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SCANNED MAR 0 3 2011

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A F	or the	e 2009 calendar year, or tax year beginning 07/01, 2009, and ending	06,	/30,20 10					
В	heck if app	Please C Name of organization LA CASA DE DON PEDRO, INC.	D Employer identific	ation number					
	Addre	use IRS Doing Rusiness As	23-7249368	3					
	7 '	change print or Number and street (or P O box if mail is not delivered to street address) Room/su							
	Initial	type.	(973) 482-8	312					
	┪	Specific City or town, state or country, and ZIP + 4	(3/3/ 402 0						
-	Amen	instruc-	G. Cross recounts &	15 100 402					
-	return Applic	NEWARK, NO 07104	G Gross receipts \$ H(a) Is this a group return	15,199,483.					
Ц.	pendir	'' ⁹	affiliates?	F=4 ··· F=4 ···					
_		75 PARK AVENUE NEWARK, NJ 07104	H(b) Are all affiliates inclu						
<u> </u>		tempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	if "No," attach a list	(see instructions)					
<u>J</u>		te ► WWW.LACASANWK.ORG/	H(c) Group exemption nui						
		of organization X Corporation Trust Association Other ▶ L Year of fo	rmation 1972 M State	of legal domicile DE					
Pa	art I	Summary							
	1	Bnefly describe the organization's mission or most significant activities							
4.		LA CASA DE DON PEDRO'S MISSION IS TO FOSTER SELF-SUFFICIEN	CY,						
Governance		EMPOWERMENT, AND NEIGHBORHOOD REVITALIZATION.							
Ē									
o ve	2	Check this box I if the organization discontinued its operations or disposed of more than 25'	% of its net assets	-					
<u>ن</u> مع	3	Number of voting members of the governing body (Part VI, line 1a)	3	17					
sa G	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17					
Activities &		Total number of employees (Part V, line 2a)		288					
ć	6	Total number of volunteers (estimate if necessary)		60					
•	7a	Total group unrelated hyperpage revenue from Bort VIII polymer (C) long 40		0.					
		Net unrelated business taxable income from Form 990-T, line 34	7b	· · · · · · · · · · · · · · · · · · ·					
_	1	The difference of the control of the	Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)	10,751,228.	13,568,202.					
Revenue	9		1,492,220.	1,581,830.					
.ve	10	Investment income (Part VIII, column (A) Liules 3, 4) and 7d)	3,034.	-1,042.					
æ	11	Other revenue Part VIII, column (A) least \$4.50 card (10)	240,769.						
	12	Other revenue, Part VIII column (A), lines 5, 8¢, 9c, 10c, and 11e) Total revenue, add lines 8 through 11) (noust equal Part VIII, column (A), line 12)	12,487,251.	15,010.					
				15,164,000.					
		100	0.	0.					
	14	Benefits paid to or employees (Part IX, column (A), line 4)		0.					
ses	15	Salanes, other compensation employee benefits (Part IX, column (A), lines 5-10)	8,353,507.	9,625,401.					
Expenses	10 a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
ă	_ b	Total fundraising expenses, Part IX, column (D), line 25)							
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,697,683.	5,350,918.					
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,051,190.	14,976,319.					
. 01	19	Revenue less expenses Subtract line 18 from line 12	436,061.	187,681.					
ts or			Beginning of Year	End of Year					
sset 3ala	20	Total assets (Part X, line 16)	6,390,354.	8,534,086.					
Net Asse Fund Bal	21	Total liabilities (Part X, line 26)	3,825,157.	5,677,673.					
		Net assets or fund balances Subtract line 21 from line 20	2,565,197.	2,856,413.					
Pa	art II	Signature Block							
		Under penalties of penusy, I declare that I have examined this return, including accompanying schedules	and statements, and to th	ne 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 prep	arer has any knowledge					
	ign	Signeture of Officer	TEB 7	201					
Н) Date	'							
		Kaymond Ocasio Executive I	rector						
		Type or print name and title							
Dala	4	Preparer's Date /// Check self-	If Preparer's (see instruc	identifying number					
Paid		signature / full emplo		00076779					
	parer's Only	Firm's name (orygurs WITHUMSMITH+BROWN, P.C.	EIN ▶ 2	2-2027092					
_ 56	July	address, and ZIP +4 ONE SPRING STREET NEW BRUNSWICK, NJ 08901		32-828-1614					
May	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					
For	Privac	cy Act and Paperwork Reduction Act Notice, see the separate instructions. *	 	Form 990 (2009)					
				. ,					

