early assessment and access to services for children with special needs. Special needs services include referrals to speech therapists, occupational therapists, and specialized communication and socialization groups.

The Health and Mental Health services are comprehensive. The Center's registered public health nurse coordinates health services for all of the Center's families. Services include dental, vision and hearing screenings, referrals and improved access to medical care. Mental health services are offered through a partnership with UCLA, USC, and Cal State Long Beach Masters in Social Work (MSW) programs and through our collaboration with the Westside Infant Network.

Form 990, Part III, Line 4d, Other Program Services:

The Westside Infant-Family Network ("WIN")

The WIN program is an innovative collaboration of three Westside agencies, including the Center, and is designed to improve prenatal and infant mental health care. Funded by a group of philanthropists and spearheaded by the Atlas Family Foundation, WIN works with families from the Center, Venice Family Clinic, and the St. John's Infant & Family Support Program. The Center also serves as the fiscal agent for

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No 1545-0047

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WIN.

Expenses \$ 787288. including grants of \$ 0. Revenue \$ 70238.

Form 990, Part VI, Section B, line 11: The tax returns are prepared by the independent audit firm, Harrington Group, once the audited financial statements have been finalized. Additional input and data is provided by the WCC finance group. A draft of the form 990 is provided to the Director of Finance and the Treasurer and chairperson of the Finance Committee, a Board member who was a tax partner with PricewaterhouseCoopers LLP until his retirement. Once all questions and issues are resolved, the Executive Director performs a final review prior to execution and filing. Copies are made available to the Board of Directors.

Form 990, Part VI, Section B, Line 12c: The Board of Directors sign a declaration of non conflict of interest annually. Compliance of the conflict of interest policy is regularly and consistently monitored and enforced.

Form 990, Part VI, Section B, Line 15: The Board of Directors will usually hire an independent executive recruiting firm and also use a professional HR organization to get unbiased comparable market data to determine compensation.

Form 990, Part VI, Section C, Line 19: The organization provides governing documents, conflict of interest policy and financial statements on its website or upon request. The Form 990 is also available on Guidestar.org.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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Schedule E, line 6 - Explanation of Government Financial Aid:

WCC received Government funding in the areas of general childcare, family  
childcare home, family preservation, foster care and adoption, special  
need demonstrative project, school readiness initiative, prevention  
initiative demonstrative project and nutrition.

Form 990, Page 1, Part 1, lines 20 and 22

Prior Period Adjustment

Beginning net assets at July 1, 2009 have been restated to adjust under  
stated accounts receivable. Had these items been properly recorded,  
accounts receivable would have increased by \$88,404 and program service  
fees would have increased by \$88,404. The comparative totals for June  
30, 2009 presented in these financial statements have been restated to  
reflect the corrected balances as follows:

	As previously reported	As adjusted	As restated
<b>Statement of Financial Position:</b>			
Accounts receivable	\$1,003,316	\$88,404	\$1,091,720
Unrestricted net assets	\$5,329,703	\$88,404	\$5,418,107
Total net assets	\$6,235,226	\$88,404	\$6,323,630

**Statement of Activities:**

Program service fees	\$4,987,383	\$88,404	\$5,075,787
Change in net assets	\$422,686	\$88,404	\$511,090

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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OMB No 1545-0047

**2009**  
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Inspection

Name of the organization

Westside Children's Center

Employer identification number  
95-4117747

**Statement of Cash Flows:**

Change in net assets	\$422,686	\$88,404	\$511,090
(Increase) in A/R	\$(183,227)	\$(88,404)	\$(271,631)

The net effect of these adjustments would have increased the change in net assets at June 30, 2009 by \$88,404.

Form 990, Page 11, Part X

**Prior Period Adjustment**

Beginning net assets at July 1, 2009 have been restated to adjust understated accounts receivable. Had these items been properly recorded, accounts receivable would have increased by \$88,404 and program service fees would have increased by \$88,404. The comparative totals for June 30, 2009 presented in these financial statements have been restated to reflect the corrected balances as follows:

	As previously reported	As adjusted	As restated
<b>Statement of Financial Position:</b>			
Accounts receivable	\$1,003,316	\$88,404	\$1,091,720
Unrestricted net assets	\$5,329,703	\$88,404	\$5,418,107
Total net assets	\$6,235,226	\$88,404	\$6,323,630

**Statement of Activities:**

Program service fees	\$4,987,383	\$88,404	\$5,075,787
Change in net assets	\$422,686	\$88,404	\$511,090

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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▶ Attach to Form 990.

OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

Westside Children's Center

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Statement of Cash Flows:

Change in net assets	\$422,686	\$88,404	\$511,090
(Increase) in A/R	\$(183,227)	\$(88,404)	\$(271,631)

The net effect of these adjustments would have increased the change in net assets at June 30, 2009 by \$88,404.

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

**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)

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
<b>Type or print</b>  <small>File by the extended due date for filing the return. See instructions</small>	Name of Exempt Organization <b>Westside Children's Center</b>	Employer identification number <b>95-4117747</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5721 W. Slauson Avenue, No. 120</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Culver City, CA 90230</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.**

**Westside Children's Center**

• The books are in the care of  **5721 W. Slauson Avenue, #120 - Culver City, CA 90230**  
 Telephone No.  **(310) 390-0551**      FAX No.  **(310) 397-2213**

• 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, 2011.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010.
- 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  
See Statement 1

<b>8a</b> 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>8a</b>	\$	
<b>b</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.	<b>8b</b>	\$	
<b>c Balance Due.</b> 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.	<b>8c</b>	\$	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  **Executive Director** Date  \_\_\_\_\_

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Form 8688

Explanation for Extension

Statement 1

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Explanation

We are currently undergoing a certified audit of our financial statements and wish to await completion before filing. Tax returns will be filed as expeditiously as possible.