

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization 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 SUITE 103		E Telephone number 505.766.9361
		City or town, state or country, and ZIP + 4 ALBUQUERQUE, NM 87102		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

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 **N/A**

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 **N/A**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **4,442,195.**

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	127,665.		
	b Indirect public support	1b	10,500.		
	c Government contributions (grants)	1c	114,808.		
	d Total (add lines 1a through 1c) (cash \$ <u>252,973.</u> noncash \$ _____)	1d			252,973.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			4,073,831.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			22,894.
	5 Dividends and interest from securities	5			
	6 a Gross rents SEE STATEMENT 1 AUG 20 2007 820817.				
	b Less rental expenses				
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			82,817.
7 Other investment income (describe OGDEN, UT)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
		8b			
		8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
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			
10 a Gross sales of inventory, less returns and allowances		10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			9,680.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			4,442,195.	
Expenses	13 Program services (from line 44, column (B))	13			3,274,285.
	14 Management and general (from line 44, column (C))	14			293,757.
	15 Fundraising (from line 44, column (D))	15			270.
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			3,568,312.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			873,883.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			636,846.
	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			1,510,729.

523001 02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2005)

SCANNED SEP 10 2007

915 15

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>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. **	101,433.	99,404.	2,029.	0.
26 Other salaries and wages	1,710,077.	1,676,739.	33,338.	
27 Pension plan contributions	11,128.	10,905.	223.	
28 Other employee benefits	101,854.	99,525.	2,329.	
29 Payroll taxes	157,771.	155,402.	2,369.	
30 Professional fundraising fees				
31 Accounting fees	14,838.	9,167.	5,671.	
32 Legal fees	7,423.	7,423.		
33 Supplies	59,526.	55,486.	4,040.	
34 Telephone	45,323.	43,282.	2,041.	
35 Postage and shipping	10,965.	10,214.	751.	
36 Occupancy	366,639.	211,255.	155,384.	
37 Equipment rental and maintenance	15,962.	14,868.	1,094.	
38 Printing and publications	10,369.	10,328.	41.	
39 Travel	64,091.	54,631.	9,460.	
40 Conferences, conventions, and meetings				
41 Interest	11,157.	10,666.	491.	
42 Depreciation, depletion, etc. (attach schedule)	60,533.	8,680.	51,853.	
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 2	819,223.	796,310.	22,643.	270.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,568,312.	3,274,285.	293,757.	270.

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 3

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	
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 \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,189,834.
b GROUP HOME-COMMUNITY BASED PROGRAM FOR ADOLESCENT DEAF AND HEARING IMPAIRED. STUDENTS LIVE IN A HOME-LIKE ENVIRONMENT FREE OF LINGISTIC BARRIERS, WHICH PROVIDES THERAPEUTIC LEARNING AND INTEGRATION INTO THE COMMUNITY.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	500,311.
c COUNSELING AND PLACEMENT-PREGNANCY AND ADOPTION COUNSELING FOR BIRTH PARENTS, PLACEMENT OF CHILDREN, PRE-PLACEMENT STUDIES AND POST-PLACEMENT SUPERVISION OF ADOPTIONS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	200,021.
d CHARTER SCHOOL SERVICES-SCHOOL BASED SOCIAL WORK SERVICES ARE PROVIDED TO STUDENTS AND FACULTY AT VARIOUS CHARTER SCHOOLS. SERVICES INCLUDE ASSESSMENTS OF CLIENT NEEDS, DEVELOPMENT OF TREATMENT PLANS, HOME VISITS, COUNSELING AND ADVOCACY.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	152,446.
e Other program services (attach schedule) SEE STATEMENT 5	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	231,673.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	3,274,285.

Form 990 (2005)

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
Assets	45 Cash - non-interest-bearing	1,275.	45	925.
	46 Savings and temporary cash investments	360,783.	46	1,205,695.
	47 a Accounts receivable	47a 627,369.		
	b Less: allowance for doubtful accounts	47b 84,100.	535,016.	47c 543,269.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	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	29,343.	53	39,180.
	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 700,231.			
b Less: accumulated depreciation STMT 6	57b 393,503.	341,902.	57c 306,728.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 7)		116,142.	58 6,539.	
59 Total assets (must equal line 74). Add lines 45 through 58		1,384,461.	59 2,102,336.	
Liabilities	60 Accounts payable and accrued expenses	415,704.	60	399,713.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 8 STMT 9	215,769.	64b	185,355.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 10)	116,142.	65	6,539.
66 Total liabilities. Add lines 60 through 65)		747,615.	66 591,607.	
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	636,846.	67	1,510,729.
	68 Temporarily restricted		68	
	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)	636,846.	73	1,510,729.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,384,461.	74	2,102,336.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	4,442,195.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	4,442,195.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	4,442,195.

