



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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>2,500.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22	2,500.	2,500.	STATEMENT 6
23	Specific assistance to individuals (attach schedule)	23	50,941.	50,941.	STATEMENT 7
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc. **	25	271,018.	233,700.	30,823.
26	Other salaries and wages	26	9,641,042.	8,489,113.	969,438.
27	Pension plan contributions	27	178,034.	136,298.	32,706.
28	Other employee benefits	28	1,000,280.	765,790.	183,757.
29	Payroll taxes	29	751,772.	649,354.	87,750.
30	Professional fundraising fees	30			
31	Accounting fees	31	36,538.		36,538.
32	Legal fees	32	35,633.		35,633.
33	Supplies	33	198,209.	172,948.	20,908.
34	Telephone	34	191,093.	150,582.	37,949.
35	Postage and shipping	35	12,335.	470.	6,930.
36	Occupancy	36	232,846.	230,900.	150.
37	Equipment rental and maintenance	37	62,682.	52,056.	10,093.
38	Printing and publications	38	29,672.	2,236.	11,581.
39	Travel	39	185,982.	171,213.	13,152.
40	Conferences, conventions, and meetings	40	137,690.	89,641.	42,832.
41	Interest	41	15,255.	3,285.	11,970.
42	Depreciation, depletion, etc. (attach schedule)	42	654,508.	555,887.	92,547.
43	Other expenses not covered above (itemize):	43a			
	a	43b			
	b	43c			
	c	43d			
	d	43e			
	e	43f			
	f	43g			
	g	43h			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	16,503,027.	14,011,960.	2,152,177.

**Joint Costs.** Check  if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A .

\*\* SEE STATEMENT 5



**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year	(B) End of year
45	Cash - non-interest-bearing	498,244.	314,945.
46	Savings and temporary cash investments	118,925.	23,168.
47 a	Accounts receivable	2,412,001.	3,057,967.
b	Less: allowance for doubtful accounts		
47a		47a	47a
47b		47b	47b
48 a	Pledges receivable	18,830.	
b	Less: allowance for doubtful accounts		
48a		48a	48a
48b		48b	48b
49	Grants receivable		
50	Receivables from officers, directors, trustees, and key employees		
51 a	Other notes and loans receivable		
b	Less: allowance for doubtful accounts		
51a		51a	51a
51b		51b	51b
52	Inventories for sale or use		
53	Prepaid expenses and deferred charges	266,807.	216,392.
54	Investments - securities	789,932.	838,249.
55 a	Investments - land, buildings, and equipment: basis		
55a		55a	55a
55b		55b	55b
b	Less: accumulated depreciation	10,500.	10,500.
56	Investments - other	0.	0.
57 a	Land, buildings, and equipment: basis	7,832,274.	7,689,490.
b	Less: accumulated depreciation		
57a		57a	57a
57b		57b	57b
58	Other assets (describe <b>OTHER RECEIVABLES</b> )		165,500.
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	11,947,513.	12,316,211.
60	Accounts payable and accrued expenses	1,323,744.	532,301.
61	Grants payable		
62	Deferred revenue	30,577.	36,527.
63	Loans from officers, directors, trustees, and key employees		
64 a	Tax-exempt bond liabilities		
b	Mortgages and other notes payable	86,211.	566,387.
65	Other liabilities (describe <b>SEE STATEMENT 13</b> )	639,474.	1,559,194.
66	<b>Total liabilities.</b> Add lines 60 through 65	2,080,006.	2,694,409.
	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
67	Unrestricted	8,899,026.	8,529,701.
68	Temporarily restricted	213,599.	312,105.
69	Permanently restricted	754,882.	779,996.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
70	Capital stock, trust principal, or current funds		
71	Paid-in or capital surplus, or land, building, and equipment fund		
72	Retained earnings, endowment, accumulated income, or other funds		
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	9,867,507.	9,621,802.
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	11,947,513.	12,316,211.

