

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

Open to Public

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30,2009 D Employer Identification number C Name of organization LA CASA DE DON PEDRO. B Check if applicable use IRS Doing Business As 23-7249368 label or print o Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number type. initial return See **75 PARK AVENUE** (973) 482-8312 Specific City or town, state or country, and ZIP + 4 Instruc Amended return G Gross receipts \$ NEWARK, NJ 07104 ,509,429. Name and address of principal officer RAYMOND OCASIO Application pending H(a) is this a group return for Yes X H(b) Are all affiliates included? PARK AVENUE NEWARK, NJ 07104 Tax-exempt status If "No." attach a list (see instructions) X 501(c) (3) ◀ (insert no) 4947(a)(1) or LACASANWK . ORG/ H(c) Group exemption number Type of organization L Year of formation 1972 M State of legal domicile X Corporation Trust Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: LA CASA DE DON PEDRO'S MISSION IS TO FOSTER SELF-SUFFICIENCY, Governance EMPOWERMENT, AND NEIGHBORHOOD REVITALIZATION if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 80 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) NONE Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contribution and grants (Part VIII, line 1h) 10,751,228. 9,954,656 9 Program service revenue (Part VIII, line 2g) 1,447,917 1,492,220. Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 2,578 3,034. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 169,824 240,769. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 11,574,975 12,487,251 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,218,595 8,353,507. 16 a Professional fundraising fees (Part IX, column (A), line 11e) NONE Total fundraising expenses, Part IX, column (D), line 25) Office expanses (Part X, column (A), lines 11a-11d, 11f-24f) 17 4,327,300 3,697,683. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 11,545,895 12,051,190. Revenue less expenses Subtract line 18 from line 12 19 29,080 436,061 **Beginning of Year End of Year** Total assets (Part X line 16) 20 6,390,354 5,778,931 Totalilabilities (Part X) ine 26) 21 3,649,795 3,825,157 Net assets or fund balances. Subtract line 21 from line 20 22 2 129 136 2,565,197 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Date Check if Preparer's identifying number Preparer's Paid signature employed P00024868 Preparer's Firm's name (or yours WITHUMSMITH+BROWN EIN 22-2027092 ONE SPRING STREET NEW BRUNSWICK, 732-828-1614 May the IRS discuss this return with the preparer shown above? (See instructions) Yes

JSA 8E1010 2 000

4DZ043 M998 01/27/2010 10:44:08 V08-8.1

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

Form 990 (2008)

(Must equal Part IX, Line 25, column (B).)

Form 990 (2008)

10.372

4e Total program service expenses ▶ \$

JSA 8E1020 1 000

Part	IV Checklist of Required Schedules			
~			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		x
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schodula D. Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ŭ	-	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D. Port III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		×
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part V	10		x
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	.,		<u> </u>
	Parts VI, VIII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		┢┻
_	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145		_
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			-^ -
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		x
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		x _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		İ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
JSA			^^^	

Page 4

Par	IV Checklist of Required Schedules (continued)			
-			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		x
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	-		
	III, IV, and V, line 1	34	x	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	<u> </u>	-	
	Schedule R, Part V, line 2	35	x	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	"		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	130		•
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
		37		
	<u>W</u>		990	X

Form **990** (2008)

Part V

-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		į	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 241			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		x
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		x
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5 c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		<u>x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7 a		<u>x</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7 e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7 h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8		
	organization, have excess business holdings at any time during the year?	J		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make any taxable distributions under section 49667	9 b	-	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · ·	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	990	(2008)

Statements Regarding Other IRS Filings and Tax Compliance

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.	7		
1a	Enter the number of voting members of the governing body	,	JB	
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>x</u>
6	Does the organization have members or stockholders?	6		<u>x</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a		<u>x</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		<u>x</u>
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8 b	x	
9a	Does the organization have local chapters, branches, or affiliates?	9 a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> </u>
Sect	on B. Policies			
40-	Done the committee have a visite a conflict of interest valid O If the time 42		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	Х	
C	describe in Orbanish Orbanishin dama	40-		
13		12c	X	
14	Does the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by	14	х	
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		
b	Other officers or key employees of the organization?	15b	X	
~	Describe the process in Schedule O. (see instructions)	.55	^	
16a	·			
	with a taxable entity during the year?	16a	x	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		-	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	\mathbf{x}	
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NJ,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):	only)	,	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	x Own website x Another's website v Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie		
	organization: ▶NILADRI BAGCHI 75 PARK AVENUE NEWARK, NJ 07104			
	973-482-8312			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not com	pensate an	у опк	сег,	aire	Cto	r, trus	tee	or key employee.		
(A)	(B)			(0)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (chec		that app	oly)	Reportable	Reportable	Estimated
	hours per	or a	ins	Officer	Ke _j	em Hig	Former	compensation	compensation	amount of
	week	dire	titu	lcer	Key employee	ploy	me	from the	from related	other compensation
		ctor	юn		oldt) è g	7	organization	organizations (W-2/1099-MISC)	from the
		trus	31 15		уее	휳		(W-2/1099-MISC)	(,	organization
		Individual trustee or director	Institutional trustee			Highest compensated employee				and related
			θ.			ated				organizations
									·	
SEE SCHEDULE J-2										
				Ш						
				Ш	_					
 				H			<u> </u>			
					_		⊢			
				\vdash			┝			
							 			
				ļ						
			\vdash	\vdash	H		-			
					ŀ					
					\vdash					
			<u> </u>	<u> </u>		<u> </u>	<u> </u>			
									ŀ	
			<u> </u>			L				

Pa	rt VII Section A. Officers, Directors, Tru	stees, Ke	y En	ıplo	ye	es,	and h	łigl	hest Compensat	ed Employ	yees (c	ontinue	d)	
	` (A)	(B)				2)			(D)	(E)			(F)	
	Name and title	Average	Posit	ion (chec	k all	that app	oly)	Reportable	Reporta	able	Es	timate	d
		hours per		Ins	9				compensation	compens			ount c	of
		week	Individual trustee or director	Institutional	Officer	Key employee	hes	Former	from the	from rel			other pensat	ion
			[왕드	Ď		횽	96 K		organization	organıza (W-2/1099			om the	
			l trus	al trust		yee	ğ		(W-2/1099-MISC)	(=/			nızatı	
			8	etsu			Highest compensated employee						relate	
				0			ted					orga	nızatıc	ns
								ŀ						
_			<u> </u>											
_				Ļ_		<u> </u>								
						İ								
				<u> </u>	<u> </u>	<u> </u>		_						
	·		 	\vdash		┝				_				
			 	├─	-	┢		_						
								H						
									<u> </u>			-		
			ļ	_	ļ	L		L_						
				Ш		<u> </u>								
						İ								
4 5	Total		L	L	L	L	L	Ļ	461 600					
1 b	Total						<u> </u>	<u> </u>	461,630.		NONE			<u>573.</u>
2	Total number of individuals (including those organization ▶	e in 1a) w	no r	ecei	ivea	m	ore ti	nan	\$100,000 in rep	oortable co	mpens	ation fi	rom t	ne
_	organization 🕨 4												Yes	No
3	Did the organization list any former offic	or direct	.r .r	tr.	icto.	_	kov o		lovos or highest	compone	eted		163	140
J	employee on line 1a? If "Yes," complete Schedu	er, aireck ile J for suc	ch ind	ıru ividi	ual	e, i	key e	шр	noyee, or nighes	Compens	aleu	3		x
4	For any individual listed on line 1a, is the the organization and related organizations													ŀ
	individual											4	x	
5	Did any person listed on line 1a receive													
	services rendered to the organization? If "Yes,"	complete S	Sched	ule .	J fo	r su	ch pei	rson	<u>,</u>	<u> </u>		5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	enc	lent	cont	rac	tors that received	d more tha	an \$10	0,000	of	
	(A)								(B)			(C)		
	Name and business addr	ess						_	Description of sei	vices	c	ompens	sation	
								1				_		
_								-				-		_
								4-						_
						-		+	-					_
	Takal museban at todayanda			!	4.		 -		d	0.000 :				*************
2	Total number of independent contractors (in compensation from the organization ▶	•	nose	ın 1	1) V	vno	rece	ive	a more than \$10	ייטטט in				
	Tomponsation from the organization	IONE											900	

