

Return of Organization Exempt From Income Tax

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

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning OCT 1, 2003 **and ending** SEP 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
LA FAMILIA, INC.

D Employer identification number
85-0366556

Number and street (or P.O. box if mail is not delivered to street address) **Room/suite**
707 BROADWAY NE 103

E Telephone number
(505) 766-9361

City or town, state or country, and ZIP + 4
ALBUQUERQUE, NM 87102

F Accounting method Cash 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 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 No
I Group Exemption Number _____

G Website: WWW.LA-FAMILIA-INC.ORG

J Organization type (check only one) 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.

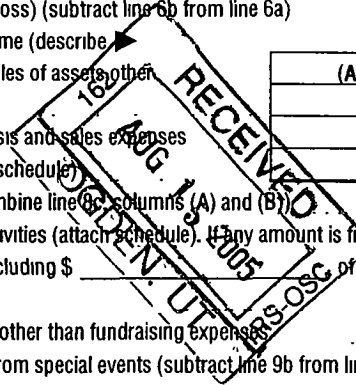
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,126,286.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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	516,371.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <u>516,371.</u> noncash \$ _____)	1d	516,371.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	3,585,721.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	4,477.		
	5	Dividends and interest from securities	5			
	6a	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				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c columns (A) and (B))	8c			
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
Revenue	10a	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	19,717.		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,126,286.		
Expenses	13	Program services (from line 44, column (B))	13	3,692,905.		
	14	Management and general (from line 44, column (C))	14	437,663.		
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	4,130,568.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<4,282.>		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	487,401.		
	20	Other changes in net assets or fund balances (attach explanation)	20	0.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	483,119.		

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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 \$ _____ noncash \$ _____	22			
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	141,695.	129,425.	12,270.
26	Other salaries and wages	26	2,159,293.	1,972,305.	186,988.
27	Pension plan contributions	27	45,112.	41,205.	3,907.
28	Other employee benefits	28	202,153.	184,772.	17,381.
29	Payroll taxes ...	29	174,512.	158,701.	15,811.
30	Professional fundraising fees	30			
31	Accounting fees ...	31	36,828.	14,447.	22,381.
32	Legal fees	32			
33	Supplies	33	54,423.	42,705.	11,718.
34	Telephone	34	41,356.	28,299.	13,057.
35	Postage and shipping ..	35			
36	Occupancy	36	333,741.	285,231.	48,510.
37	Equipment rental and maintenance	37	33,327.	7,430.	25,897.
38	Printing and publications	38			
39	Travel	39	46,661.	44,710.	1,951.
40	Conferences, conventions, and meetings	40			
41	Interest	41	23,177.	12,547.	10,630.
42	Depreciation, depletion, etc. (attach schedule)	42	53,686.	46,141.	7,545.
43	Other expenses not covered above (itemize):				
	a _____	43a			
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e SEE STATEMENT 1	43e	784,604.	724,987.	59,617.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	4,130,568.	3,692,905.	437,663.

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 2**

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	TREATMENT FOSTER CARE-PROVIDES FOSTER FAMILY BASED TREATMENT PROGRAM THAT TRAINS, REIMBURSES AND SUPERVISES FAMILIES TO PROVIDE HOMES FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN AND ADOLESCENTS.	(Grants and allocations \$ _____)	1,390,016.
b	OUTPATIENT COUNSELING SERVICES-A COMPREHENSIVE RANGE OF OUTPATIENT MENTAL HEALTH SERVICES, INCLUDING INDIVIDUAL, FAMILY, GROUP AND MARITAL THERAPY.	(Grants and allocations \$ _____)	908,532.
c	ADULT SERVICES-A FULL RANGE OF CARE MANAGEMENT, FIDUCIARY AND FINANCIAL SERVICES TO OLDER ADULTS FACING AGE RELATED CHALLENGES, TO THOSE WITH DEVELOPMENTAL DISABILITIES AND TO THEIR FAMILIES.	(Grants and allocations \$ _____)	441,469.
d	ADOPTION OPPORTUNITIES GRANT-FEDERAL GRANT PROGRAM TO DEVELOP, IMPLEMENT AND EVALUATE AN INTERACTIVE MULTIMEDIA TRAINING AND SUPPORT PACKAGE FOR PARENTS WHO ARE ADOPTING TRANSRACIALLY.	(Grants and allocations \$ _____)	308,893.
e	Other program services (attach schedule) STATEMENT 3	(Grants and allocations \$ _____)	643,995.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		3,692,905.

