Form **990** — **Return of Organization Exempt From Income Tax** — OMB No. 1545-0047 — **2003**

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE YOUTH CONNECTION OF VENTURA
DBA CASA PACIFICA

Number and street (or P O box if mail is not delivered to street address) — Room/suite
1722 SOUTH LEWIS ROAD

City or town, state or country, and ZIP + 4
CAMARILLO, CA 93012

D Employer identification number 77-0195022

E Telephone number (805)445-7800

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

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

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No
I Group Exemption Number ▶
M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶WWW.CASAPACIFICA.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 11,002,327.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support		1a	1,322,118.		
	b	Indirect public support		1b			
	c	Government contributions (grants)		1c	935,954.		
	d	Total (add lines 1a through 1c) (cash $ 2,070,669. noncash $ 187,403.)				1d	2,258,072.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	8,524,131.
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	12,268.
	5	Dividends and interest from securities				5	
	6 a	Gross rents		6a			
	b	Less: rental expenses		6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)				6c	
	7	Other investment income (describe ▶)				7	
			(A) Securities		(B) Other		
	8 a	Gross amount from sales of assets other than inventory	4,110.	8a			
	b	Less: cost or other basis and sales expenses		8b			
	c	Gain or (loss) (attach schedule)	4,110.	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1				8d	4,110.
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ [ ]					
	a	Gross revenue (not including $ 279,942. of contributions reported on line 1a)		9a	199,371.		
	b	Less: direct expenses other than fundraising expenses		9b	199,371.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 2				9c	0.
	10 a	Gross sales of inventory, less returns and allowances		10a			
	b	Less: cost of goods sold		10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
	11	Other revenue (from Part VII, line 103)				11	4,375.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	10,802,956.
Expenses	13	Program services (from line 44, column (B))				13	8,304,863.
	14	Management and general (from line 44, column (C))				14	2,047,036.
	15	Fundraising (from line 44, column (D))				15	329,598.
	16	Payments to affiliates (attach schedule)				16	
	17	**Total expenses** (add lines 16 and 44, column (A))				17	10,681,497.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	121,459.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	9,610,179.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3				20	113,809.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	9,845,447.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash $ 2,000. noncash $	22	2,000.	2,000.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	209,225.	174,957.	26,987.	7,281.
26 Other salaries and wages	26	6,337,233.	5,299,282.	817,413.	220,538.
27 Pension plan contributions	27				
28 Other employee benefits	28	1,113,971.	958,015.	122,537.	33,419.
29 Payroll taxes	29	483,122.	407,243.	59,141.	16,738.
30 Professional fundraising fees	30				
31 Accounting fees	31	41,690.		41,690.	
32 Legal fees	32	14,883.		14,883.	
33 Supplies	33	122,073.	96,524.	22,538.	3,011.
34 Telephone	34	91,443.	82,210.	7,886.	1,347.
35 Postage and shipping	35	13,857.	17.	8,332.	5,508.
36 Occupancy	36	69,388.	69,288.		100.
37 Equipment rental and maintenance	37	43,525.	7,545.	35,980.	
38 Printing and publications	38	19,621.		7,509.	12,112.
39 Travel	39	74,084.	49,682.	22,768.	1,634.
40 Conferences, conventions, and meetings	40	78,244.	39,179.	34,042.	5,023.
41 Interest	41	18,851.		18,851.	
42 Depreciation, depletion, etc. (attach schedule)	42	472,692.		472,692.	
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 4	43e	1,475,595.	1,118,921.	333,787.	22,887.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	10,681,497.	8,304,863.	2,047,036.	329,598.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______ ; (ii) the amount allocated to Program services $ ______ ; (iii) the amount allocated to Management and general $ ______ ; and (iv) the amount allocated to Fundraising $ ______ .

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT A (Grants and allocations $ 2,000.)	8,304,863.
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	8,304,863.