Par	L VIII	Statement of Revenue		23-7249368		
*	<u></u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	<u>30</u> .			
Service Revenue		Business C				
Ven	2a	LATCH KEY		1,429,545.		}
æ	ь	LANDLORD WEATHERIZATION CONTRIBUTION	62,675.	62,675.		
<u>i</u>	_	AND THE PROPERTY OF THE PARTY O	027073.	02,073.	 	·
ē	C				<u> </u>	
S	ď					
Tar	e	All asks				
Program (f	All other program service revenue	1 400 000			
_	g	Total. Add lines 2a-2f	1,492,220.			
	3	Investment income (including dividends, interest, and				
l		other similar amounts)		NONE	NONE	5,124.
	4	Income from investment of tax-exempt bond proceeds				
1	5	Royalties · · · · · · · · · · · · · · · · · · ·				
		(i) Real (ii) Person	an [İ İ		
	6 a	Gross Rents				
	b	Less: rental expenses				
	С	Rental income or (loss)		1		•
	d	Net rental income or (loss)	. NONE			
	7 a	Gross amount from sales of (i) Securities (ii) Other				
	, a		NONE	İ İ		l
	ь	Less: cost or other basis		I I		İ
		· · · · · · · · · · · · · · · · · · ·	090.	1		I
	С	· 1	090.			ł
	d	Net gain or (loss)		† I		-2,090.
		Gross income from fundraising				2,030.
	oa			!		
Other Revenue		events (not including \$		l		1
ě		of contributions reported on line 1c).	130.	I I		Ī
E			088.	1 1		•
姜	ь	Less' direct expenses b 20, Net income or (loss) from fundraising events . STMT 3.		f 5, 0,0 f		İ
٥	C		51,042.	51,042.		
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities	. NONE			
	10a	Gross sales of inventory, less returns and allowances		!		
			\dashv	! !		
	b	Less: cost of goods sold b	,,,,,,,,,	† †		Ť
		Net income or (loss) from sales of inventory		<u> </u>		
			 f	ौ <u></u> ौ		ŧ
	11a	OTHER CONTRACT REVENUE	124,727.			
	ь	DON PEDRO DEVELOPMENT	65,000.	65,000.		
	С					<u> </u>
	d	All other revenue				<u> </u>
	е	Total. Add lines 11a-11d	189,727.	[<u> </u>
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,				
		9c, 10c, and 11e	12,487,251.	1,732,989.	NONE	3,034.
			_			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	ete column (A) but are			and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	NONE			
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	U.S. See Part IV, lines 15 and 16	NONE		· · · · · · · · · · · · · · · · · · ·	
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	142,501.	128,251.	14,250.	NONE
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	6,235,973.	5,646,989.	588,984.	
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	349,687.	315,230.	34,457.	
9	Other employee benefits	972,364.	873,352.	99,012.	
10	Payroll taxes	652,982.	590,818.	62,164.	
11	Fees for services (non-employees)				
	Management	NONE			
	Legal	1,130.		1,130.	
	Accounting	61,175.	61,175.	1,130.	
	Lobbying	NONE	01,173.		
	, , ,	NONE			
	Professional fundraising services See Part IV, line 17 Investment management fees	NONE			-
			60 200	2 400	<u> </u>
	Other	65,700.	62,300.	3,400.	
12	Advertising and promotion	21,878.	5,758.	16,120.	
13	Office expenses	231,817.	173,042.	58,775.	
14	Information technology	59,674.	26,660.	33,014.	
15	Royalties	NONE			
16	Occupancy	660,435.	625,468.	34,967.	
17	Travel	11,120.	5,397.	5,723.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	64,810.	29,003.	35,807.	
20	Interest ,	71,036.		71,036.	
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	194,199.		194,199.	
23	Insurance	75,745.	70,774.	4,971.	····
24	Other expenses Itemize expenses not			1	
	covered above (Expenses grouped together	1	İ		
	and labeled miscellaneous may not exceed	ţ		1	
	5% of total expenses shown on line 25 below)	<u></u>		<u></u>	<u></u>
а	HOUSING_RELOCATIONS	61,873.	61,873.		
b	EQUIPMENT[92,735.	70,335.	22,400.	
	FOOD	216,204.	216,204.		
	MISCELLANEOUS	4,899.		4,899.	
	EMERGENCY HEATING & REPAIRS	71,100.	71,100.		
	All other expenses	1,732,153.	1,338,884.	393,269.	
	Total functional expenses. Add lines 1 through 24f	12,051,190.	10,372,613.	1,678,577.	NONE
	Joint Costs. Check here ▶ If following			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
JSA					Form 990 (2008)