Part IV Balance Sheets

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
Assets	45 Cash - non-interest-bearing	876.	45 1,275.
	46 Savings and temporary cash investments	149,030.	46 214,203.
	47 a Accounts receivable	47a 802,824.	
	b Less: allowance for doubtful accounts	47b 42,228.	47c 760,596.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c 5,000.
	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	4,084.	53 8,100.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 637,697.		
b Less: accumulated depreciation STMT 4	57b 318,498.	57c 319,199.	
58 Other assets (describe SEE STATEMENT 5)	4,996,574.	58 4,102,143.	
59 Total assets (add lines 45 through 58) (must equal line 74)	6,088,089.	59 5,405,516.	
Liabilities	60 Accounts payable and accrued expenses	366,340.	60 480,365.
	61 Grants payable		61
	62 Deferred revenue	33,695.	62 17,465.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 6	204,014.	64b 319,380.
	65 Other liabilities (describe SEE STATEMENT 7)	4,996,639.	65 4,105,187.
66 Total liabilities (add lines 60 through 65)	5,600,688.	66 4,922,397.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	478,517.	67 480,141.
	68 Temporarily restricted	8,884.	68 2,978.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)	487,401.	73 483,119.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	6,088,089.	74 5,405,516.	

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 VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes rows 76 through 91 with various organizational details and financial data.

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

Part VII Analysis of Income-Producing Activities (See page 33 of 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 PROGRAM SERVICE FEES					433,265.
b					
c					
d					
e					
f Medicare/Medicaid payments					3,152,456.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,477.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME					19,717.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,477.	3,605,438.
105 Total (add line 104, columns (B), (D), and (E))					3,609,915.

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).
▼	SEE STATEMENT 9

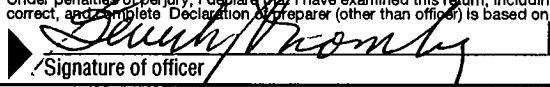
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

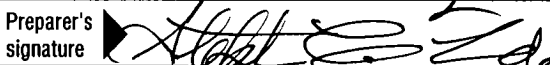
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual who is a disqualified person?
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on behalf of any individual who is a disqualified person?
 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 furnished to him.

Please Sign Here:  Date: 7/1

Paid Preparer's Use Only: Preparer's signature: 
 Firm's name (or yours if self-employed), address, and ZIP + 4: MEYNER'S + COMPANY, LLC
 500 MARQUETTE NW, SUITE
 ALBUQUERQUE, NM 87102

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 Section 4947(a)(1) Nonexempt Charitable Trust

2003

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **LA FAMILIA, INC.** Employer identification number **85 0366556**

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
<u>EMILY STAFFORD</u> 707 BROADWAY, NE, STE, 103, ALB, NM	DIR ADULT SVC 40	57,011.	5,858.	0.
<u>STEVE NUANEZ</u> 707 BROADWAY, NE, STE, 103, ALB, NM	DIR OUTPATIEN 40	60,230.	5,035.	0.
<u>LISA GRAHAM</u> 707 BROADWAY, NE, STE, 103, ALB, NM	DIR ANM GRANT 40	57,213.	1,712.	0.
<u>LINDA SALING</u> 707 BROADWAY, NE, STE, 103, ALB, NM	DIR TFC 40	68,798.	5,440.	0.
<u>SONIA BORJA</u> 707 BROADWAY, NE, STE, 103, ALB, NM	DIR FINANCE 40	60,594.	5,258.	0.
Total number of other employees paid over \$50,000 ▶	8			

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
<u>DIVERSIFIED ENTERPRISES</u> 707 BROADWAY NE, SUITE 103, ALB, NM	COMPUTER CONSULTING & EQUI	101,676.
<u>RASHMI SABU</u> 707 BROADWAY NE, SUITE 103, ALB, NM	PSYCHIATRIC SERVICE	56,748.
<u>SOUTHWEST SERVICES FOR THE DEAF, INC</u> 707 BROADWAY NE, SUTIE 103, ALB, NM	CONSULTANT/THERAP Y SERVICES	91,000.
----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