Part IV Balance Sheets

					(A) Beginning of year		(B) End of year
		Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*					
Assets	45	Cash - non-interest-bearing			24,913.	45	230,763.
	46	Savings and temporary cash investments			611,243.	46	403,019.
	47 a	Accounts receivable	47a	1,963,540.			
	b	Less: allowance for doubtful accounts	47b	71,393.	1,569,667.	47c	1,892,147.
	48 a	Pledges receivable	48a	41,080.			
	b	Less: allowance for doubtful accounts	48b	41,000.	5,201.	48c	80.
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees				50	
	51 a	Other notes and loans receivable	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			91,427.	53	191,363.
	54	Investments - securities STMT 7 STMT 8 ▶ ☐ Cost ☒ FMV			677,517.	54	691,805.
	55 a	Investments - land, buildings, and equipment: basis	55a	10,500.			
	b	Less: accumulated depreciation STMT 9	55b		10,500.	55c	10,500.
	56	Investments - other			0.	56	0.
	57 a	Land, buildings, and equipment: basis	57a	11,765,856.			
	b	Less: accumulated depreciation STMT 10	57b	3,925,564.	7,842,486.	57c	7,840,292.
	58	Other assets (describe ▶)				58	0.
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			10,832,954.	59	11,259,969.
Liabilities	60	Accounts payable and accrued expenses			1,044,170.	60	1,141,858.
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable STMT 11			31,062.	64b	93,907.
	65	Other liabilities (describe ▶ SEE STATEMENT 12)			147,543.	65	178,757.
	66	**Total liabilities** (add lines 60 through 65)			1,222,775.	66	1,414,522.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			8,696,563.	67	8,958,258.
	68	Temporarily restricted			215,020.	68	179,480.
	69	Permanently restricted			698,596.	69	707,709.
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)			9,610,179.	73	9,845,447.
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			10,832,954.	74	11,259,969.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	10,999,002.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments $ <3,325.>		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify): $		
	Add amounts on lines (1) through (4)	b	<3,325.>
c	Line a minus line b	c	11,002,327.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): STMT 14 $ <199,371.>		
	Add amounts on lines (1) and (2)	d	<199,371.>
e	Total revenue per line 12, Form 990 (line c plus line d)	e	10,802,956.

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

a	Total expenses and losses per audited financial statements	a	10,880,869.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify): STMT 13 $ 199,372.		
	Add amounts on lines (1) through (4)	b	199,372.
c	Line a minus line b	c	10,681,497.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify): $		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	10,681,497.

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

(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
STEVEN E. ELSON 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	EXECUTIVE DIRECTOR 40	126,511.	30,812.	0.
FELICE GINSBERG 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	CFO 40	82,714.	819.	0.
CHARLES COHEN 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	PRESIDENT 6	0.	0.	0.
STACEY ROSCOE 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	VICE PRESIDENT 4	0.	0.	0.
STEVEN HAFEN 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	TREASURER 4	0.	0.	0.
SHEILA RAKESTRAW 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	SECRETARY 4	0.	0.	0.

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

Part VI Other Information

				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		80a		X
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt or ☐ nonexempt				
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a 0.			
b	Did the organization file Form 1120-POL for this year?		81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations* Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations* Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		X
89 a	*501(c)(3) organizations* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.			

90 a List the states with which a copy of this return is filed ▶ CALIFORNIA

b Number of employees employed in the pay period that includes March 12, 2003 | 90b | 199

91 The books are in care of ▶ FELICE GINSBERG Telephone no ▶ (805)445-7800

Located at ▶ 1722 SOUTH LEWIS ROAD, CAMARILLO, CA ZIP + 4 ▶ 93012

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* Form 1041 - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 | N/A

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

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					8,524,131.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	12,268.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	4,110.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME			01	4,375.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		20,753.	8,524,131.
105 Total (add line 104, columns (B), (D), and (E)) ▶					8,544,884.