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

a	Total expenses and losses per audited financial statements		a	3,568,312.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	3,568,312.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	3,568,312.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 11		95,014.	6,419.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>16</u>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ <u>N/A</u>		
	and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?	81b	X

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?
82b N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85b N/A
85c N/A
85d N/A
85e N/A
85f N/A
85g N/A
85h 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
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0, section 4912 0, section 4955 0.
89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
90 a List the states with which a copy of this return is filed NM
90b 60
91 a The books are in care of THE ORGANIZATION Telephone no (505) 766-9361
Located at 707 BROADWAY NE, SUITE 103, ALBUQUERQUE, NM ZIP + 4 87102
91b X
91c X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See 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					321,720.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					3,752,111.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	22,894.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	82,817.	
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 REIMBURSEMENTS & REFUNDS			01	9,680.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		115,391.	4,073,831.
105 Total (add line 104, columns (B), (D), and (E))					4,189,222.

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 12

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual who is a substantial contributor?
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on any contract described in section 501(c)(17)?
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalty 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 provided to the preparer.

Signature of officer: *Security Morales* Date: 8/1

Paid Preparer's Use Only

Preparer's signature: *EL J. Hood* CMA

Firm's name (or yours if self-employed), address, and ZIP + 4: MOSS ADAMS LLP
 6100 UPTOWN BLVD NE STE
 ALBUQUERQUE, NM 87110

523163 02-03-06

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2005

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
LINDA SALING 707 BROADWAY NE, SUITE 103, ALBUQUERO	DIR TFC 40.00	76,753.	5,341.	
TERESA GROOM 707 BROADWAY NE, SUITE 103, ALBUQUERO	CONTROLLER 40.00	63,204.	3,002.	
LISA GRAHAM 707 BROADWAY NE, SUITE 103, ALBUQUERO	DIR ANM GRANT 40.00	60,337.	1,881.	
CLAIRE BARR 707 BROADWAY NE, SUITE 103, ALBUQUERO	ASSOC DIR TFC 40.00	57,481.	3,002.	
MAGGIE RAZNICK 707 BROADWAY NE, SUITE 103, ALBUQUERO	DIR HR 40.00	49,423.	3,176.	
Total number of other employees paid over \$50,000 ▶	0			

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
SOUTHWEST SERVICES FOR THE DEAF INC 3301 COORS RD. SW, SUITE 265, ALBUQUERQUE, NM 87	COUNSELING SERVICES	117,250.
RASHMI SABU 7218 WHIPPOORWILL LANE NE, ALBUQUERQUE, NM 87109	PSYCHIATRIC SERVICE	51,316.

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
NONE		

Total number of other contractors receiving over \$50,000 for other 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)		
a	Sale, exchange, or leasing of property? SEE STATEMENT 13	X	
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities? SEE STATEMENT 14	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, 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
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
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?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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) 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 **▶** Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	314,556.	521,371.	612,483.	483,240.	1,931,650.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,363,784.	3,375,803.	2,701,715.	2,848,333.	12,289,635.
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	43,929.	4,477.	2,948.	2,780.	54,134.
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.	18,230.	19,717.	SEE STATEMENT 15 21,262.	8,115.	67,324.
23 Total of lines 15 through 22	3,740,499.	3,921,368.	3,338,408.	3,342,468.	14,342,743.
24 Line 23 minus line 17	376,715.	545,565.	636,693.	494,135.	2,053,108.
25 Enter 1% of line 23	37,405.	39,214.	33,384.	33,425.	
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 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					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	(2004) 225.	(2003) 0.	(2002) 0.	(2001) 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 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	(2004) 0.	(2003) 0.	(2002) 0.	(2001) 0.	
c Add Amounts from column (e) for lines 15 1,931,650. 16 _____ 17 12,289,635. 20 _____ 21 _____					27c 14,221,285.
d Add Line 27a total 225. and line 27b total 0.					27d 225.
e Public support (line 27c total minus line 27d total)					27e 14,221,060.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f 14,342,743.		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.1516%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .3774%

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.

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)		
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

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

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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 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	LEASEHOLD IMPROVEMENTS	VARIES	SSL	27.50	17	13,116.			13,116.	7,883.		1,697.
2	BUILDINGS	100103	SSL	27.50	17	131,723.			131,723.	6,755.		3,377.
	OFFICE FURNITURE AND											
3	EQUIPMENT	VARIES	SSL	7.00	17	459,105.			459,105.	318,332.		52,078.
4	LAND	100103	L			70,927.			70,927.			0.
5	VEHICLES	VARIES	SSL	7.00	17	25,360.			25,360.			3,381.
	* TOTAL 990 PAGE 2					700,231.		0.	700,231.	332,970.	0.	60,533.
	DEPR											

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
TEMPORARY SUBLEASE OF EXCESS SPACE		1	82,817.
TOTAL TO FORM 990, PART I, LINE 6A			82,817.