8E1052 1 000

Form	990 (2008) 2	3-7249368			Page 1 1
Pa	rt X	Balance Sheet				
_			(A) Beginning of year		(B) End of y	ear
	1	Cash - non-interest-bearing	886,629.	1	95	9,316
	2	Savings and temporary cash investments		2	İ	
	3	Pledges and grants receivable, net	924,024.	3	1,31	0,511
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key				
		employees, or other related parties. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II			1	
		of Schedule L		6	<u> </u>	
ţ	7	Notes and loans receivable, net	344,407.	7	35	4,421
Assets	8	Inventories for sales or use	21,768.	8	4	4,303
ď	9	Prepaid expenses and deferred charges	128,899.	9	13	<u>5,479</u>
		Land, buildings, and equipment: cost basis 10a 5,378,505.			<u> </u>	
	b	Less: accumulated depreciation. Complete			Ī.	
		Part VI of Schedule D	3,442,004.		3,55	0,051
	11	Investments - publicly traded securities	30,000.		3	0,000
	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	ļ	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	NONE			5,073
	15	Other assets. See Part IV, line 11	1,200.			1,200
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,778,931.			0,354
	17	Accounts payable and accrued expenses	969,141.		1,17	9,482
	18 19	Grants payable		18		
	20			20		
	21	Tax-exempt bond liabilities		21		
Labilities	22	Payables to current and former officers, directors, trustees, key employees,				
ቜ	~~	highest compensated employees, and disqualified persons. Complete Part II			-	
ä		of Schedule L		22	Ī	
	23	Secured mortgages and notes payable to unrelated third parties STMT. 7	1,491,300.	+	1 46	6,132
	24	Unsecured notes and loans payable	1,431,500.	24	1,40	<u>0,132</u>
	25	Other liabilities. Complete Part X of Schedule D	1,189,354.		1.17	9,543
	26	Total liabilities. Add lines 17 through 25	3,649,795.	_		5,157
		Organizations that follow SFAS 117, check here ▶ 🗶 and complete lines 27 through 29, and lines 33 and 34.				T. 4. TT T
SE SE	27	Unrestricted net assets	1,695,048.	27	2.23	6,885
Balances	28	Temporarily restricted net assets	434,088.	1		8,312
ᅙ	29	Permanently restricted net assets		29		
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	1	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net	33	Total net assets or fund balances	2,129,136.	33	2,56	5,197
	34	Total liabilities and net assets/fund balances	5,778,931.	34		0,354
Pa	rt XI	Financial Statements and Reporting				
					Y	es No
1		ounting method used to prepare the Form 990 Cash Accrual Other				
2a		e the organization's financial statements compiled or reviewed by an independent account				X
þ		e the organization's financial statements audited by an independent accountant?			2b	x
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	-			
_		t, review, or compilation of its financial statements and selection of an independent account			· · · 2c	x
3 a		result of a federal award, was the organization required to undergo an audit or audits as s				
		Single Audit Act and OMB Circular A-133?				x
D	If "Ye	es," did the organization undergo the required audit or audits?			3b	x

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the	he organizatio	n						Employe	r identifica	tion number
LA	CAS	A DE DON	PEDRO, INC							23-72	49368
Pa	rt I	Reason fo	or Public Chari	ty Status (All organ	izations m	ust compl	ete this	part.) (se	e instru	ctions)	
The	orgai	nization is no	t a private found	lation because it is: (Pl	ease check	only one o	rganizati	on.)			
1	Ш	A church, co	onvention of chui	rches, or association of	of churches	s described	in sectio	n 170(b)(1)(A)(i).		
2	Ш	A school de	scribed in sectio	n 170(b)(1)(A)(ii). (Att	tach Sched	ule E.)					
3	Ш	A hospital o	r a cooperative h	nospital service organ	ization desc	cribed in se	ction 170	(b)(1)(A)	(iii). (Atta	ch Sched	ule H.)
4		A medical i	research organiz	cation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
			ame, city, and sta								
5		-		or the benefit of a col	lege or un	iversity ow	ned or o	perated b	y a gove	ernmental	unit described in
_			(b)(1)(A)(iv). (Co	•			49 49				
6	H		_	vernment or governme						6 A	ha
′	X	_		lly receives a substan	-	its support	rom a q	governme	entai unit	or from t	ne general public
				1)(A)(vi). (Complete F d in section 170(b)(1)(-	maniata Dari	. 11 \				
٥	Н		-				-	m contrib	utiono n	a a m b a rab	in food, and groce
9	Ш			lly receives: (1) more to ted to its exempt fun							
		•		nent income and un		•		-			
			-	after June 30, 1975.				•		JII (ax)	ITOITI DUSINESSES
10		-	=	nd operated exclusive					•	leee instr	uctions)
11	Н	-	=	and operated exclusive	-	="	-			•	•
•	ш	-	-	ublicly supported orga	•		-				•
				at describes the type o					•	-	
		a Typ		— _		e III - Func					pe III - Other
е			_	rtify that the organiz			•	-			•
				on managers and oth				-			•
			section 509(a)(2	-			,		- · · •		
f			` , ,	, a written determina	tion from	the IRS tha	atitis a	Type I.	Гуре II о	r Type III	supporting
		-	, check this box					•	7.	•	້ 🦳
g		Since Augus	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	m any of	the		
		following pe	rsons?	-				·			
		(i) A perso	on who directly	or indirectly controls	, either ald	one or tog	ether wit	h person	s descrit	ped in (ii)	Yes No
		and (iii)	below, the gove	rning body of the supp	ported orga	anization?					11g(i) X
		(ii) A family	y member of a p	erson described in (i) a	bove?						11g(ii) X
		(iii) A 35%	controlled entity	of a person described	l in (i) or (ii)	above?					11g(iii) X
h		Provide the	following information	ation about the organi	zations the	organizati	on suppo	rts.			
(i)		of supported	(ii) EIN	(iii) Type of organization				ou notify		s the	(vii) Amount of
	orga	inization		(described on lines 1-9 above or IRC section		document?		nization in of your		zed in the	support
				(see instructions))				oort ^o		S.?	
					Yes	No	Yes	No	Yes	No	
						:					
						<u>.</u>					
											