Form 990 (2005)





**Part VI** Other Information (continued)

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	N/A	

83 a Did the organization comply with the public inspection requirements for returns and exemption applications?

b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a	X	
		83b	X	

84 a Did the organization solicit any contributions or gifts that were not tax deductible?

b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84a		X
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85 501(c)(4), (5), or (6) organizations: a Were substantially all dues nondeductible by members?

b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h unless the organization received a waiver for proxy tax owed for the prior year.	N/A		
		84b	N/A	
		85a	N/A	
		85b	N/A	

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?  
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?

		85g	N/A	
--	--	-----	-----	--

86 501(c)(7) organizations: Enter: a Initiation fees and capital contributions included on line 12

		86a	N/A	
--	--	-----	-----	--

b Gross receipts, included on line 12, for public use of club facilities

		86b	N/A	
--	--	-----	-----	--

87 501(c)(12) organizations: Enter: a Gross income from members or shareholders

		87a	N/A	
--	--	-----	-----	--

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

		87b	N/A	
--	--	-----	-----	--

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?

		88		X
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If "Yes," complete Part IX

89 a 501(c)(3) organizations: Enter: Amount of tax imposed on the organization during the year under: section 4911

		89a	0.	
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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?

		89b		X
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If "Yes," attach a statement explaining each transaction

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

		89c		0.
--	--	-----	--	----

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

		90a	CA	279
--	--	-----	----	-----

b Number of employees employed in the pay period that includes March 12, 2005

		90b		
--	--	-----	--	--

91 a The books are in care of

		91a	FELICE GINSBERG	(805) 445-7800
--	--	-----	-----------------	----------------

Located at

		91b	1722 SOUTH LEWIS ROAD, CAMARILLO, CA	Telephone no
--	--	-----	--------------------------------------	--------------

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)?

		91c	N/A	
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If "Yes," enter the name of the foreign country

		91d	N/A	
--	--	-----	-----	--

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country

		91e	N/A	
--	--	-----	-----	--

Section 4947(e)(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		
--	--	----	--	--

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a TRAINING PROGRAMS					3,885.
b MEAL TICKETS					2,007.
c					
d					
e					
1 Medicare/Medicaid payments					
g Fees and contracts from government agencies					14,743,065.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14		35,849.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property				18	<685.>
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME			01		3,838.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		39,002.	14,748,957.
105 Total (add line 104, columns (B), (D), and (E))					14,787,959.

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

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

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).

SEE STATEMENT 16

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

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

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

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Type or print name and title.

Preparer's signature:  Date: JAN 02 2007 Check if self-employed  Preparer's SSN or PTIN \_\_\_\_\_

Preparer's name (or firm's name if self-employed): GREEN HASSSON & JANKS LLP  
Address: 10990 WILSHIRE BLVD., 16TH FLOOR  
City: LOS ANGELES, CA 90024-3929  
Phone no: (310) 873-1600

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

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

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

**2005**

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

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

Department of the Treasury  
Internal Revenue Service

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 1722 S LEWIS RD, CAMARILLO, CA 93012	CLINICAL DIR 40.00	112,412.	23,406.	0.
PAMELA FISHER 1722 S LEWIS RD, CAMARILLO, CA 93012	PSYCHOLOGIST 40.00	96,785.	9,810.	0.
VICKI MURPHY 1722 S LEWIS RD, CAMARILLO, CA 93012	FUND DEV DIR 40.00	80,008.	24,551.	0.
LESLIE SINGER 1722 S LEWIS RD, CAMARILLO, CA 93012	ASST. CL. DIR. 40.00	81,625.	15,217.	0.
BRIAN PENDLEBERRY 1722 S LEWIS RD, CAMARILLO, CA 93012	PSYCH. TECH. 40.00	78,317.	780.	0.
Total number of other employees paid over \$50,000	▶	26		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
UNITED PARENTS 5151 VERDUGO WAY, SUITE 204, CAMARILLO, CA 93012	CONSULTING TO FAMILIES	190,475.
CATHERINE M. SEVER, MD 7697 HAYWARD STREET, VENTURA, CA 93004	MEDICAL CLINIC MANAGEMENT	70,133.
-----	-----	-----
-----	-----	-----
-----	-----	-----
Total number of others receiving over \$50,000 for professional services	▶	0