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93G	GOVERNMENT CONTRACTS ARE EXCLUSIVELY UTILIZED IN PURSUANCE OF THE ORGANIZATION'S PRIMARY EXEMPT PURPOSES AS DESCRIBED IN PART III, ATTACHMENT A.

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Please Sign Here

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.

Felice Ginsberg — Signature of officer | 1-11-05 Date | FELICE GINSBERG, CFO — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ [signature]	Date DEC 14 2004	Check if self-employed ▶ ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GREEN HASSON & JANKS LLP 10990 WILSHIRE BLVD., 16TH FLOOR LOS ANGELES, CA 90024-3929		EIN ▶	Phone no. ▶ (310) 873-1600

323161 12-17-03

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2003

Name of the organization: THE YOUTH CONNECTION OF VENTURA
DBA CASA PACIFICA

Employer identification number: 77-0195022

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MYRA SALTOUN-MORAN 1722 S LEWIS RD,CAMARILLO,CA 93012	CLINICAL DIR 40	99,510.	23,829.	0.
LOUANNE SHAHANDEH 1722 S LEWIS RD,CAMARILLO,CA 93012	RES SER DIR 40	87,541.	11,627.	0.
PEGGY WOODALL 1722 S LEWIS RD,CAMARILLO,CA 93012	EDUCATION DIR 40	78,661.	15,065.	0.
PAM FISHER 1722 S LEWIS RD,CAMARILLO,CA 93012	PSYCHOLOGIST 40	69,037.	9,169.	0.
VICKI MURPHY 1722 S LEWIS RD,CAMARILLO,CA 93012	FUND DEV DIR 40	68,867.	15,193.	0.
Total number of other employees paid over $50,000 ▶	13			

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

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

323101/12-05-03 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2003

Part III Statements About Activities (See page 2 of the instructions)

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

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

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

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal. state. or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions. membership fees, and gross receipts from activities related to its charitable, etc . functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,554,030.	8,497,496.	6,370,440.	6,240,244.	26,662,210.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,933,725.	353,553.	235,301.	230,189.	4,752,768.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,385.	20,672.	51,439.	41,850.	124,346.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	15,507.	60,009.	SEE STATEMENT 16 15,656.	14,225.	105,397.
23 Total of lines 15 through 22	9,513,647.	8,931,730.	6,672,836.	6,526,508.	31,644,721.
24 Line 23 minus line 17	5,579,922.	8,578,177.	6,437,535.	6,296,319.	26,891,953.
25 Enter 1% of line 23	95,136.	89,317.	66,728.	65,265.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 537,839.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a **Do not file this list with your return**. Enter the total of all these excess amounts ▶ 26b 0.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 26,891,953.

d Add: Amounts from column (e) for lines: 18 124,346. 19 ______ 22 105,397. 26b ______ ▶ 26d 229,743.

e Public support (line 26c minus line 26d total) ▶ 26e 26,662,210.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 99.1457%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return**. Enter the sum of such amounts for each year: N/A

(2002) (2001) (2000) (1999)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2002) (2001) (2000) (1999)

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return**. Do not include these grants in line 15

NONE

Part V **Private School Questionnaire** (See page 7 of the instructions) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	The lobbying nontaxable amount is -
Not over $500.000	20% of the amount on line 40
Over $500,000 but not over $1.000.000	$100.000 plus 15% of the excess over $500.000
Over $1.000.000 but not over $1.500.000	$175.000 plus 10% of the excess over $1.000,000
Over $1.500,000 but not over $17.000.000	$225,000 plus 5% of the excess over $1.500.000
Over $17.000,000	$1.000.000

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2003

Name of organization	Employer identification number
THE YOUTH CONNECTION OF VENTURA DBA CASA PACIFICA	77-0195022

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** *Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule-see instructions.)*