om	om 990 (2009) 23-724 93 68	Page 2
∍ _a	Part III Statement of Program Service Accomplishments	
	Briefly describe the organization's mission	
	LA CASA DE DON PEDRO'S MISSION IS TO FOSTER SELF-SUFFICIENCY,	
	EMPOWERMENT, AND NEIGHBORHOOD REVITALIZATION.	
	EMPOWERMENT, AND NEIGHBORHOOD REVITABLEATION.	
2	2 Did the organization undertake any significant program services during the year which were	not listed on
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	3 Did the organization cease conducting, or make significant changes in how it conducts, any pro-	ogram
	services?	
	if "Yes," describe these changes on Schedule O	
	4 Describe the exempt purpose achievements for each of the organization's three largest program si	ervices by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	and amount or grame and
	anodatorio to otribio, trio total experience, and reference, in arry, for each program corrido reported	
12	4a (Code:) (Expenses\$, including grants of \$ o) (Rever	nue\$ 1,093,600.)
	EARLY CHILDHOOD PROGRAM - TO PROVIDE PRESCHOOL EDUCATION TO THREE	1,093,600.
	AND FOUR YEAR OLD CHILDREN UNDER THE NEWARK PUBLIC SCHOOLS.	
		_
4 h	4b (Code) (Expenses \$	nue\$ 90,602.)
	COMMUNITY IMPROVEMENT PROGRAM - THIS PROGRAM IS PRIMARILY	nue \$)
		
	COMPRISED OF TWO COMPONENTS, THE LOW INCOME HOME ENERGY ASSISTANCE	
	PROGRAM (HOME ENERGY) AND THE WEATHERIZATION ASSISTANCE PROGRAM	
	(WEATHERIZATION). THE HOME ENERGY PROGRAM PROVIDES PAYMENT	
	ASSISTANCE FOR INCOME ELIGIBLE INDIVIDUALS THROUGHOUT ESSEX	
	COUNTY. THE WEATHERIZATION PROGRAM PROVIDES ASSISTANCE FOR	
	ELIGIBLE HOMEOWNERS, LANDLORDS, AND TENANTS WITH HOME IMPROV	
	RELATED TO ENERGY CONSERVATION MEASURES.	
4c	4c (Code) (Expenses \$2, 481, 192 Including grants of \$0) (Reven	iue\$ 348,975.)
	YOUTH AND FAMILY SERVICES PROGRAM - TO PROVIDE FAMILY COUNSELING,	348,973.
	PARENTING AND HEALTH EDUCATION, AFTER SCHOOL AND SUMMER ENRICHMENT	
	PROGRAMS, LEADERSHIP DEVELOPMENT, DOMESTIC VIOLENCE INTERVENTION,	
	EMERGENCY ASSISTANCE, AND YOUTH EMPOWERMENT SERVICES.	
4d	4d Other program services (Describe in Schedule O.) ATTACHMENT 3	
	/Fundamental of the country of the c	.)
	48,65 (Expenses \$ 1,939,115. Including grants or \$ 0.) (Revenue \$ 48,65) (Revenue \$ 48,65)	03 1
+0	TO, 294, 401.	- 000
		Form 990 (2009)