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HSR MANAGEMENT, INC. 11111 SANTA MONICA BLVD, STE 380, LA, CA 90025	LANDLORD	123,696.
PHILLIP G. TATE P.O. BOX 2369, NIPOMO, CA 93444	LANDLORD	74,964.
-----	-----	-----
-----	-----	-----
-----	-----	-----
Total number of other contractors receiving over \$50,000 for other services	▶	0

**Part II** Statements About Activities (See page 2 of the instructions.)

	Yes	No						
<p>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. <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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.</p>		X						
<p>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.)</p> <p>a Sale, exchange, or leasing of property? _____</p> <p>b Lending of money or other extension of credit? _____</p> <p>c Furnishing of goods, services, or facilities? _____</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 _____</p> <p>e Transfer of any part of its income or assets? _____</p>	X							
<p>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 17 _____</p> <p>b Do you have a section 403(b) annuity plan for your employees? _____</p> <p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? _____</p> <p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? _____</p> <p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? _____</p>	X	X						
<p><b>Part IV</b> Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)</p> <p>The organization is not a private foundation because it is: (Please check only ONE applicable box.)</p> <p>5 <input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).</p> <p>6 <input type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)</p> <p>7 <input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).</p> <p>8 <input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).</p> <p>9 <input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____</p> <p>10 <input type="checkbox"/> 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.)</p> <p>11a <input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public. (Also complete the Support Schedule in Part IV-A.)</p> <p>11b <input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)</p> <p>12 <input type="checkbox"/> 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.)</p> <p>13 <input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3</p> <p>Provide the following information about the supported organizations. (See page 6 of the instructions.)</p> <table border="1"> <thead> <tr> <th>(a) Name(s) of supported organization(s)</th> <th>(b) Line number from above</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	(a) Name(s) of supported organization(s)	(b) Line number from above						
(a) Name(s) of supported organization(s)	(b) Line number from above							
<p>14 <input type="checkbox"/> An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)</p>								

**Part IV-A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,422,294.	2,258,072.	5,554,030.	8,497,496.	17,731,892.
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	13,029,762.	8,524,131.	3,933,725.	353,553.	25,841,171.
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	44,247.	12,268.	10,385.	20,672.	87,572.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	10,330.	4,375.	SEE STATEMENT 18	60,009.	90,221.
23 Total of lines 15 through 22	14,506,633.	10,798,846.	9,513,647.	8,931,730.	43,750,856.
24 Line 23 minus line 17	1,476,871.	2,274,715.	5,579,922.	8,578,177.	17,909,685.
25 Enter 1% of line 23	145,066.	107,988.	95,136.	89,317.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					358,194.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					16,806.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					17,909,685.
d Add: Amounts from column (e) for lines:					
18	87,572.	19			194,599.
22	90,221.	26b			17,715,086.
e Public support (line 26c minus line 26d total)					98,9134%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					

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, 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: (2003) N/A (2002) (2001)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) N/A (2002) (2001)

c Add: Amounts from column (e) for lines: (2004) (2003) (2002) (2001)

15	16	27c	N/A
17	20	27d	N/A
21	21	27e	N/A
27a total	and line 27b total	27f	N/A
27c total minus line 27d total		27g	N/A
Total support for section 509(a)(2) test: Enter amount on line 23, column (e)		27h	N/A
Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27i	N/A
Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27j	N/A
Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27k	N/A

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

Schedule A (Form 990 or 990-EZ) 2005

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

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

Schedule A (Form 990 or 990-EZ) 2005

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

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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		
38 Total lobbying expenditures (add lines 36 and 37)		
39 Other exempt purpose expenditures		
40 Total exempt purpose expenditures (add lines 38 and 39)		
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 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	
42 Grassroots nontaxable amount (enter 25% of line 41)	41	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period			(e) Total
	(a) 2005	(b) 2004	(c) 2003	
45 Lobbying nontaxable amount				N/A
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 Nontelelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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



**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

**2005**

Name of organization

THE YOUTH CONNECTION OF VENTURA  
DBA CASA PACIFICA

Employer identification number

77-0195022

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 boxes 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-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) 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 2 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)**.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