_			· - · ·			<u> </u>			_	 	
Tot	al					Į.					
_	-				· · · · · · · · · · · · · · · · · · ·	*	 	<u> </u>			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Sched	tule A (Form 990 or 990-EZ) 2008			23-	-7249368		Page 2
Par	Support Schedule for Org (Complete only if you ched				(1)(A)(iv) and	170(b)(1)(A)(vi)
Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,136,312.	9,671,023.	8,007,016.	9,954,646.	10,751,228.	47,520,225.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	9,136,312.	9,671,023.	8,007,016.	9,954,646.	10,751,228.	47,520,225
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	• •	:					47,520,225
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4	9,136,312.	9,671,023.	8,007,016. 13,494.	9,954,646. 5,929.	10,751,228. 5,124.	47,520,225 54,087
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	114,490.	174,299.	45,675.	169,824.	240,769.	745,057
11	Total support. Add lines 7 through 10					1	48,319,369
12	Gross receipts from related activities, etc. (\$	•				12	4,946,953
13	First five years. If the Form 990 is for the						
Sec	organization, check this box and stop here tion C. Computation of Public Sup	nort Percents		·····		· · · · · · · · · · · · · · · · · · ·	· · · · •
				44		. 14	98.35 %
14 15	Public support percentage for 2008 (li Public support percentage from 2007						98.33 % 97.56 %
	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualif	-					1 1
b	33 1/3% support test - 2007. If the o	·	· · · · -				· · · · · —
	box and stop here . The organization of	•					1 1
17a	10%-facts-and-circumstances test -		•	_			
	is 10% or more, and if the organizatio	_					
h	in Part IV how the organization meets organization						▶ 🗀
	15 is 10% or more, and if the organization Explain in Part IV how the organization	ation meets the	"facts and circur	mstances" test,	check this box a	nd stop here.	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Ca	dandar was (s. G)	(a) 2004	(h) 2005	(0) 2006	(4) 0007		1 2009	(O Tatal
	alendar year (or fiscal year beginning in)	(a) 2004	(ь) 2005	(c) 2006	(d) 2007	(e	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include				İ			
_	any "unusual grants.")		 				_	
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							-
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's	3						
	benefit and either paid to or expended on				1			
	its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge	<u></u>						
6	Total. Add lines 1-5	-,,						***
7 a	Amounts included on lines 1, 2, and 3							
_	received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified							
	persons that exceed the greater of 1% of							
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · · · · ·							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
	line 6)							
ec	tion B. Total Support							
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(е) 2008	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends,							•
	payments received on securities loans, rents, royalties and income from similar							
	sources							
b	Unrelated business taxable income (less				1			
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
1	Net income from unrelated business			· · · · · · · · · · · · · · · · · · ·				
	activities not included in line 10b,					1		
	whether or not the business is regularly							
12	carried on							
12	carried on Other income Do not include gain or							
12	carried on						_	
	carried on							
12	carried on							
13	carried on		n's first second	third fourth or	fifth tay year a		notion 501	0/2)
	carried on	the organization			-			
13	carried on	the organizatio	<u></u>		-			
13 14 Sec	carried on	the organization	age	· · · · · · · · · · · · · · · · · · ·	<u> </u>			<u></u> . ▶ □
13 14 Sec	carried on	the organization opport Percent, column (f) divide	age ed by line 13, colur	nn (f))		15		%
13 14 Sec 15	carried on	pport Percent , column (f) dividedule A, Part IV-A	age ed by line 13, colur , line 27g	nn (f))		15		%
13 14 Sec 15 16 Sec	carried on	pport Percent column (f) dividedule A, Part IV-Ant Income Per	age ed by line 13, colur , line 27g centage	nn (f))		15 16		% %
13 14 Sect 16 Sect 17	carried on	pport Percent , column (f) dividedule A, Part IV-A nt Income Per ne 10c, column	age ed by line 13, colur , line 27g centage (f) divided by line 1	nn (f))		15 16		% %
13 14 15 16 3ec	carried on	pport Percent , column (f) dividedule A, Part IV-A nt Income Per ne 10c, column (Schedule A, Part	age ed by line 13, colur , line 27g centage (f) divided by line 1	nn (f))		15 16 17 18		% %
13 14 15 16 3ec	carried on	pport Percent , column (f) dividedule A, Part IV-A nt Income Per ne 10c, column (Schedule A, Part ganization did no	age ed by line 13, colur , line 27g centage (f) divided by line 1 IV-A, line 27h ot check the box	nn (f))	ine 15 is more the	15 16 17 18 nan 33	1/3 %, and	% %
13 14 15 16 Sec:	carried on	pport Percent column (f) dividedule A, Part IV-A nt Income Per ne 10c, column (Schedule A, Part ganization did no x and stop here	age ed by line 13, colur , line 27g centage (f) divided by line 1 IV-A, line 27h ot check the box of	nn (f)) (3, column (f)) on line 14, and I	ine 15 is more thicly supported org	15 16 17 18 nan 33	3 1/3 %, and	% % %
13 14 15 16 Sec:	carried on	pport Percent column (f) dividedule A, Part IV-A nt Income Per ne 10c, column (Schedule A, Part ganization did not x and stop here inization did not	age ed by line 13, colur , line 27g centage (f) divided by line 1 IV-A, line 27h of check the box of The organization of	nn (f)) (3, column (f)) on line 14, and I qualifies as a public 14 or line 19a	ine 15 is more thicly supported org, and line 16 is m	15 16 17 18 nan 33 ganizat	3 1/3 %, and	% % % % f line
13 14 15 16 Sec:	carried on	pport Percent column (f) dividedule A, Part IV-A nt Income Per ne 10c, column (s) Schedule A, Part ganization did no x and stop here inization did not s box and stop h	age ed by line 13, colur , line 27g centage (f) divided by line 1 IV-A, line 27h ot check the box of The organization of check a box on lineere. The organization	nn (f)) 3, column (f)) on line 14, and I qualifies as a public 14 or line 19a, and qualifies as a	ine 15 is more the icly supported orgonand line 16 is multipublicly supported publicly supported in the icle is the icle in th	15 16 17 18 nan 33 anizat	3 1/3 %, and ion	% % % % line and

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	2008
	Open to Public Inspection
at	on number
. ~	60

Mam	e or trie organization			Employer Identification number
	CASA DE DON PEDRO, INC.			23-7249368
Pa	Organizations Maintaining Donor Advis the organization answered "Yes" to Forn	sed Funds or Other n 990, Part IV, line 6	Similar Funds o	or Accounts. Complete if
		(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor ad	visors in writing that the	ne assets held in	donor advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, and			
	used only for charitable purposes and not for the be			
	impermissible private benefit?	<u> </u>	<u> </u>	Yes No
Pa	t Conservation Easements. Complete if t	the organization and	wered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o	organization (check all	hat apply).	
	Preservation of land for public use (e.g., recrea	ition or pleasure)	Preservation	of an historically importantly land area
	Protection of natural habitat		Preservation	of certified historic structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qual	ified conservation cor	tribution in the fo	rm of a conservation easement
	on the last day of the tax year.			
				Held at the End of the Year
a	Total number of conservation easements			. 2a
b	Total acreage restricted by conservation easements			. 2b
C	Number of conservation easements on a certified hi			
d	Number of conservation easements included in (c)	acquired after 8/17/00		. <u>2d</u>
3	Number of conservation easements modified, transf	ferred, released, extir	guished, or termi	nated by the organization during
	the taxable year ▶			
4	Number of states where property subject to conserv			
5	Does the organization have a written policy regarding			
	enforcement of the conservation easements it holds?			
6	Staff or volunteer hours devoted to monitoring, inspe		-	·
7	Amount of expenses incurred in monitoring, inspecti	_	-	•
8	Does each conservation easement reported on line	• •	Y	
_	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports c			•
	balance sheet, and include, if applicable, the text of		ganization's finan	cial statements that describes
Da	the organization's accounting for conservation easer till Organizations Maintaining Collections		ogenice or Oth	or Similar Assots
ı a	Complete if the organization answered			ei Oliilliai Assets.
	If the organization elected, as permitted under SFAS			ment and halance sheet well
ıa	art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition,	education, or rese	earch in furtherance of public service,
b	If the organization elected, as permitted under SFAS			
	historical treasures, or other similar assets held for provide the following amounts relating to these item		cation, or research	h in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, his			
4	following amounts required to be reported under SF			s tot ilitaticiai galii, provide the
•	Revenues included in Form 990, Part VIII, line 1	•		> \$
a b	Assets included in Form 990, Part X			
-			• • • • • • • • •	
For I	rivacy Act and Paperwork Reduction Act Notice, see the Instructi	ons for Form 990.		Schedule D (Form 990) 2008