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," on complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect policical campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. 4 Section 501(c)(3) organizations. Did the organization engage in licibiying activities? If "Yes," complete Schedule C, Part III. 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 prioxy tax' If "Yes," complete Schedule C, Part III. 5 Did the organization requirement and proxy tax' If "Yes," complete Schedule C, Part III. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 5 Did the organization maintain collections of works of art, historical treasures, or other similar assets III" "Yes," complete Schedule D, Part III. 5 Did the organization maintain collections of works of art, historical treasures, or other similar assets II" "Yes," complete Schedule D, Part IV. 6 Did the organization maintain collections of works of art, historical treasures, or other similar assets II" "Yes," complete Schedule D, Part IV. 7 Did the organization server to any of the following questions "Yes"? If yes, complete Schedule D, Part VI. 8 Did the organization report an amount for investments—other-securities III Part III. 9 Did the organization report an amount for investments—other-securities III Part III that is 5% or more of its total assets reported in Part IX, line 10? If "Yes, complete Schedule D, Part VII. 10 Did the organization report an amount for other assets in Part X, line 10? If "Yes, complete Schedule D, Part VII. 11 Did the organization report an amount fo	Part	IV Checklist of Required Schedules			
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offlice? If "Yes," complete Schedule C, Part II. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 5 Sections 501(c)(4), 801(c)(5), and 501(c)(6) organizations is the organization subject to the section 6033(c) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 10 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 10 Did the organization indiction of the part IV. 11 Is the organization officetly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI. 11 Is the organization report an amount for investments—other-secuntesin Part X, line 10? If "Yes," complete Schedule D, Part VI. 12 Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part XIII. 13 Did the organization have a mainting the schedule D, Part XIII. 14 Did the organization separate or consolidated financial statements for the tax ye				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributions? 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 II. 4 Section S01(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 5 Sections S01(c)(4), S01(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 II. 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 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. 10 Did the organization report an amount for investments—other securities in Part X, line 10 If Yes, "complete Schedule D, Part VII. 11 Is the organization report an amount for investments—other-securities in Part X, line 10 If Yes, "complete Schedule D, Part VIII. 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes, "complete Schedule D, Part VIII. 12 Did the organization report an amount for other assets in Part X, line 25? If "Yes, "complete Schedule D, Part VIII. 13 Did the or	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices // 1*ves_complete Schedule C_Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? // 1*ves_complete Schedule C_Part II. 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 5033(e) notice and reporting requirement and proxy tax? If */vss_complete Schedule C_Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If */vss_complete Schedule D_Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic dard areas, or historic structures? If */vss_complete Schedule D_Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If */vss_complete Schedule D_Part III. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If */vss_complete Schedule D_Part IV. 10 Did the organization injection of through a related organization, hold assets in term, permanent, or quasi-endowments? If */vss_complete Schedule D_Part IV. 11 Is the organization report an amount for investments—other-secuntesin Part X, line 10? If */vss_complete Schedule D_Part XV. 11 Is the organization report an amount for investments—other-secuntesin Part X, line 10? If */vss_complete Schedule D_Part XV. 12 Did the organization report an amount for investments-program related in Part X, line 15? If */vss_complete Schedule D_Part XV. 13 Did the organization report an amount for other assets in Part X, line 15? If */vss_complete Schedule D_Part XV. 14 Did the organization speparate or consolidated financial statements for the tax year? 15 Did the organization bea		complete Schedule A	1	Х	
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4 Sction 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III. 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 (ax" III" Yes," complete Schedule C, Part III. 5 Did the organization maintain any dornor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic cand areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IVI. 10 Did the organization report an amount for investments—other-secunitesin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVI. 10 Did the organization report an amount for other lassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVI. 10 Did the organization report an amount for other lassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVI. 11 Did the organization report an amount for investments—other-secunities f			3		x
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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 prioxy tax? If "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes, complete Schedule D, Part IV 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 Did the organization report an amount for investments—other-secunbesin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 12 Did the organization report an amount for other lasselts in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for other lasselts in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 Did the organization report an amount for investments-profess organization report an	•		A .		x
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6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D, Part I	•	• • • • • • • • • • • • • • • • • • • •	_		
the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		3		
complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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. Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. Is the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. Is the organization answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—other-securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII and VIII and VIII are of the organization report and amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII and VIII are viewed the organization report an amount for other liabilities in Part X, line 15 th	U	- · · · · · · · · · · · · · · · · · · ·			
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III		·			,,