General Rule-

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) ▶ $ ____________

Caution: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

Name of organization
THE YOUTH CONNECTION OF VENTURA
DBA CASA PACIFICA

Employer identification number
77-0195022

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE CALIFORNIA ENDOWMENT 21650 OXNARD ST WOODLAND HILLS, CA 91367	$ 130,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	MONA AND HERB HYMAN 535 VIA CON DIOS CAMARILLO, CA 93010	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	WOOD-CLAEYSSENS FOUNDATION P.O. BOX 30586 SANTA BARBARA, CA 93130	$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	ORFALEA FUND 1280 COAST VILLAGE CIRCLE SANTA BARBARA, CA 93108	$ 59,034.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Depreciation and Amortization Detail FORM 990 PAGE 2

Asset Number	Description of property / Date placed in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	LAND							
6	DONATED LAND HELD FOR RESALE							
	VARIES	L	.000		10,500.			0.
	* 990 PAGE 2 TOTAL LAND				10,500.	0.	0.	0.
	OTHER							
1	BUILDING AND FACILITIES							
	VARIES	SL	39.00	17	8,604,051.		1,841,900.	220,795.
2	EQUIPMENT AND FURNISHINGS							
	VARIES	SL	7.00	17	1,675,221.		1,259,897.	138,946.
3	BUILDING IMPROVEMENTS							
	VARIES	SL	27.50	17	1,142,725.		211,468.	62,147.
4	CONSTRUCTION IN PROGRESS							
	VARIES	SL	3.00	17	4,074.			0.
5	VEHICLES							
	VARIES	SL	5.00	17	339,785.		139,607.	50,804.
	* 990 PAGE 2 TOTAL OTHER				11,765,856.	0.	3,452,872.	472,692.
	* GRAND TOTAL 990 PAGE 2 DEPR				11,776,356.	0.	3,452,872.	472,692.

\# - Current year section 179 (D) - Asset disposed

316261
05-01-03

Form **8868** (December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I — Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations *requesting an automatic 6-month extension - check this box and complete Part I only* ▶ [ ]
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	THE YOUTH CONNECTION OF VENTURA DBA CASA PACIFICA	77-0195022
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1722 SOUTH LEWIS ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CAMARILLO, CA 93012	

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

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

- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) ________. If this is for the **whole** group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until FEBRUARY 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ______ or
▶ [X] tax year beginning JUL 1, 2003, and ending JUN 30, 2004.

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

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

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

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

Signature and Verification

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

Signature ▶ [signature] Title ▶ CPA Date ▶ 11/8/04

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

323831
05-01-03

111504-NFP-3

The Youth Connection of Ventura
DBA Casa Pacifica
EIN: 77-0195022
For the year ended June 30, 2004
2003 Form 990, Part III, Line a

Program Descriptions:

Wrap Around Program: Behavior Specialists and Family Facilitators work with the at-risk child on a team basis with the family as the core of the team. Existing social service resources are utilized to restructure a family's critical situation and provide a basis for long term stability.

Therapeutic Behavioral Services: one-on-one intervention program designed to teach children/youth skills to enable them to achieve the least restrictive living situation possible. Behavior Specialists work with the child and the family in the home, setting specific goals to be achieved within a given timeframe.

Supportive Therapeutic Options Program: Provides treatment, support and after school services to families with at-risk children and youth that cannot access needed services through other funding mechanisms.

Crisis Intervention Services: One-on-one intervention services by Professional Assault Response Trained (PART) behavior specialists when a child engages in activity that poses a threat to self or others. Specialists are trained in crisis "de-escalation" techniques.

The Youth Connection of Ventura
DBA Casa Pacifica
EIN: 77-0195022
For Fiscal Year Ended 6/30/04
2003 Schedule A, Part III, Line 3

A donor has established a Scholarship Fund for graduates of Casa Pacifica. Grantees must have resided at Casa Pacifica. They submit an application, are interviewed by the scholarship committee and are expected to use the proceeds for either living expenses while attending school or for the actual costs of attending school. The amount of the grant is limited and grantees are required to verify how the grant money is spent by submitting receipts.