Par	Organizations Maintaining Coll	ections of Art, Histo	rical Treasures	, or Otl	her Similar <i>F</i>	Assets (continued)
•						
3	Using the organization's accession and other	er records, check any	of the following th	at are a	s significant us	se of its collection
	items (check all that apply):		_			
а	Public exhibition	d	Loan or exc	hange p	orograms	
þ	Scholarly research	e	Other			
C	Preservation for future generations					
4	Provide a description of the organization's of	collections and explain	how they further	the orga	anization's exe	empt purpose in
	Part XIV.					
5	During the year, did the organization solicit					
	assets to be sold to raise funds rather than	·				
Par	Trust, Escrow and Custodial Ar			on ans	wered "Yes"	to Form 990,
	Part IV, line 9, or reported an ar	nount on Form 990,	Part X, line 21.			
	In the communication of the state of the sta	P				
та	Is the organization an agent, trustee, custoo					
	included on Form 990, Part X?					Yes No
Ь	If "Yes," explain the arrangement in Part XIV	and complete the following	lowing table:			
_	Designing balance		-	4	A	mount
C	Beginning balance)-			
a	Additions during the year		P-			
•	Distributions during the year		-		·-	
20	Did the organization include an amount on					Yes No
2a	If "Yes," explain the arrangement in Part XIV		211			Tes Mo
Par			red "Ves" to Fo	rm 990	Part IV line	10
Fai		rent Year (b) Prior ye			(d) Three year	
1a	Beginning of year balance	(5) (10)	(5) 1.10 90		(4) 11100 yes	(2) : 56: years 556:
b	Contributions					
c	Investment earnings or losses			, , ,	 	
d	Grants or scholarships					
e	Other expenditures for facilities .					
_	and programs					
f	Administrative expenses				1	
g	End of year balance					
2	Provide the estimated percentage of the ye	ar end balance held as	:		1	
а	Board designated or quasi-endowment	%				
ь	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the poss	session of the organiza	ation that are held	and ac	lministered for	the
	organization by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organization	ns listed as required or	Schedule R?			3b
4	Describe in Part XIV the intended uses of the	e organization's endo	wment funds.			
Par	t VI Investments - Land, Buildings, a	and Equipment. See	Form 990, Par	t X, line	e 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(с) Depreciation	(d) Book value
1a	Land		175,50	1.		175,501.
b	Buildings		4,440,79		,361,415.	3,079,377.
С	Leasehold improvements		23,00		1,508.	21,496.
d	Equipment		550,54		334,864.	215,683.
_ е	Other		188,66	ľ	130,667.	57,994.
Tota	I. Add lines 1a-1e. (Column (d) should equal	Form 990, Part X, colu				3,550,051.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See I	orm 990, Part X, Iin	 le 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	on: et value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related. See	Form 990, Part X, Iir	ne 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
,			
· · · · · · · · · · · · · · · · · · ·			···.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X,	line 15.		
	Description		(b) Book value
	,, ,		
			·
			
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. See Form 990, Part 2	X, line 25.		
(a) Description of liability	(b) Amount		
Federal income taxes			
REFUNDABLE ADVANCES	1,161,013.		
AUTO LOANS	16,076.		
DUE TO FUNDING SOURCES	NONE		
REVOLVING LOAN	2,454.		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,179,543.		
In Part VIV provide the text of the feetness to the era	ionization's financial a	tatamenta that renorts the c!!	lan'a liability for

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2008	<u> </u>	Page 5
Part XIV Supplemental Information (continued)		
OTHER REVENUE		
SCHEDULE D, PART XII LINE 2D		
SPECIAL EVENTS EXPENSE \$20,088		
OTHER EXPENSE		
SCHEDULE D, PART XIII LINE 2D		
SPECIAL EVENTS EXPENSE \$20,088	**	
-		
·		

Schedule D (Form 990) 2008

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008
Open To Public Inspection

Name of the organization Employer identification number LA CASA DE DON PEDRO, INC 23-7249368 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а e b **Email solicitations** f Solicitation of government grants Phone solicitations Special fundraising events C g d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (i) Name of individual (iii) Did fundralser have (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) contributions? fundraiser listed in organization col (I) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Sche	edule G (Form 990 or 990-EZ) 2008		23-7	249368	Page 2
Pa	rt II Fundraising Events. Comple more than \$15,000 on Form	te if the organization 990-EZ, line 6a. Lis	answered "Yes" to Fo	orm 990, Part IV, lin	e 18, or reported \$5,000.
		(a) Event #1 GALA	(b) Event #2	(c) Other Events NONE	(d) Total Events (Add col (a) through col (c))
<u>e</u>		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	71,130.			71,130
	contributions				
	3 Gross revenue (line 1				
	minus line 2)	71,130.			71,130
	4 Cash prizes				
enses	5 Non-cash prizes				
Direct Expenses	6 Rent/facility costs				
Dire	7 Other direct expenses	20,088.			20,088
	8 Direct expense summary. Add lines 4	through 7 in column (d)		•	(20,088.)
	9 Net income summary. Combine lines				51,042
Pa	rt III Gaming. Complete if the org than \$15,000 on Form 990-B	anization answered "\ EZ, line 6a.	Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Re	4. Grans royanya				
_	1 Gross revenue		_		
uses	2 Cash prizes			·	
Direct Expenses	3 Non-cash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes%	Yes% No	Yes% No	
	7 Direct expense summary. Add lines 2	through 5 in column (d)	·		(
	8 Net gaming income summary. Combi	ine lines 1 and 7 in colun	nn (d)	_	
	Vet gaming moonie summary, combi	THE INTEST WHEN THE COLUMN	<u> </u>		Yes No
9 a	Enter the state(s) in which the organization is the organization licensed to operate g	ion operates gaming acti	ivities: of these states?		
	o If "No," Explain:				
	Were any of the organization's gaming liIf "Yes," Explain:	revoked, suspe			10a
11	Does the organization operate gaming a				
12	Is the organization a grantor, beneficiary	or trustee of a trust or	a member of a partner	ship or other entity	
	formed to administer charitable gaming?				12
					(Form 990 or 990-EZ) 2008

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent

Schedule G (Form 990 or 990-EZ) 2008

in the organization's own exempt activities during the tax year ▶\$

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

LA (CASA DE DON PEDRO, INC.	23-7249368		
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person	on listed in Form		1
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding	these items.		1
	First-class or charter travel Housing allowance or residence for	personal use		
	Travel for companions Payments for business use of person			1
	Tax indemnification and gross-up payments Health or social club dues or initiation	The state of the s	i	
	Discretionary spending account Personal services (e.g., maid, chauffe	į.		
		, , , ,		
ь	If line 1a is checked, did the organization follow a written policy regarding payment or reimburs	sement or		
_	provision of all of the expenses described above? If "No," complete Part III to explain		ь	1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred to		-	
-	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line	•	2	
	omodia, directora, tradices, and the Ocorexcounter Director, regulating the terms of coxed in link	´ '''' · · · · · · ·		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
,	organization's CEO/Executive Director. Check all that apply.			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensations	ion committee		
	Division the comme did annual committee of the Committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
	Receive a severance payment or change of control payment?		_	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<u>b</u> _	x
С	Participate in, or receive payment from, an equity-based compensation arrangement?		<u>c </u>	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in	Part III.		
_	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.		1	İ
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	ny		
	compensation contingent on the revenues of:			
а	The organization?	<u>5</u>	а	X
b	Any related organization?		b	X
	If "Yes" to line 5a or 5b, describe in Part III.		1	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a	ny		
	compensation contingent on the net earnings of:			
а	The organization?			x
b	Any related organization?	<u>6</u>	b	X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any nor			
	payments not described in lines 5 and 6? If "Yes," describe in Part III		<u>' </u>	_x_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that w	as as		
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," des	scribe		
	in Part III		<u> </u>	x

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

23-7249368

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	H		Octob 0000 10 0 1413-	- Contraction Cont				
		(в) вгеакцомп	(b) preakdown or vv-z and/or ross-iviloc compensation	Compensation	(C) Defended	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	€	143,378.		NONE	8,602.	3,971.	155,951.	NOME
RAYMOND OCASIO	<u>.</u>	NONE			NONE	NONE	NONE	NONE
	ε	1				1	1	1
0	<u>(ii)</u>							
	Ξ		1 1	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1)	╚							
]ε					1 1 1		
()	(II)							
	(i)					 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u></u>	⊟							
	ε							
<u>:</u>	€							
	ε							
<u></u>	╘	 						
	Ξ							
3	Ξ							
	(i)						1	
1)	ี่≘							
	€							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	E							
	T (1		
	⊕							
	€			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1)	<u>(ii)</u>							
	€		1					
	≘						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Ξ							
	€							
	3							
	3 3							
							Scho	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

LA CASA DE DON PEDRO, INC.