the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part III	_		6		_ X
Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part I/I 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? // "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? // "Yes," complete Schedule D, Part V 10 Did the organization answer to any of the following questions "Yes"? // if so, complete Schedule D, Part V Did the organization report an amount for fland, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V II Did the organization report an amount for investments—other-secuntiesin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V II Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V II Did the organization report an amount for other assets in Part X, line 27 // "Yes," complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 25? // "Yes," complete Schedule D, Part X Did the organization separate, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X II // "Yes," complete Schedule	′				
complete Schedule D, Part III	_	• • • • • • • • • • • • • • • • • • • •	7		X
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12 A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12		40	**************************************	
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12 A				2000
Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	124		. 3.6.5	Zan Ser	
14a Did the organization maintain an office, employees, or agents outside of the United States?	12			Price Stay	v
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I					_
business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			14a		^
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	b				١.,
organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	4-		14b		_ X
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	15	•			
to individuals located outside the United States? If "Yes," complete Schedule F, Part III			15		X_
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes,"complete Schedule G, Part I	16				
on Part IX, column (A), lines 6 and 11e? If "Yes,"complete Schedule G, Part I			16		Х
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17				
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			17		Х
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18				
If "Yes," complete Schedule G, Part III			18	X	
	19				
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H			19		Х
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States 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 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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 lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		Х
b		24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			_
	Part I	31		X
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		<u> </u>
34	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	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		ا ا	
	Schedule R, Part V, line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			l
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			,,
00	Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	,,	
	19? Note. All Form 990 filers are required to complete Schedule O		990	(2020)
		LOU	フゴリ	(2009)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		`.	,,
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Х	
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 288			,
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)			`
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
•	this setup.	3a		X
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 55		-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		ł	
	account)?	4a		х
h	If "Yes," enter the name of the foreign country	70		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	*		,
	and Financial Accounts			3
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	- 50		
·				
62	Prohibited Tax Shelter Transaction?	5c		
va	organization solicit any contributions that were not tax deductible?	60		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
b		6.		
7	gifts were not tax deductible?	6b		- Je
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	*		Mill N
u	and services provided to the payor?	7a	Х	
h	tame at the contract of the co	7b		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0	\dashv	
·	required to file Form 8282?	7c		х
А	If "Yes," indicate the number of Forms 8282 filed during the year	. / C		. 1
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	,		
٠	benefit contract?	7e		لنعشا X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	<u>' 8</u>		
••	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-:"		1ĝ
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	_ <u></u>	لستسد
9	Sponsoring organizations maintaining donor advised funds.	- 		7.
	Did the organization make any taxable distributions under section 4966?	9a		 J
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter:	•		77
	Initiation fees and capital contributions included on Part VIII, line 12	.	*4.	77.78
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	.	·	32
11	Section 501(c)(12) organizations. Enter			
	Constitution from mamban as about all as		. [1
	Gross income from other sources (Do not net amounts due or paid to other sources against		<u>-</u> -	古地 でいるない
-	amounts due or received from them)	ļ	<u>.</u> [
12 a	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	144		,]
	the state of the s			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Sect	ion A. Governing Body and Management	-		
		-	Yes	No
4	Enter the number of voting members of the governing body	<u> </u>		_
	Enter the number of voting members of the governing body			
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	_		x
	any other officer, director, trustee, or key employee?	2		 ^ -
3	Did the organization delegate control over management duties customarily performed by or under the direct			١,,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4_		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
	The governing body?	8a	Х	
a	Each committee with authority to act on behalf of the governing body?	8b	Х	
b		. 00		
9	Is there any officer, director, 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		Х	İ
		9a	_^	<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			ĺ
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
•	rise to conflicts?	12b	Х	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С		12c	х	
40	describe in Schedule O how this is done		X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	_^_	
15	Did the process for determining compensation of the following persons include a review and approval by			ļ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>
b	Other officers or key employees of the organization	15b	X	<u></u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	Х	ļ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			<u> </u>
•	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	· · · · · · · · · · · · · · · · · · ·	16b	Х	\vdash
Sect	tion C. Disclosure	1 100		
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	')		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	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			
•	organization: ▶RAQUEL MERLINO 75 PARK AVENUE NEWARK, NJ 07104			
	973-482-8312			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee