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		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Name, address, and ZIP + 4  	Aggregate contributions \$ 54,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Name, address, and ZIP + 4  	Aggregate contributions \$ 152,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Name, address, and ZIP + 4  	Aggregate contributions \$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE
COMCAST GRP NEW CL A SPL	2,738.	3,090.	0.
TELECOM C NEW ZEALAND SPN	13,386.	18,633.	0.
TELECOM C NEW ZEALAND SPN	2,434.	2,706.	0.
ADR	6,306.	5,510.	0.
VENTAS, INC	36,382.	31,992.	0.
VARIOUS SECURITIES			
TO FORM 990, PART I, LINE 8	61,246.	61,931.	0.
			<685.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE
ANGELS BALL	198,825.	149,509.	49,316.
FASHION SHOW	154,234.	80,485.	73,749.
WINE & FOOD	465,849.	162,881.	302,968.
OTHER EVENTS	164,240.	57,351.	106,889.
TO FM 990, PART I, LINE 9	983,148.	450,226.	532,922.
			532,922.
			0.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		<6,199.>	
TOTAL TO FORM 990, PART I, LINE 20		<6,199.>	

FORM 990

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FOOD	402,980.	402,980.		
OUTSIDE SERVICES	780,191.	622,171.	146,973.	11,047.
CONSULTANTS	369,658.	310,740.	52,218.	6,700.
INSURANCE	178,424.	67,013.	111,411.	
STAFF DEVELOPMENT	234,208.	81,734.	151,930.	544.
UTILITIES	166,692.	140,805.	23,570.	2,317.
CHILD RELATED	170,013.	170,013.		
PROGRAM EXPENSES	51,076.	51,076.		
SMALL EQUIPMENT	67,736.	51,296.	11,700.	4,740.
LICENSES AND FEES	261,867.	249,379.	10,891.	1,597.
MISCELLANEOUS	29,274.	14,874.	10,301.	4,099.
ADVERTISING	4,538.		3,965.	573.
DUES/SUBSCRIPTIONS	3,567.	1,192.	1,961.	414.
DONATED GOODS	94,773.	91,773.	2,500.	500.
TOTAL TO FM 990, LN 43	2,814,997.	2,255,046.	527,420.	32,531.

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 5  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STEVEN E ELSON	143,656.	32,753.		176,409.
A. PROGRAM SERVICES	126,489.	25,076.		151,565.
B. MANAGEMENT AND GENERAL	14,452.	6,017.		20,469.
C. FUNDRAISING	2,715.	1,660.		4,375.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
FELICE GINSBERG	84,419.	10,190.		94,609.
A. PROGRAM SERVICES	74,331.	7,801.		82,132.
B. MANAGEMENT AND GENERAL	8,493.	1,872.		10,365.
C. FUNDRAISING	1,595.	517.		2,112.

TOTAL PROGRAM SERVICES				233,697.
TOTAL MANAGEMENT AND GENERAL				30,834.
TOTAL FUNDRAISING				6,487.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>271,018.</u>

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP	ANGEL SILVA	32040 KINGSPARK COURT, WESTLAKE VILLAGE, CA 91361	UNRELATED	500.
SCHOLARSHIP	BARBARA LUIS	1142 CARSON STREET, APT C, SEASIDE, CA 93955	UNRELATED	1,500.

SCHOLARSHIP AMANDA SILIK C/O 4667 TELEGRAPH RD, UNRELATED  
 MOORPARK COLLEGE VENTURA, CA 93003

500.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

2,500.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 7

DESCRIPTION AMOUNT

SCHOOL SUPPLIES 5,512.  
 RECREATION EXPENSES 17,155.  
 SOCIAL AND PSYCHOLOGICAL SERVICES 3,202.  
 LEGAL ADVICE 72.  
 FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC. 24,531.  
 MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED 469.

TOTAL TO FORM 990, PART II, LINE 23 50,941.