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
GAIN ON SALES OF INVESTMENT	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	4,110.	0.	0.	4,110.
TOTAL TO FM 990, PART I, LN 8	4,110.	0.	0.	4,110.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANGELS BALL	423,523.	241,149.	182,374.	182,374.	0.
FASHION SHOW, WINE AND FOOD FESTIVAL	55,790.	38,793.	16,997.	16,997.	0.
TO FM 990, PART I, LINE 9	479,313.	279,942.	199,371.	199,371.	0.

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

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT: IMPROPERLY RECORDED LIABILITY	50,634.
PRIOR PERIOD ADJUSTMENT: PREPAID ASSET NOT RECORDED	66,500.
UNREALIZED LOSS ON INVESTMENTS	<3,325.>
TOTAL TO FORM 990, PART I, LINE 20	113,809.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FOOD	367,967.	367,967.		
OUTSIDE SERVICES	246,037.	103,930.	135,748.	6,359.
CONSULTANTS	126,078.	109,670.	13,635.	2,773.
INSURANCE	124,034.	105,168.	17,390.	1,476.
STAFF DEVELOPMENT	118,665.	16,816.	101,167.	682.
UTILITIES	111,355.	94,652.	15,590.	1,113.
CHILD RELATED	83,923.	83,923.		
PROGRAM EXPENSE	51,525.	24,031.	27,494.	
SMALL EQUIPMENT	27,374.	14,401.	12,151.	822.
LICENSES AND FEES	12,535.	4,486.	4,600.	3,449.
MISCELLANEOUS	12,434.	5,720.	2,114.	4,600.
PROMOTIONS/ADVERTISI G	3,478.		2,263.	1,215.
DUES/SUBSCRIPTIONS	2,787.	754.	1,635.	398.
DONATED GOODS	187,403.	187,403.		
TOTAL TO FM 990, LN 43	1,475,595.	1,118,921.	333,787.	22,887.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

CASA PACIFICA IS A MULTI-SERVICE AGENCY DEDICATED TO PROVIDING HELP AND HOPE TO ABUSED, NEGLECTED AND AT-RISK CHILDREN AND YOUTH AND THEIR FAMILIES.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP GRANT	ASHLEY CHABOT	243 E. WILBUR RD #308 THOUSAND OAKS, CA. 91360	UNRELATED	1,500.
SCHOLARSHIP GRANT	ASHLEY CHABOT	243 E. WILBUR RD #308 THOUSAND OAKS, CA. 91360	UNRELATED	500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				2,000.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MONEY FUNDS				373,176.	373,176.
POOLED INVESTMENTS				117,688.	117,688.
MUTUAL FUNDS	97,600.				97,600.
TO 990, LN 54 COL B	97,600.			490,864.	588,464.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT SECURITIES	103,341.		103,341.
TOTAL TO FORM 990, LINE 54, COL B	103,341.		103,341.

FORM 990 DEPRECIATION OF ASSETS HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
DONATED LAND HELD FOR RESALE	10,500.	0.	10,500.
TOTAL TO FORM 990, PART IV, LN 55	10,500.	0.	10,500.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING AND FACILITIES	8,604,051.	2,062,695.	6,541,356.
EQUIPMENT AND FURNISHINGS	1,675,221.	1,398,843.	276,378.
BUILDING IMPROVEMENTS	1,142,725.	273,615.	869,110.
CONSTRUCTION IN PROGRESS	4,074.	0.	4,074.
VEHICLES	339,785.	190,411.	149,374.
TOTAL TO FORM 990, PART IV, LN 57	11,765,856.	3,925,564.	7,840,292.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 11

LENDER'S NAME		TERMS OF REPAYMENT	
VENTURA TOYOTA		780	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
06/29/02	05/29/06	33,311.	5.90%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
SEQUOIA SUV	PURCHASE AUTO

RELATIONSHIP OF LENDER

UNRELATED

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
SEQUOIA	51,983.	18,907.

