

Form **990-EZ**

Short Form 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Family Assessment Counseling & Education Svcs. (F.A.C.E.S.)	D Employer identification number 33 0560054
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 505 E. COMMONWEALTH AVE. 200	E Telephone number (714) 879-9616
		City or town, state or country, and ZIP + 4 FULLERTON CA 92832	F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.FACESCAL.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

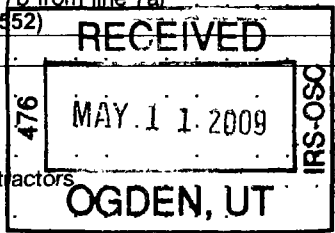
J Organization type (check only one) - 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **408,958**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	134,702
	2	Program service revenue including government fees and contracts	2	270,561
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ <u>Room rental \$3,143, Misc. \$552</u>)	8	3,695	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	408,958	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	238,905
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	99,651
	15	Printing, publications, postage, and shipping	15	8,799
	16	Other expenses (describe ▶ <u>(See Statement 1)</u>)	16	50,933
17	Total expenses. Add lines 10 through 16	17	398,288	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,670
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-11359
	20	Other changes in net assets or fund balances (attach explanation)	20	-5421
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-6,110



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	8,607	22 12,458
23 Land and buildings	27,207	23 31,716
24 Other assets (describe ▶ <u>Accounts Receivable</u>)	9,457	24 13,526
25 Total assets	45,271	25 57,700
26 Total liabilities (describe ▶ <u>(Line of credit, Credit Cards, Accts. Payable)</u>)	56,630	26 63,810
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-11,359	27 -6,110

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? (See Statement 2)		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	Monitored Visitation Program: Approx. 3100 monitored visitations between parents and children, and 200 supervised parental exchanges for the safety of the children. (Grants \$ <u>41,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	Family Preservation Program: Over 5300 sessions of Parenting, Anger Management, Team Groups and Co-Parenting (in English and Spanish) provided to the community. (Grants \$ <u>47,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	Back-and-Forth Child Program: Approx. 20,000 sessions of counseling families in crisis from caused by domestic violence, drug abuse, alcoholism, etc. (Grants \$ <u>47,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ <u> </u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 135,000

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(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	(e) Expense account and other allowances
Mary O'Connor 505 E. Commonwealth Ave. Fullerton CA 92832	Executive Director 40 Hours	\$1280/week	None	None
Joseph Welch 2131 Victoria, Fullerton CA 92831	President, Bd. of Dir. 5 Hours	-0-	None	None
Ronda Middleton 2030 Main St. Irvine, CA 92614	Vice President 4 Hours	-0-	None	None
Josh Dietrich 18627 Brookhurst, #275 Fountain Valley CA 92708	Secretary & Treasurer 4 Hours	-0-	None	None
Norma Rodriguez 1250 Athens, Placentia CA 92780	Member, Bd. of Dir. 4 Hours	-0-	None	None
Jack White 3 Sugarcane Lane, Ladera CA 92694	Member, Bd. of Dir. 4 Hours	-0-	None	None
Judy Allen 7943 E. Bauer Rd., Anaheim Hills CA 92808	Member, Bd. of Dir. 4 Hours	-0-	None	None
Dr. Jerry Thanos 16691 Compass Circle, Yorba Linda CA 92886	Member, Bd. of Dir. 4 Hours	-0-	None	None
Marc Viana 13681 Newport Ave, #8-162, Tustin CA 92780	Member, Bd. of Dir. 4 Hours	-0-	None	None
Bartek Korsak 3124 E. Yorba Linda Blvd., #H25 Fuller. Ca 92831	Member, Bd. of Dir. 4 Hours	-0-	None	None
Hector Cenicerros 375 So. Randolph, Brea CA 92821	Member, Bd. of Dir. 4 Hours	-0-	None	None
Phil Leblanc 16701 Compass Circle, Yorba Linda CA 92886	Member, Bd. of Dir. 4 Hours	-0-	None	None
Maria Fraga 2424 Associated Rd. Fullerton CA 92835	Program Director 40 Hours	\$680/week	None	None
Michelle Absi 1699 Atchison St. Pasadena CA 91104	Clinical Director 9 Hours	\$104/week	None	None
Berlin Hall 1186 West Whittier Ave. Brea, CA 92821	Accountant 20 Hours	-0-	None	None

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
37b	b Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 39a 0		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b 0		
40a	Section 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		
40b	b Section 501(c)(3) and (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," complete Schedule L, Part I		✓
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
40d	d Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ California		
42a	The books are in care of ▶ Mary O'Connor Telephone no. ▶ (714) 879-9616 Located at ▶ 505 East Orangethorpe Ave., Fullerton Ca ZIP + 4 ▶ 92832		
42b	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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		✓
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|-----|-----|----|
| 46 | | ✓ |
| 47 | | ✓ |
| 48 | | ✓ |
| 49a | | ✓ |
| 49b | | |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
None				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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

Signature of officer: *M O'Connor* Date: *5/10/09*

Type or print name and title: **Mary O'Connor, Executive Director**

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

Check if self-employed

Preparer's Identifying Number (See instructions): _____

EIN: _____

Phone no: () _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

F.A.C.E.S
33-0560054

FEDERAL STATEMENT 1
FORM 990-EZ, PART I, LINE 16

2008

ADVERTISING	2146
DUES & SUBSCRIPTIONS	775
FUNDRAISING	17633
INSURANCE	5117
OFFICE SUPPLIES & EXPENSE	17190
PROFESSIONAL EDUCATION	1296
TAXES	367
TRAINING	1153
COUNS. & FEE REFUNDS	166
HUMAN RESOURCES	390
DEPRECIATION	<u>4700</u>
TOTAL	<u>50933</u>

F.A.C.E.S
33-0560054

FEDERAL STATEMENT 2
2008
FORM 990-EZ, PART III

The purpose of Family Assessment Counseling and Educational Services (F.A.C.E.S.) is to provide counseling strategies and solutions for the child caught in the crossfire of divorce and to offer education to prevent family violence. F.A.C.E.S provides numerous counseling and educational programs that promote positive growth within families going through the hardship of divorce, which include: Group and Individual Counseling, Anger Management Classes, Parenting Classes, Co-Parenting Classes, Monitored Visitations, and Child Therapy Playgroups. One of the main goals at F.A.C.E.S is to increase the family's awareness of how divorce may affect the child. All services and educational programs are offered on a sliding-scale fee basis in order to accommodate the needs of low-income families