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.) 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.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 10		
a	Sale, exchange, or leasing of property?	X	
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		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.)		X
b	Do you have a section 403(b) annuity plan for your employees?		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?		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.)	612,483.	483,240.	21,296.	7,426.	1,124,445.
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	2,701,715.	2,848,333.	2,987,610.	2,227,924.	10,765,582.
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	2,948.	2,780.		7.	5,735.
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	21,262.	8,115.	SEE STATEMENT 11 2,501.		31,878.
23 Total of lines 15 through 22	3,338,408.	3,342,468.	3,011,407.	2,235,357.	11,927,640.
24 Line 23 minus line 17	636,693.	494,135.	23,797.	7,433.	1,162,058.
25 Enter 1% of line 23	33,384.	33,425.	30,114.	22,354.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
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 N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
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: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
c Add: Amounts from column (e) for lines: 15 1,124,445. 16 _____ 17 10,765,582. 20 _____ 21 _____					27c 11,890,027.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 11,890,027.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 11,927,640.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.6847%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .0481%

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?		
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.		
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		

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)														
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 -														
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
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														
42	Grassroots nontaxable amount (enter 25% of line 41)														
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36														
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38														

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 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.)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER SOFTWARE	VARIABLES	200DB	3.00	17	27,020.			27,020.	11,617.		5,404.
2	OFFICE EQUIPMENT	VARIABLES	200DB	5.00	17	83,175.			83,175.	29,267.		18,152.
3	OFFICE FURNITURE AND FIXTURES	VARIABLES	200DB	5.00	17	311,736.			311,736.	220,454.		23,901.
4	LEASEHOLD IMPROVEMENTS	VARIABLES	SSL	27.50	17	13,116.			13,116.	3,474.		2,851.
5	BUILDING	VARIABLES	SSL	39.00	17	202,650.			202,650.			3,378.
	* TOTAL 990 PAGE 2 DEPR					637,697.		0.	637,697.	264,812.	0.	53,686.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	16,850.	13,872.	2,978.	
BAD DEBT	54,416.	54,416.	0.	
BANK SERVICE FEES	3,218.	344.	2,874.	
DEVELOPMENT EXPENSE	1,970.	0.	1,970.	
LICENSES AND PERMITS	2,505.	2,062.	443.	
MISCELLANEOUS EXPENSE	2,646.	589.	2,057.	
PROFESSIONAL FEES:				
CLINICAL	321,283.	321,283.	0.	
DUES & SUBSCRIPTIONS	11,959.	3,563.	8,396.	
INSURANCE	55,232.	20,773.	34,459.	
PROFESSIONAL FEES:				
OTHER	150,284.	150,284.	0.	
PROGRAM EXPENSE	140,387.	134,653.	5,734.	
RECRUITMENT	3,554.	3,424.	130.	
TRAINING	20,300.	19,724.	576.	
TOTAL TO FM 990, LN 43	784,604.	724,987.	59,617.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

TO PROVIDE CHILD PLACEMENT AND COUNSELING SERVICES IN ALBUQUERQUE, NM.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT 3
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
ADOPTION NM GRANT-PROVIDES ADOPTION PROMOTION AND SUPPORT SERVICES		165,296.
ADOPTION COUNSELING AND PLACEMENT-FULL SERVICE ADOPTION AGENCY SERVICES		105,660.
GROUP HOME-COMMUNITY-BASED PROGRAM FOR ADOLESCENT DEAF AND HEARING IMPAIRED		304,785.
IAATP GRANT - TO TRAIN NEW MEXICO PUBLIC HEALTH WORKERS IN INFANT ADOPTION		68,254.
TOTAL TO FORM 990, PART III, LINE E		643,995.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER SOFTWARE	27,020.	17,021.	9,999.
OFFICE EQUIPMENT	83,175.	47,419.	35,756.
OFFICE FURNITURE AND FIXTURES	311,736.	244,355.	67,381.
LEASEHOLD IMPROVEMENTS	13,116.	6,325.	6,791.
BUILDING	202,650.	3,378.	199,272.
TOTAL TO FORM 990, PART IV, LN 57	637,697.	318,498.	319,199.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
ADULT SERVICES CUSTODIAL ACCOUNT	4,091,244.
CASH IN TRUST	10,899.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	4,102,143.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 6

LENDER'S NAME TERMS OF REPAYMENT
 4 CAPITAL LEASES VAR MO PMTS AT VAR INT RATES

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
VARIOUS	VARIOUS	0.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 VAR FURN & EQUIP

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	40,568.

LENDER'S NAME TERMS OF REPAYMENT
 NOTE PAYABLE \$1,327/MO

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	06/30/07	147,188.	7.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 REAL ESTATE

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	127,812.