- 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

(A) Name and Title	(B)	Danie			C)	h = 4 = = = =	L.A.	(D)	(E)	(F)
	Average hours 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	1.00	X	ļ	Х			<u> </u>	0.	0	0.
ZORAYA LEE-HAMLIN								_		_
PRESIDENT	1.00	Х	<u> </u>	X				0.	0	0.
LOUIS E. PREZEAU	}		l		1					_
TREASURER	1.00	Х	<u> </u>	X	┢		<u> </u>	0.	0	0.
RICHARD W. ROPER			İ							_
VICE PRESIDENT	1.00	X		Х	<u> </u>	_	L	0.	0	0.
JESUS MERCADO JR		l						_		_
SECRETARY	1.00	Х	ļ	Х	_	ļ	<u> </u>	0.	0	0.
FREDERICK P.H. COOKE										_
BOARD MEMBER	1.00	Х					<u> </u>	0.	0	0.
RITA ROBLES-NAVAS					1			_		_
BOARD MEMBER	1.00	X			_		<u> </u>	0.	0.	0.
NICHOLAS SCALERA			l		l					
BOARD MEMBER	1.00	Х	-		⊢		<u> </u>	0.	0.	0.
GAIL P STONE		١								
BOARD MEMBER	1.00	X	-	<u> </u>	<u> </u>		<u> </u>	0.	0	0.
ANGEL LUIS JUARBE		١								
BOARD MEMBER	1.00	X		_	<u> </u>		<u> </u>	0.	0	0.
IVETTE MENDEZ	1	١	Ì		1	'			1	
BOARD MEMBER	1.00	X		_	-		┡	0	0	0.
ROSALIND MURPHY		١								_
BOARD MEMBER	1.00	X	 	-	-		<u> </u>	0.	0	0.
MARIA ORTIZ BOARD MEMBER	<u>1.00</u>	x						0	0	0.
KENNETH H. ZIMMERMAN BOARD MEMBER	1.00	х						0	. 0	0.
LANNY KURZWEIL BOARD MEMBER	1.00							0	. 0	0.
20.1.2			-	├	↓		╙	<u> </u>	·	<u> </u>

1.00

Form 990 (2009)

0

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DANIEL CZERNIAWSKI BOARD MEMBER

0.

` (A)	(B)	(C)						(D)	(E)		(F)
Name and title	Average hours per week	Por director	Institutional trustee	Officer	all Key employee	Highest compensated employee	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportati compensa from relati organizati (W-2/1099-M	tion ted ons	amor oti compe from organ and re	nated unt of ner nsation the ization elated zations
DONNA LORENZO	1 00											
BOARD MEMBER NILADRI BAGCHI	1.00	X			-			0.		0.		0
CHIEF FINANCIAL OFFICER	35.00			х				124,692.		0.		15,232
RAYMOND OCASIO EXECUTIVE DIRECTOR	35.00			х		х		148,550.		0.		14,762
MARTHA VILLEGAS DEPARTMENT DIRECTOR	35.00					х		100,011.		0.		9,818
												-
												_
1b Total	· · · · · ·	<u> </u>		<u></u>	•		▶	373,253.		0.	***	39,812.
2 Total number of individuals (including but not lin reportable compensation from the organization	nited to thos		ed al	bov	e) w	ho re	ceiv	ed more than \$100	,000 in			
												res No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedulet	er, airecto ule J for su	or or ch ind	tru Ividi	istei Jal	e, I	кеу є 	emp	loyee, or nignesi	compensa	itea	3	X
4 For any individual listed on line 1a, is the the organization and related organizations	greater th	an \$	150	,000	ງ? ີ	If "Y	es,	" complete Sched	ule J for s		1	
individual	e or accr	ue c	omp	ens	atio	n fro	m	any unrelated of	rganization	 for		X
services rendered to the organization? If "Yes," Section B. Independent Contractors	complete :	Scnea	uie .	J TO	r su	cn pe	rsor	<u>,</u>	· · · · · · ·	• • • •	5	X
Complete this table for your five highest compensation from the organization	compensat	ed in	dep	end	lent	con	trac	tors that received	d more tha	n \$10	0,000	of
(A) Name and business add	ress							(B) Description of ser	vices		(C) Compensa	tion
							Ŧ					
						-	t					
			_				$\frac{1}{1}$					
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to	thos 0	e I	isted above) who	received	λ ₃ , , , , , , , , , , , , , , , , , , ,	k ät ij	