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FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	8
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## DESCRIPTION OF PROGRAM SERVICE ONE

THE YOUTH CONNECTION OF VENTURA COUNTY DBA CASA PACIFICA (CASA PACIFICA) WAS CONCEIVED AS A "STATE OF THE ART" RESIDENTIAL TRAUMA CARE AND TREATMENT CENTER DESIGNED TO PROVIDE COMPREHENSIVE ASSESSMENT, TREATMENT, MEDICAL, AND EDUCATIONAL SERVICES IN THE CONTEXT OF 24-HOUR CARE TO MEET THE NEEDS OF VENTURA COUNTY'S MOST VULNERABLE CHILDREN. THE PUBLIC/PRIVATE COLLABORATION THAT RESULTED OPENED IN 1994 AND REMAINS UNIQUE IN THE STATE AND PERHAPS THE COUNTRY.

IN 2000, CASA PACIFICA EXTENDED ITS SERVICES OFF-CAMPUS AND INTO THE VENTURA COUNTY COMMUNITY THROUGH AN INTENSIVE, BEHAVIORAL SERVICE INTENDED TO BE AN ANCILLARY, "LAST EFFORT" INTERVENTION DELIVERED IN THEIR HOMES FOR CHILDREN IN JEOPARDY OF BEING REMOVED. IN 2003, AT THE REQUEST OF SANTA BARBARA COUNTY, CASA PACIFICA BEGAN PROVIDING THIS SAME THERAPEUTIC BEHAVIORAL SERVICE (TBS) TO THAT COMMUNITY AS WELL. IN THE LAST THREE YEARS, CASA PACIFICA'S COMMUNITY-BASED PROGRAMS IN BOTH COUNTIES NOW INCLUDE TBS, A COMPREHENSIVE "WRAPAROUND" PROGRAM WITH THE MOTTO "WHATEVER IT TAKES" TO KEEPS FAMILIES TOGETHER, AND A MOBILE INTENSIVE RESPONSE CRISIS UNIT FOR PSYCHIATRIC EMERGENCIES INVOLVING CHILDREN AND YOUTH. ALL OF THESE SERVICES ARE DIRECTED AT CHILDREN AND FAMILIES IN THE MOST CHALLENGING TIMES AND PLACES OF THEIR LIVES AND ARE DESIGNED TO PREVENT OUT-OF-HOME PLACEMENT AND HELP FAMILIES OVER THE BARRIERS TO THEM STAYING TOGETHER.

THROUGHOUT CASA PACIFICA'S 12 YEAR HISTORY MORE THAN 4,100 ABUSED, NEGLECTED AND EMOTIONALLY DISTURBED CHILDREN - AGES 0 TO 18 - AND THEIR FAMILIES HAVE BEEN HELPED. ON ANY GIVEN DAY CASA PACIFICA WORKS WITH OVER 325 OF THE TRI-COUNTIES HIGHEST RISK CHILDREN (85 OF THEM ON-CAMPUS IN RESIDENTIAL TREATMENT, EMERGENCY SHELTER CARE, OR DAY SCHOOL, AND MORE THAN 240 IN THE SANTA BARBARA AND VENTURA COUNTY COMMUNITIES).

CASA PACIFICA IS LICENSED AND CERTIFIED BY CALIFORNIA'S DEPARTMENTS OF SOCIAL SERVICES, MENTAL HEALTH, EDUCATION, AND HEALTH SERVICES AND ITS PROGRAMS AND SERVICES ARE ACCREDITED BY THE NATIONAL COUNCIL ON ACCREDITATION (COA) AND THE NONPUBLIC SPECIAL EDUCATION SCHOOL CARRIES CERTIFICATION OF THE WESTERN ASSOCIATION OF SCHOOLS AND

COLLEGES (WASC). CASA PACIFICA IS ACTIVE IN NATIONAL, STATE, INTERAGENCY AND COMMUNITY ORGANIZATIONS, COLLABORATIVES, TASK FORCES, AND WORK GROUPS. A SAMPLING OF CASA PACIFICA'S INVOLVEMENT, OFTEN IN LEADERSHIP POSITIONS INCLUDES THE AMERICAN ASSOCIATION OF CHILDREN'S RESIDENTIAL CENTERS, CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES, CALIFORNIA COUNCIL OF COMMUNITY MENTAL HEALTH AGENCIES, CALIFORNIA MENTAL HEALTH COALITION, SANTA BARBARA CHILDREN'S PROJECT PROGRAM COMMITTEE; AND THE VENTURA COUNTY CHILDREN, FAMILIES, AND COMMUNITY COMMISSION.