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
<u>LINE OF CREDIT</u>		<u>VAR MO PMTS AT VAR INT RATES</u>	
<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
05/01/04	05/31/05	0.	.00%
<u>SECURITY PROVIDED BY BORROWER</u>		<u>PURPOSE OF LOAN</u>	

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	151,000.
<u>TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B</u>		<u>319,380.</u>

<u>FORM 990</u>	<u>OTHER LIABILITIES</u>	<u>STATEMENT</u>	<u>7</u>
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
TRUST FUNDS PAYABLE	10,899.
ADULT SERVICES CUSTODIAL ACCOUNT	4,091,244.
DUE TO TRUST	3,044.
<u>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</u>	<u>4,105,187.</u>

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KARI BRANDENBURG 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 2 HRS/MO	0.	0.	0.
NELLE Y. MCELRAVY-CONWAY 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 2 HRS/MO	0.	0.	0.
ANNETTE MAXEDON 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 2 HRS/MO	0.	0.	0.
TRUDY JONES 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 0 HRS/MO	0.	0.	0.
EMILY KOPLIK, MSW 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 2 HRS/MO	0.	0.	0.
ELIDA LECHUGA 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 2 HRS/MO	0.	0.	0.
KEITH PHILIPPI 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 2 HRS/MO	0.	0.	0.
SUSAN LIBIT, LISW 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 2 HRS/MO	0.	0.	0.
ALLISON PIERONI 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 2 HRS/MO	0.	0.	0.
RICK THALER 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	BOARD MEMBER 0 HRS/MO	0.	0.	0.
BEVERLY R. NOMBERG 707 BROADWAY, NE, SUITE 103 ALBUQUERQUE, NM 87102	PRESIDENT AND CEO 40+ HRS/WK	91,032.	6,858.	0.

JACQULYN MCEWEN
707 BROADWAY, NE, SUITE 103
ALBUQUERQUE, NM 87102

SECRETARY
40+ HRS/WK

50,663. 5,550. 0.

TOTALS INCLUDED ON FORM 990, PART V

141,695. 12,408. 0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEEES AND PRIVATE INSURANCE RECEIVED FOR VARIOUS SERVICES INCLUDING FULL SERVICE ADOPTION, SUPPORTED INDEPENDENT LIVING, MENTAL HEALTH SERVICES AND MANAGMENT CARE FOR ADULTS.
93F	MEDICAID PAYMENTS FOR SCREENING, COUNSELING, AND FOSTER CARE COORDINATION SERVICES FOR CHILDREN
103A	MISCELLANEOUS INCOME FROM PROGRAM SERVICES

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,. PART III, LINE 2 STATEMENT 10

LINE 2C: LA FAMILIA PAID APPROXIMATELY \$101,676 TO A NON-EMPLOYEE MEMBER OF AN OFFICER'S HOUSEHOLD FOR PROVIDING NEW COMPUTER HARDWARE, SOFTWARE DEVELOPMENT SERVICES AND TRAINING.
LINE 2A: LA FAMILIA SUB-LEASES AN OFFICE TO A MEMBER OF THE PRESIDENT/CEO'S HOUSEHOLD. LEASE PAYMENTS RECEIVED IN THE 2003 TAX YEAR TOTALED \$4,510.

SCHEDULE A OTHER INCOME STATEMENT 11

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
SPECIAL EVENTS	0.	0.	2,501.	0.
MISC INCOME	21,262.	8,115.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	21,262.	8,115.	2,501.	0.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See Instructions	Name of Exempt Organization LA FAMILIA, INC.	Employer identification number 85-0366556
	Number, street, and room or suite no. If a P.O. box, see instructions. 707 BROADWAY NE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBUQUERQUE, NM 87102	

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

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

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

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

4 I request an additional 3-month extension of time until AUGUST 15, 2005.

5 For calendar year _____, or other tax year beginning OCT 1, 2003 and ending SEP 30, 2004.

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

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

Signature  Title CPA Date 5/2/04

Notice to Applicant - To Be Completed by the IRS

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

Director _____ By _____ Date _____

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

Type or print	Name MEYNER + COMPANY, LLC
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 500 MARQUETTE NW STE 800
	City or town, province or state, and country (including postal or ZIP code) ALBUERQUE, NM 87102

323832 05-01-03

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization LA FAMILIA, INC.	Employer identification number 85-0366556
	Number, street, and room or suite no. If a P.O. box, see instructions. 707 BROADWAY NE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBUQUERQUE, NM 87102	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 **MAY 16, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2003**, and ending **SEP 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 ▶  Title ▶ **CPA** Date ▶ **2/2/2005**
 LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)