23-7249368

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A) Name and Titte	(B) Average hours	Posit	lon ()} 	-	that ap	nh/\	(D)	(E)	(F)
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
GLORIA_RAMOS						_		_		
SECRETARY AT LARGE	1.	X	\square	X				NONE	NONE	NON
ZORAYA LEE-HAMLIN										
PRESIDENT	1.	X	Н	X			_	NONE	NONE	NONI
LOUIS E. PREZEAU										
TREASURER	1	X	Ш	X		<u> </u>	_	NONE	NONE	NONI
RICHARD W. ROPER										
VICE PRESIDENT	1.	x		X		L		NONE	NONE	NON
JESUS MERCADO JR										
SECRETARY	1.	x		X				NONE	NONE	NON
FREDERICK P.H. COOKE]									
BOARD MEMBER	1.	x	L.I					NONE	NONE	NON
RITA ROBLES-NAVAS										
BOARD MEMBER	1.	x						NONE	NONE	NON
NICHOLAS SCALERA			П							
BOARD MEMBER	1.	x						NONE	NONE	NONI
GAIL P STONE										
BOARD MEMBER	1.	x				İ		NONE	NONE	NONE
ANGEL LUIS JUARBE								3,33,3		
BOARD MEMBER	1.	x						NONE	NONE	NON
IVETTE MENDEZ								210212		210212
BOARD MEMBER	1.	x						NONE	NONE	NON
ROSALIND MURPHY			H				 	HORL	110212	1,021,
BOARD MEMBER	1.	x						NONE	NONE	NONI
MARIA ORTIZ		 ^ 	H				\vdash	HONE	HORE	NOM
BOARD MEMBER	1.	×						NONE	NONE	NON
	1.	 ^	H			_	-	NONE	NONE	NON
KENNETH H. ZIMMERMAN BOARD MEMBER	 1.	.				ŀ		MONTE	NONE	37037
	1.	X	\vdash					NONE	NONE	NONI
LANNY_KURZWEIL		٠,								
BOARD MEMBER	1.	X	H					NONE	NONE	NONE
NILADRI BAGCHI								111 000		
CHIEF FINANCIAL OFFICER	35.	+	\vdash	X		X	\vdash	111,993.	NONE	NONI
RAYMOND OCASIO								140 000		
EXECUTIVE DIRECTOR	35.	+	$\vdash \vdash$	<u> </u>	X	<u> </u>	\vdash	143,378.	NONE	12,573.
MARTHA_VILLEGAS										
DEPARTMENT DIRECTOR	35.	 		Ш		X	-	105,341.	NONE	NONI
JULIUS_COLON										
DEPARTMENT DIRECTOR	35.	-	\vdash			X	\vdash	100,918.	NONE	NONI
	_	1	$\vdash \vdash$				<u> </u>			
]	1	1			l	l			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public
Inspection

Employer Identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

LA CASA DE DON PEDRO, INC.	23-7249368
PROGRAM SERVICE DESCRIPTIONS	
990, PAGE 2, PART III, LINE 4D	
PERSONAL DEVELOPMENT PROGRAM - ADMINISTERS MULTI-SERVICE RESOURCE	AND
REFERRAL PROGRAMS PRIMARILY TARGETED AT TANF AND PUBLIC ASSISTANCE	E
RECIPIENTS, AS WELL AS HISPANIC WOMEN AND FAMILIES. THE PROGRAM	engages
PRIMARILY IN EDUCATIONAL AND EMPLOYMENT SERVICES MEANT TO ASSIST	THE
INDIVIDUAL TO BECOME ECONOMICALLY SELF-SUFFICIENT AND A CONTRIBUT	ING
MEMBER OF SOCIETY.	
COMMUNITY AND ECONOMIC DEVELOPMENT PROGRAM - ASSISTS LOW INCOME P	EOPLE IN
ACQUIRING AFFORDABLE HOUSING WITH DEVELOPMENT, HOMEOWNERSHIP COUN	SELING.
ALSO PROVIDE FORECLOSURE AND MEDIATION COUSELING. COMMUNITY PLAN	NING AND
BUILDING ARE COMPONENTS OF COMMUNITY REVITALIZATION WORK.	
	~

schedule O (Form 990) 2008	Page 2
dame of the organization	Employer identification number
LA CASA DE DON PEDRO, INC.	23-7249368
CONFLICT OF INTEREST ENFORCEMENT	
990, PAGE 6, PART VI, SECTION B, LINE 12	
THE ORGANIZATION REQUIRES THAT ALL OFFICERS, DIRECTORS, TRUSTEES,	AND KEY
EMPLOYEES ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST TO THE	
ORGANIZATION.	

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
LA CASA DE DON PEDRO, INC.	23-7249368
PROCESS OF REVIEWING FORM 990	
000 PACE 6 DADM VII CECHTON A LINE 10	
990, PAGE 6, PART VI, SECTION A, LINE 10	
BEFORE THE 990 IS FILED, THE BOARD MEMBERS RECEIVE A DRAFT FOR RE	VIEW AND
DISCUSSION AT A BOARD MEETING.	

SCHEDULE R (Form 990)

LA CASA DE DON PEDRO, INC.

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions.