CASA PACIFICA'S SERVICES ARE UNIQUE IN THE TRI-COUNTIES. CASA PACIFICA PROVIDES THE ONLY HIGH-LEVEL RESIDENTIAL TREATMENT CENTER FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE, THE ONLY EMERGENCY SHELTER CARE PROGRAM FOR ABUSED AND NEGLECTED CHILDREN, AND WE ARE THE EXCLUSIVE PROVIDER OF THERAPEUTIC BEHAVIORAL SERVICES, WRAPAROUND (SB 163), AND CRISIS MOBILE RESPONSE SERVICES IN VENTURA AND SANTA BARBARA COUNTIES.

CASA PACIFICA'S BOARD OF DIRECTORS IS ACTIVELY ENGAGED IN DEVELOPING STRATEGIC DIRECTION, OVERSEEING THE OPERATIONS OF THE ORGANIZATION, AND PROVIDING A LEADERSHIP ROLE IN SUPPORTING THE AGENCY FINANCIALLY. IN ADDITION, CASA PACIFICA HAS DEVELOPED AN ADVISORY BOARD IN BOTH VENTURA AND SANTA BARBARA COUNTIES. CASA PACIFICA BOASTS MORE THAN 400 AUXILIARY MEMBERS, 30 ON-CAMPUS VOLUNTEERS, AND ITS ANNUAL GIVING CAMPAIGN HAS AVERAGED OVER \$1 MILLION PER YEAR THROUGHOUT OUR 12 YEAR HISTORY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	2,500.	14,011,960.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	9
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS
CORPORATE BONDS	FMV	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
TO FORM 990, LINE 54, COL B	93,074.	93,074.	93,074.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	10
DESCRIPTION	COST/FMV	U.S. GOVERNMENT LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT SECURITIES	FMV	386,080.	386,080.
TOTAL TO FORM 990, LINE 54, COL B		386,080.	386,080.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	11
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS AND FACILITIES	8,604,051.	0.	8,604,051.
EQUIPMENT AND FURNISHINGS	2,061,183.	0.	2,061,183.
BUILDING IMPROVEMENTS	1,279,265.	0.	1,279,265.
VEHICLES	698,288.	0.	698,288.
CONSTRUCTION IN PROGRESS	221,356.	0.	221,356.
ACCUMULATED DEPRECIATION	0.	5,174,653.	<5,174,653.>
TOTAL TO FORM 990, PART IV, LN 57	12,864,143.	5,174,653.	7,689,490.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 12

LENDER'S NAME TERMS OF REPAYMENT

MIDSTATEBANK MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
07/01/03	01/31/07	125,000.	8.25%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

UNSECURED LINE OF CREDIT

RELATIONSHIP OF LENDER

UNRELATED

DESCRIPTION OF CONSIDERATION

NONE

FMV OF CONSIDERATION BALANCE DUE

0. 120,000.

LENDER'S NAME TERMS OF REPAYMENT

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
12/01/05	01/01/11	500,000.	3.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

REVENUES AND EQUIPMENT REFURBISH BOILER, PARKING LOT, AND COTTAGES

RELATIONSHIP OF LENDER

UNRELATED

DESCRIPTION OF CONSIDERATION

NONE

FMV OF CONSIDERATION BALANCE DUE

0. 446,387.

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

566,387.

FORM 990 OTHER LIABILITIES STATEMENT 13

DESCRIPTION	AMOUNT
MODULAR BUILDINGS UNDER A CAPITAL LEASE	28,774.
ACCRUED UNEMPLOYMENT LIABILITY	66,501.
RESERVES FOR CONTRACTS	455,571.
OTHER ACCRUED LIABILITIES	207,710.
ACCRUED SALARIES AND PAYROLL TAXES	380,469.
ACCRUED VACATION PAYABLE	420,169.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	<u>1,559,194.</u>

FORM 990 OTHER SECURITIES STATEMENT 14

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKET FUNDS	FMV	8,335.
POOLED INVESTMENTS	FMV	130,379.
MUTUAL FUNDS	FMV	75,047.
EQUITIES	FMV	145,334.
TO FORM 990, LINE 54, COL B		<u>359,095.</u>