LENDER'S NAME		TERMS OF REPAYMENT	
MIDSTATEBANK		MONTHLY	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
07/01/03	02/15/06	125,000.	4.25%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
UNSECURED	LINE OF CREDIT

RELATIONSHIP OF LENDER

UNRELATED

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	75,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 93,907.

FORM 990 — OTHER LIABILITIES — STATEMENT 12

DESCRIPTION	AMOUNT
MODULAR BUILDINGS UNDER A CAPITAL LEASE	109,505.
ACCRUED UNEMPLOYMENT LIABILITY	69,252.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	178,757.

FORM 990 — OTHER EXPENSES NOT INCLUDED ON FORM 990 — STATEMENT 13

DESCRIPTION	AMOUNT
DIRECT SPECIAL EVENTS EXPENSES	199,372.
TOTAL TO FORM 990, PART IV-B	199,372.

FORM 990 — OTHER REVENUE INCLUDED ON FORM 990 — STATEMENT 14

DESCRIPTION	AMOUNT
DIRECT SPECIAL EVENTS EXPENSES	<199,371.>
TOTAL TO FORM 990, PART IV-A	<199,371.>

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

SEE STATEMENT B

SCHEDULE A — OTHER INCOME — STATEMENT 16

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS INCOME	15,507.	60,009.	15,656.	14,225.
TOTAL TO SCHEDULE A, LINE 22	15,507.	60,009.	15,656.	14,225.

THE YOUTH CONNECTION OF VENTURA
DBA CASA PACIFICA 77-0195022

Part II Organizations with gross receipts of more than $25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1 Gross sales or receipts from all business activities See instructions		1	199,371.
	2 Interest		2	12,268.
	3 Dividends		3	
	4 Gross rents		4	
	5 Gross royalties		5	
	6 Gross amount received from sale of assets	SEE STATEMENT 2	6	4,110.
	7 Other income	SEE STATEMENT 3	7	8,528,506.
	8 Total gross sales or receipts from other sources Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	8,744,255.
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid	SEE STATEMENT 4	9	2,000.
	10 Disbursements to or for members		10	
	11 Compensation of officers, directors, and trustees	SEE STATEMENT 5	11	212,511.
	12 Other salaries and wages		12	6,333,947.
	13 Interest		13	18,851.
	14 Taxes		14	483,122.
	15 Rents		15	112,913.
	16 Depreciation and depletion		16	472,692.
	17 Other	SEE STATEMENT 6	17	3,244,832.
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	10,880,868.

Schedule L Balance Sheets

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		636,156.		633,782.
2 Net accounts receivable		1,569,667.		1,892,147.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations		100,250.		103,341.
6 Investments in other bonds				
7 Investments in stock STMT 7		100,830.		97,600.
8 Mortgage loans (number of loans ____)				
9 Other investments STMT 8		476,437.		490,864.
10 a Depreciable assets	11,305,857.		11,765,856.	
b Less accumulated depreciation	(3,452,871.)	7,852,986.	(3,925,564.)	7,840,292.
11 Land				10,500.
12 Other assets STMT 9		96,628.		191,443.
13 Total assets		10,832,954.		11,259,969.
Liabilities and net worth				
14 Accounts payable		1,044,170.		1,141,858.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable STMT 10		26,230.		93,907.
17 Mortgages payable		4,832.		
18 Other liabilities STMT 11		147,543.		178,757.
19 Capital stock or principle fund				
20 Paid-in or capital surplus Attach reconciliation				
21 Retained earnings or income fund		9,610,179.		9,845,447.
22 Total liabilities and net worth		10,832,954.		11,259,969.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $25,000

1 Net income per books	121,459.	7 Income recorded on books this year not included in this return	
2 Federal income tax			
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year		8 Deductions in this return not charged against book income this year	
5 Expenses recorded on books this year not deducted in this return		9 Total Add line 7 and line 8	
6 Total Add line 1 through line 5	121,459.	10 Net income per return Subtract line 9 from line 6	121,459.

