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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

2009

Open to Public Inspection

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

0912

A For the **2009** calendar year, or tax year beginning **1-1**, 2009, and ending **12-31**, 20**09**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Bosco House LANE
 Doing Business As Bosco House
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4488 Knapp St
 City or town, state or country, and ZIP + 4
Dequere, OR 97404

D Employer identification number
93-1252152

E Telephone number
(541) 607-2005

F Name and address of principal officer

G Gross receipts \$

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c) (3) (insert no) 4947(a)(1) or 527

J Website: www.boscohouse.org

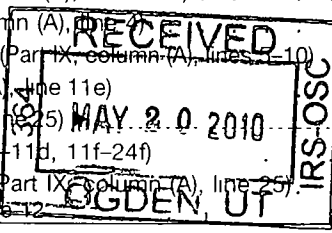
K Form of organization Corporation Trust Association Other non profit **L** Year of formation

M State of legal domicile Oregon

H(c) Group exemption number 93-1252152

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	<u>Our mission is to provide a safe, supportive, and care home for homeless women and their children while they work to change and improve their lives.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	90
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		20,934
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,934
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,800
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b	Total fundraising expenses (Part IX, column (D), line 25)		0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,084.06
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		25,884
19	Revenue less expenses Subtract line 18 from line 12		-4,950	
Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	0	0
	22	Net assets or fund balances Subtract line 21 from line 20	0	0



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

Signature of officer: Lucinda D. Organ Date: 5/15/2010
 Type or print name and title: Lucinda D Organ

Preparer's signature: [Signature] Date: _____
 Check if self-employed Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: () _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

B