FORM 990      PART V-A - LIST OF OFFICERS, DIRECTORS,      STATEMENT 15  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STEVEN E. ELSON 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	CHIEF EXECUTIVE OFFICER 40.00	143,656.	32,753.	0.
FELICE GINSBERG 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	CHIEF FINANCIAL OFFICER 40.00	84,419.	10,190.	0.
CHARLES W. COHEN 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	PRESIDENT 2.00	0.	0.	0.
STACEY A. ROSCOE 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	VICE PRESIDENT 2.00	0.	0.	0.
RICHARD R. GOODRICH 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	TREASURER 2.00	0.	0.	0.
SHEILA RAKESTRAW 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	SECRETARY 2.00	0.	0.	0.
SUSAN K. LACEY 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	IMMEDIATE PAST PRESIDENT 2.00	0.	0.	0.
YOLANDA BENITEZ 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
MICHAEL D. BRADBURY, ESQ. 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
MICHAEL W. CASE, ESQ 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
JOHN A. CLIFF, D.M.D. 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.

THE YOUTH CONNECTION OF VENTURA DBA CASA

77-0195022

PATRICIA CORDOVER 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
DEBORAH J. DUCLON 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
CAROLE ECHT 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
BARBARA FITZGERALD 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
GARY GORIAN 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
STEVEN M. GREENWOOD, ESQ 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
DONALD A. HARTMANN 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
ARTURO D. HERNANDEZ 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
SUSAN HERRICK 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
PETRA LOWE 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
CAROLE W. NUSSBAUM, ESQ. 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
RICHARD R. RUSH 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.
ED SUMMERS 1722 SOUTH LEWIS ROAD CAMARILLO, CA 93012	BOARD MEMBER 2.00	0.	0.	0.

DAVE WALLACE	BOARD MEMBER		
1722 SOUTH LEWIS ROAD	2.00	0.	0.
CAMARILLO, CA 93012			
DAVID WOOD, ESQ	BOARD MEMBER		
1722 SOUTH LEWIS ROAD	2.00	0.	0.
CAMARILLO, CA 93012			

TOTALS INCLUDED ON FORM 990, PART V-A

228,075.	42,943.	0.
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FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 16

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	TRAINING PROGRAMS ARE OPEN TO THE PUBLIC AND ARE ATTENDED BY VARIOUS SOCIAL SERVICE PROFESSIONALS. INCOME RECEIVED FROM THE TRAINING PROGRAMS IS USED TO PROVIDE FOR EDUCATIONAL SPEAKERS.
93B	MEAL TICKET REVENUE IS USED TO PROVIDE MEALS FOR CHILDREN AND STAFF DIRECTLY ASSIGNED TO THEM.
93G	GOVERNMENT CONTRACTS ARE UTILIZED TO PROVIDE CARE, ROOM AND BOARD, AND MENTAL HEALTH SERVICES TO NEGLECTED AND EMOTIONALLY DISTURBED CHILDREN. THE FUNDING ALSO PROVIDES FOR BEHAVIORAL SPECIALISTS WHO WORK DIRECTLY WITH A CHILD AND THE FAMILY TO PROVIDE THEM WITH TRAINING TO KEEP THE CHILD IN THE HOME AND AVOID THE COST OF PLACEMENT IN GROUP HOMES.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 17  
PART III, LINE 3A

A DONOR HAS ESTABLISHED A SCHOLARSHIP FUND FOR GRADUATES OF CASA PACIFICA. GRANTEEES 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 GRANTEEES ARE REQUIRED TO VERIFY HOW THE GRANT MONEY IS SPENT BY SUBMITTING RECEIPTS.

SCHEDULE A	OTHER INCOME			STATEMENT
	2004	2003	2002	2001
DESCRIPTION	AMOUNT	AMOUNT	AMOUNT	AMOUNT
MISCELLANEOUS INCOME	10,330.	4,375.	15,507.	60,009.
TOTAL TO SCHEDULE A, LINE 22	10,330.	4,375.	15,507.	60,009.