Employer Identification number

23-7249368

2008 Open to Public Inspection

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
DON PEDRO DEVELOPMENT CORPORATION 23-3323123 75 PARK AVENUE NEWARK, NJ 07104	HOUSING	UJ	501 (C) 3	o	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Sched	Schedule R (Form 990) 2008

23-7249368

, ege

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant Income (related, Investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportores	(!) Code V-UBI amount In box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(J) General or managing partner?
		country)					Yes No	1	Yes	No
IC HOMEBUILDER	CONSTRUCTION	NJ	N/A	RELATED	50.	50.	×	NONE		×

Trust
٥
Corporation
sa
Taxable as
anizations
ğ
Related O
ð
Identification
art IV

(A) Name, address, and EiN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp. or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
					:		

Schedule R (Form 990) 2008

46

23-7249368

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	in Parts II–IV?	la X
		10 X
c Ciff, grant, or capital contribution from other organization(s)		×
e Loans or loan guarantees by other organization(s)		
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		
h Exchange of assets		_
I Lease of facilities, equipment, or other assets to other organization(s)		
Lease of facilities, equipment, or other assets from other organization(s)		11 ×
		+
n Sharing of Jacilities, equipment, mailing lists, of outer assets		
		×
p Reimbursement paid by other organization for expenses		X
a Other transfer of cash or property to other organization(s)		19 X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	d relationships and trans	action thresholds.
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) DON PEDRO DEVELOPMENT CORPORATION	Ω	3,893,707.
	(
(2) DON PEDRO DEVELOPMENT CORPORATION		354,421.
(3) LC HOMEBUILDER	0	86,079.
(4) DON PEDRO DEVELOPMENT CORPORATION		65,000.
(5) DON PEDRO DEVELOPMENT CORPORATION	н	290,510.
(9)		
		Schedule R (Form 990) 2008

23-7249368 Schedule R (Form 990) 2008

Page 4

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) (B) (B) (A) (B)	(8)	(C)	(D)	(E)	(F)	(G)	(H) General or
Name, address, and EIN of entry	Primary activity	(state or foreign country)	section 501(c)(3) organizations?		allocations?	amount in box 20 of Schedule K-1	managing partner?
			Yes No		Yes No	(Form 1065)	Yes No
							-

Schedule R (Form 990) 2008

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

GRANTS EXPENSES REVENUE	NONE 1,317,161. NONE 586,768.	NONE 1,903,929. NONE
DESCRIPTION	PERSONAL DEVELOPMENT PROGRAM COMMUNITY AND ECONOMIC DEVELOPMENT PROGRAM	TOTALS

	(A)	(B)	(Ω)	(Ω)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1			1 1 1 1 1 1 1
INVESTMENT INCOME	5,124.	NONE	NONE	5,124.
TOTALS	5,124.	NONE	NONE	5,124.

N

STATEMENT

EVENTS
FUNDRAISING
ı
VIII
PART
, 066
FORM

NET INCOME	51,042.	51,042.
DIRECT EXPENSES	20,088.	20,088.
GROSS INCOME		71,130.
DESCRIPTION	"LA CASA ES SU CASA" FUNDRAISING EVENT	TOTALS

4DZ043 M998 01/27/2010 10:44:08 V08-8.1

ო

STATEMENT

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER:

OTHER RECEIVABLE - AFFILIATE

INTEREST RATE:

NONE

SECURITY PROVIDED: UNSECURED

PURPOSE OF LOAN:

REIMBURSEMENT OF EXPENDITURES PAID FOR AFFILIATE

RELATIONSHIP: BUSINESS AFFILIATE

BEGINNING BALANCE DUE

344,407.

ENDING BALANCE DUE

354,421.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE

344,407.

TOTAL ENDING NOTES AND LOANS RECEIVABLES

354,421.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

	TOTALS	128,899.	135,479.
PREPAID EXPENSES		128,899.	135,479.
DESCRIPTION		BOOK VALUE	BOOK VALUE
		BEGINNING	ENDING

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
SHARES - CITY NATIONAL BANK	30,000.	30,000.	COST
TOTALS	30,000.	30,000.	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: CITY OF NEWARK

ORIGINAL AMOUNT: 90,000.

INTEREST RATE: NONE

DATE OF NOTE: 01/01/1999

MATURITY DATE: 01/01/2029

REPAYMENT TERMS: NO PAYMENT UNLESS SOLD BEFORE 1/1/2029

SECURITY PROVIDED: BUILDING AND LAND - 39 BROADWAY, NEWARK

PURPOSE OF LOAN: PURCHASE OF LAND- 39 BROADWAY, NEWARK

BEGINNING BALANCE DUE 90,000. ENDING BALANCE DUE 90,000.

LENDER: NEW JERSEY REDEVELOPMENT AUTHORITY

ORIGINAL AMOUNT: 320,000.

INTEREST RATE: 5.000000

DATE OF NOTE: 04/01/2002

MATURITY DATE: 04/01/2012

REPAYMENT TERMS: MONTHLY PAYMENTS OF \$2,117 INCLUDING INTEREST

SECURITY PROVIDED: BUILDING AND LAND- 39-41 BROADWAY, NEWARK, NJ

PURPOSE OF LOAN: RENOVATION OF 39-41 BROADWAY, NWK

BEGINNING BALANCE DUE 253,612. ENDING BALANCE DUE 240,175.

LENDER: LEVITCUS FUND

ORIGINAL AMOUNT: 150,000.

INTEREST RATE: 5.000000

DATE OF NOTE: 04/01/2002

MATURITY DATE: 04/01/2012

REPAYMENT TERMS: MONTHLY PAYMENTS OF \$1,591 PLUS INTEREST

SECURITY PROVIDED: LAND AND IMPROVEMENTS- 39-41 BROADWAY, NEWARK, NJ

PURPOSE OF LOAN: RENOVATION OF 39-41 BROADWAY, NWK

BEGINNING BALANCE DUE 65,063. ENDING BALANCE DUE 48,845. LENDER: CITY NATIONAL BANK

ORIGINAL AMOUNT: 1,000,000.

INTEREST RATE: 5.500000

DATE OF NOTE: 03/01/2002

MATURITY DATE: 03/01/2012

REPAYMENT TERMS: MONTHLY PAYMENTS OF \$5,745 INCLUDING INTEREST SECURITY PROVIDED: LAND AND BUILDING- 39-41 BROADWAY, NEWARK, NJ PURPOSE OF LOAN: RENOVATION OF 39-41 BROADWAY, NWK

BEGINNING BALANCE DUE ENDING BALANCE DUE

905,994. 887,112.

LENDER: LEVITICUS ALTERNATIVE FUND, INC

ORIGINAL AMOUNT: 120,000.

INTEREST RATE: 5.000000

DATE OF NOTE: 06/29/2004

MATURITY DATE: 05/28/2009

REPAYMENT TERMS: MONTHLY PAYMENTS OF \$2,864, PAID OFF 5/28/2009

SECURITY PROVIDED: LAND AND IMPROVEMENTS- 75 PARK AVE, NEWARK, NJ

PURPOSE OF LOAN: PURCHASE OF IMPROVEMENTS FOR 75 PARK AVE, NEWARK

BEGINNING BALANCE DUE

132,007.

ENDING BALANCE DUE

NONE

LENDER: BANK OF AMERICA

ORIGINAL AMOUNT: 150,000.

INTEREST RATE: 6.150000

DATE OF NOTE: 09/01/2004

MATURITY DATE: 05/28/2009

REPAYMENT TERMS: MONTHLY PAYMENTS OF \$2,925 - PAID OFF 5/28/2009

SECURITY PROVIDED: BUILDING AND LAND - 317 ROSEVILLE AVE, NEWARK

PURPOSE OF LOAN: PURCHASE OF BUILDING AND LAND - 317 ROSEVILLE AVE.

BEGINNING BALANCE DUE ENDING BALANCE DUE

44,624. NONE

STATEMENT 8

LENDER: BANK OF AMERICA

ORIGINAL AMOUNT: 200,000.