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING	17,498.	16,758.	740.		
BAD DEBT EXPENSE	82,894.	82,894.			
BANK CHARGES	3,309.		3,309.		
DEVELOPMENT	270.			270.	
DUES AND SUBSCRIPTIONS	22,199.	20,404.	1,795.		
INSURANCE	61,828.	56,691.	5,137.		
LICENSES AND PERMITS	8,661.	2,574.	6,087.		
PROFESSIONAL FEES - CLINICAL	347,907.	347,907.			
COMPUTER AND TEMPORARY SERVICES	28,801.	28,801.			
PROGRAM EXPENSES	207,990.	206,901.	1,089.		
RECRUITMENT	5,807.	5,048.	759.		
TRAINING	14,124.	12,488.	1,636.		
EQUIPMENT LEASE	11,203.	9,856.	1,347.		
PROFESSIONAL DEVELOPMENT	4,595.	3,935.	660.		
SAFETY & SECURITY	2,137.	2,053.	84.		
TOTAL TO FM 990, LN 43	819,223.	796,310.	22,643.	270.	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BEVERLY NOMBERG	95,014.	6,419.	0.	101,433.
A. PROGRAM SERVICES	93,114.	6,290.		99,404.
B. MANAGEMENT AND GENERAL	1,900.	129.		2,029.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				99,404.
TOTAL MANAGEMENT AND GENERAL				2,029.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				101,433.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

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

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
ADOPTION NM GRANT-PROVIDES ADOPTION PROMOTION AND SUPPORT SERVICES.		128,895.
IAATP GRANT-TO TRAIN NEW MEXICO PUBLIC HEALTH WORKERS IN INFANT ADOPTION.		102,778.
TOTAL TO FORM 990, PART III, LINE E		231,673.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	13,116.	9,580.	3,536.
BUILDINGS	131,723.	10,132.	121,591.
OFFICE FURNITURE AND EQUIPMENT	459,105.	370,410.	88,695.
LAND	70,927.	0.	70,927.
VEHICLES	25,360.	3,381.	21,979.
TOTAL TO FORM 990, PART IV, LN 57	700,231.	393,503.	306,728.

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	AMOUNT
ADULT SERVICES CUSTODIAL ACCOUNTS	0.
CASH IN TRUST	6,539.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	6,539.

FORM 990 MORTGAGES PAYABLE STATEMENT 8

DESCRIPTION	BALANCE DUE
PEOPLES BANK	110,943.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	110,943.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 9

LENDER'S NAME TERMS OF REPAYMENT

CAPITAL LEASES 2117/MO

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
05/31/05	05/31/10	127,039.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

EQUIPMENT

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	74,412.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 74,412.

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	AMOUNT
TRUST FUNDS PAYABLE	6,539.
ADULT SERVICES CUSTODIAL ACCOUNTS	0.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	6,539.

FORM 990

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

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
BEVERLY R NOMBERG 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	PRESIDENT AND CEO 40.00	95,014.	6,419.	0.
STAN ALBRYCHT 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.
BENNINA ARMIJO-SISNEROS 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.
KARI BRANDENBURG 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.
KAREN BLATZ, MD 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.
NELLE Y MCELRAVY-CONWAY 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.
ISMAEL DIEPPA 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.
EMILY KOPLIK, MSW 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.
SUSAN LIBIT, LISW 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	VICE CHAIR 1.00	0.	0.	0.
JULIE MCKAY 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.
KEITH PHILIPPI 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.

ALLISON PIERONI 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	CHAIR 1.00	0.	0.	0.
RANDY SAAVEDRA 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.
JAMES SMALL 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.
RICK THALER 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.
LINDA A. LYLE 707 BROADWAY NE SUITE 103 ALBUQUERQUE, NM 87102	MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>95,014.</u>	<u>6,419.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 12
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FEES 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.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2A

STATEMENT 13

LINE 2A: LA FAMILIA INC LEASES AN OFFICE TO A NON-EMPLOYEE MEMBER OF THE PRESIDENT/CEO'S HOUSEHOLD. LEASE PAYMENTS FOR THE CURRENT YEAR TOTALED \$3,840. THIS AMOUNT IS COMPARABLE TO WHAT THE ORGANIZATION PAYS ON A SQUARE FOOTAGE BASIS.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 14

LINE 2C: LA FAMILIA INC PAID \$34,483 TO A NON-EMPLOYEE MEMBER OF AN OFFICER'S HOUSEHOLD FOR PROVIDING NEW COMPUTER HARDWARE, SOFTWARE DEVELOPMENT SERVICES AND TRAINING. THE ORGANIZATION HAS GOTTEN BIDS FROM NON-RELATED SERVICE PROVIDERS AND THE AMOUNT CHARGED BY THE RELATED PARTY IS COMPARABLE TO THESE NON-RELATED SERVICE PROVIDERS.

SCHEDULE A OTHER INCOME STATEMENT 15

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS INCOME	18,230.	19,717.	21,262.	8,115.
TOTAL TO SCHEDULE A, LINE 22	18,230.	19,717.	21,262.	8,115.

• 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.	Name of Exempt Organization LA FAMILIA, INC.	Employer identification number 85-0366556
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 707 BROADWAY NE SUITE 103	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.

- The books are in the care of **THE ORGANIZATION**
Telephone No **(505) 766-9361** FAX No. _____
- 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, 2007**.

5 For calendar year _____, or other tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**.

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
THE TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE 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 **5/11/07**

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 a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended 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 MOSS ADAMS LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 6100 UPTOWN BLVD NE STE 400
	City or town, province or state, and country (including postal or ZIP code) ALBUQUERQUE, NM 87110

523832 05-01-05