YEAR 2003

California Exempt Organization Annual Information Return

FORM 199

For calendar or fiscal year beginning MONTH JULY DAY 1 YEAR 2003, and ending MONTH JUNE DAY 30 YEAR 2004.

IMPORTANT: Your number is required.

California corporation number: D-1607658

Federal employer identification number: 77-0195022

Corporation/Organization name: THE YOUTH CONNECTION OF VENTURA DBA CASA PACIFICA

Address: 1722 SOUTH LEWIS ROAD | PMB no

City: CAMARILLO, State: CA, ZIP Code: 93012

A Final return? [ ] Yes Check applicable box. [X] No
• [ ] Dissolved [ ] Withdrawn [ ] Merged/Reorganized (attach explanation)
If a box is checked, enter date •

B Check forms filed this year. State: [ ] 109 [ ] 100 [ ] 100S [ ] 100W
Federal: [X] 990 [ ] 990EZ [ ] 990T [ ] 990PF [ ] 1041 [ ] 1120H [ ] 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box **See General Instruction F. No filing fee is required.** • [X]

D Is this a group filing? See General Instruction N [ ] Yes [X] No

E Accounting method used ACCRUAL

F Type of organization [X] Exempt under Section 23701 d (insert letter)
[ ] IRC Section 4947(a)(1) trust

Part I **Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1 Gross sales or receipts from other sources From Side 2, Part II, line 8	•	1	8,744,255.
	2 Gross dues and assessments from members and affiliates	•	2	
	3 Gross contributions, gifts, grants, and similar amounts received See instructions STMT 1	•	3	2,258,072.
	4 Total gross receipts for filing requirement test Add line 1 through line 3. **This line must be completed.** If the result is less than $25,000, see General Instruction C	•	4	11,002,327.
(Attach check or money order here.)	5 Cost of goods sold	5		
	6 Cost or other basis, and sales expenses of assets sold	6		
	7 Total costs Add line 5 and line 6		7	
	8 Total gross income. Subtract line 7 from line 4		8	11,002,327.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		9	10,880,868.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8		10	121,459.
Filing Fee	11 Filing fee $10 or $25 See General Instruction F		11	N/A
	12 Penalty for failure to file on time See General Instruction L		12	
	13 Use tax See instructions		13	
	14 Balance due. Add line 11, line 12, and line 13	•	14	

15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704 5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations [ ] Yes [X] No

16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents [ ] Yes [X] No

17 Is the organization exempt under R&TC Section 23701g? [ ] Yes [X] No
If "Yes," enter amount of gross receipts from nonmember sources $ [ ] Yes [X] No

18 Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? [ ] Yes [X] No
If "Yes," enter amount of total income reported $

19 The financial records are in care of FELICE GINSBERG Daytime telephone (805)445-7800
located at 1722 SOUTH LEWIS ROAD, CAMARILLO, CA 93012

Please Sign Here
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 taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer | Date | ▶ Title | •(805)445-7800 Daytime telephone

Paid Preparer's Use Only
Paid Preparer's signature ▶ | Date DEC 14 2004 | Check if self-employed [ ] | • Paid preparer's SSN or PTIN P00401346
Firm's name (or yours, if self-employed) and address ▶ GREEN HASSON & JANKS LLP, 10990 WILSHIRE BLVD., 16TH FLOOR, LOS ANGELES, CA 90024-3929
• FEIN 95-1777440
• Daytime telephone (310) 873-1600

328941/11-29-03

For Privacy Act Notice, get form FTB 1131

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Form 199 C1 2003 Side 1

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