INTEREST RATE: 5.750000

DATE OF NOTE: 05/28/2009

MATURITY DATE: 05/28/2019

REPAYMENT TERMS: MONTHLY PAYMENTS OF \$2,204 INCLUDING INTEREST

SECURITY PROVIDED: BUILDING AND LAND - 317 ROSEVILLE AVE., NEWARK, NJ
PURPOSE OF LOAN: REFINCING OF DEBT 317 ROSEVILLE AVE. & 75 PARK AVE

BEGINNING BALANCE DUE

NONE

ENDING BALANCE DUE

200,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

1,491,300.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

1,466,132.

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► See separate instructions.

OMB No 1545-0184

ldentifying number LA CASA DE DON PEDRO, INC. 23-7249368 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the of property (mo, day, yr) (mo, day, yr) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale SEE STATEMENT 1 -2,090. Gain, if any, from Form 4684, line 45 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows -2,090. Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below 8 Nonrecaptured net section 1231 losses from prior years (see instructions) 8 Subtract line 8 from line 7. If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) Part II Ordinary Gains and Losses (see instructions) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): Loss, if any, from line 7 2,090. Gain, if any, from line 7 or amount from line 8, if applicable 12 Gain, if any, from line 31 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 -2.090. For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040. For Paperwork Reduction Act Notice, see separate instructions. Form 4797 (2008)

JSA

·	or 1255	property		(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)
<u> </u>					
<u> </u>					
)					
	1	Property A	Property B	Property C	Property D
ese columns relate to the properties on lines 19A through 1	19D. 🕨	Property A	Рторенту В	Property C	Froperty L
Gross sales price (Note: See line 1 before completing	20				
Cost or other basis plus expense of sale	. 21				
Depreciation (or depletion) allowed or allowable	. 22				
Adjusted basis Subtract line 22 from line 21	23				
Total gain Subtract line 23 from line 20	. 24				
If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a		1		
b Enter the smaller of line 24 or 25a					
If section 1250 property: If straight line depreciation was	T				ĺ
used, enter -0- on line 26g, except for a corporation subject to section 291			1		
a Additional depreciation after 1975 (see instructions)	26a		1		
b Applicable percentage multiplied by the smaller of					
line 24 or line 26a (see instructions)	26ь				
c Subtract line 26a from line 24 If residential rental property	-				
or line 24 is not more than line 26a, skip lines 26d and 26e	260				
d Additional depreciation after 1969 and before 1976	1				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	261	· - ·-	*		
g Add lines 26b, 26e, and 26f					
If section 1252 property: Skip this section if you did not	1209				
dispose of farmland or if this form is being completed for a					
partnership (other than an electing large partnership) a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions)					
c Enter the smaller of line 24 or 27b		·			
	. 27c				
If section 1254 property: a Intangible drilling and development costs, expenditures for					
development of mines and other natural deposits, and					İ
mining exploration costs (see instructions)	. 28a				
b Enter the smaller of line 24 or 28a	. 28b				
If section 1255 property:					
a Applicable percentage of payments excluded from					
income under section 126 (see instructions)	. 29a				
b Enter the smaller of line 24 or 29a (see instructions)	. 29ь		<u> </u>		ļ

23-7249368

	2,50	3,50	solo O social	boundly actions	2040	(200 l) 40 dia
Description	Date	Sold	Price	Depreciation Allowed or Allowable	Basis	for entire year
DISPOSAL	01/01/2004	01/01/2009	NONE		2,090.	-2,090.
		-				
					Ţ	
Totals						-2,090.

Form 4562

Department of the Treasury Internal Revenue Service Name(s) shown on return **Depreciation and Amortization**

(Including Information on Listed Property)

➤ See separate instructions. ➤ Atta

► Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No 67 Identifying number

LA CASA DE DON PEDRO, INC. 23-7249368 Business or activity to which this form relates GENERAL DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount See the instructions for a higher limit for certain businesses 1 1 Total cost of section 179 property placed in service (see instructions). Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- if married filing separately, see instructions (a) Description of property 6 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 ▶ Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 153,852 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 If you are electing to group any assets placed in service during the tax year into one or more Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property vear placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction period 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property S/L 25 yrs 27 5 yrs. M M S/L h Residential rental мм S/L 27.5 yrs. property 39 yrs ММ S/L i Nonresidential real S/L ΜМ property Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class Iffe S/L b 12-year 12 yrs S/L c 40-year ММ S/L Part IV Summary (See instructions.)

153,852.

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . .

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.

21

Form 4562 (2008) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes X No 24b If "Yes," is the evidence written? Yes X No (e) (i) Elected (a) Type of property (list (b) Business/ (d) **(f)** Basis for depreciation Date placed in investment Recovery Method/ Depreciation Cost or other (business/investment section 179 vehicles first) LISA deduction period Convention basis percentage use only) COST Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use: ٥/, % Property used 50% or less in a qualified business use: S/L -S/L -S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (c) (d) **(f)** (a) (e) 30 Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year Add lines 30 through 32 Yes Nο Yes Nο Yes Nο Yes No Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions). Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use?40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (e) (b) (c) (d) (f) Amortization Date amortization Amortizable Code Amortization for Description of costs period or begins amount section this year percentage Amortization of costs that begins during your 2008 tax year (see instructions): SEE AMORTIZATION DETAIL 5,073 NONE Amortization of costs that began before your 2008 tax year 43

Total. Add amounts in column (f) See the instructions for where to report

8X2310 3 000

Form 4562 (2008)

NONE

2008

س فيهدا

23-7249368

LA CASA DE DON PEDRO, INC

Description of Property

NON KOK 44,045. 18,849. 6,982. 153,852. 71,888 866. 11,222. 153,852 Current-year amortization Current-year depreciation Current-year 179 expense ACRS CRS class class 10.000 25.000 10.000 5.000 5.000 7.000 Life 10.000 Lıfe Š Accumulated Accumulated Medepreciation depreciation thou Accumulated Accumulated amortization amortization Code NONE A461 당 731,584. SL S 1,508. NONE 629,831. 165,052. 130,667. 169,812. 1,828,454. 1,828,454. NONE 659,696. NON 1,674,602. 1,674,602. NONE 585,786. 158,590. 123,685. 642. 146,203. 5,203,004. 5,203,004. Basis for depreciation 292,285. 258,262. 2,880,515. 1,560,277. 23,004. 188,661. Basis Reduction 179 exp. reduction in basis 100.000 100.000 100.000 100.000 100.000 100.000 175,501. 100.000 Bus % Unadjusted Cost or basis 2,880,515. 1,560,277. 258,262. 23,004. 292,285. 188,661. 5,073. . 5,378,505. 5,378,505. 5,073. Cost or basis Date placed in service 05/28/2009 Date placed in service Less' Retired Assets VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS VARIOUS Asset description Asset description GENERAL DEPRECIATION
DEPRECIATION CAPITAL IMPROVEMEN COMPUTER EQUIPMENT FURNITURE & EQUIPM **AMORTIZATION** ess: Retired Assets DEFERRED CHARGES Listed Property LH IMPROVEMENTS Subtotals TOTALS. . . . BUILDINGS Subtotals VEHICLES TOTALS. LAND

^{*}Assets Retired JSA 8x9024 1 000