<u>t VIII</u>	Statement of Revenue	·····		23-7249368		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from t under section: 512, 513, or 51
1a	Federated campaigns 1	a			18.01	
b	Membership dues	ь	<u>†</u>			
С	Fundraising events 1	c 98,422	1			
d		d				1
e	•	e 12,078,005				
f	All other contributions, gifts, grants,					
		f 1,391,775				
g	Noncash contributions included in lines 1a-1f	s				
h	Total. Add lines 1a-1f	>	13,568,202			
		Business Code				*
2a	YOUTH AND FAMILY SERVICES	624410	348,975.	348,975		
b	LANDLORD WEATHERIZATION CONTRIBUTION	624200	90,602.	90,602.		
С	PERSONAL DEVELOPMENT	624410	48,653	48,653.		
d	EARLY CHILDHOOD	624410	1,093,600	1,093,600.		
е					•	
f	All other program service revenue					
g	Total. Add lines 2a-2f	<u></u> ▶	1,581,830.	4	no oli via	
3	Investment income (including dividends, inf	erest, and				
	other similar amounts) ATTACHMEN	NT .4 ▶	1,448	0.	0	1,4
4	Income from investment of tax-exempt bon		0			
5	Royalties		0			
	(ı) Real	(II) Personal				
6a	Gross Rents	010	** ** *			
ь	Less rental expenses		*	**		l' ' * * * '
c	Rental income or (loss)	010	× *		. *	,
d	Net rental income or (loss)		15,010			15,0
7a	Gross amount from sales of (i) Secuntion	es (II) Other			, y st	45
ra	assets other than inventory	0			,	
b	Less cost or other basis				*	* * *
	and sales expenses	2,490.	é - ·	*		
С	Gain or (loss)					
d	Net gain or (loss)		-2,490.			-2,4
8a	Gross income from fundraising					
	events (not including \$ 98, 422	ATCH 5		* *		, }
	of contributions reported on line 1c)			, ,		
	See Part IV, line 18	a 32,993				. ,
ь	Less direct expenses	1 1				İ
С	Net income or (loss) from fundraising event		0.			
9a	Gross income from gaming activities See Part IV, line 19	a		· ·		
b c	Less direct expenses	b	0			
10a	Gross sales of inventory, less returns and allowances					
b c	Less cost of goods sold	. b	0			
	Miscellaneous Revenue	Business Code			***************************************	
44-						
11a		-				
b		-				
C				- · · · · · · ·		
d e	All other revenue		0		<u></u>	

Form 990 (2009) Part IX Statement of Functional Expenses

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

	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) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0.			
?	Grants and other assistance to individuals in				
	the U S See Part IV, line 22	0.			
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
	trustees, and key employees	139,924.	_125,931.	13,993.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
	Other salanes and wages ,	7,347,094.	6,584,584.	762,510.	
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0.			
	Other employee benefits	1,482,239.	1,376,561.	105,678.	
	Payroll taxes	656,144.	609,447.	46,697.	
	Fees for services (non-employees)				
а	Management	0.			
	Legal	0.			
	Accounting	54,325.	47,263.	7,062.	
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	0.			
g	Other	54,443.	46,903.	7,540.	
	Advertising and promotion	21,841.	5,708.	16,133.	
	Office expenses	279,972.	234,493.	45,479.	
ļ	Information technology	102,913.	69,092.	33,821.	
;	Royalties	0.			
	Occupancy	708,788.	681,709.	27,079.	
	Travel	9,593.	5,070.	4,523.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
)	Conferences, conventions, and meetings	112,067.	33,081.	78,986.	
1	Interest	107,402.		107,402.	
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	241,405.		241,405.	
	Insurance	84,702.	84,702.		
	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)		_		
а	HOUSING RELOCATIONS	278,773.	278,773.		
	EQUIPMENT	162,292.	140,500.	21,792.	
	FOOD	240,317.	240,317.		
d	PROGRAM	2,466,200.	2,335,489.	130,711.	
	EMERGENCY HEATING & REPAIRS	139,191.	139,191.		
	All other expenses	286,694.	255,637.	31,057.	
	Total functional expenses. Add lines 1 through 24f	14,976,319.	13,294,451.	1,681,868.	
	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			_, 232, 333.	

Pa	rt X	Balance Sheet			
		"	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	923,074.	1	284,068.
	2	Savings and temporary cash investments	36,242.	2	141,621.
	3	Pledges and grants receivable, net	1,310,511.	3	2,639,032.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees 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 of Schedule L	•	6	
ets	7	Notes and loans receivable, net	354,421.	7	486,003.
Assets	8	Inventories for sale or use	44,303.	8	0.
٩	9	Prepaid expenses and deferred charges	135,479.	9	216,432.
	10 a	Land, buildings, and equipment cost or 10a 6,134,107.		-	
		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation	3,550,051.	10c	4,626,554.
	11	Investments - publicly traded securities	30,000.	11	30,000.
	12	Investments - other securities. See Part IV, line 11		12	30,000.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	5,073.		4,523.
	15	Other assets See Part IV, line 11	1,200.		105,853.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,390,354.	16	8,534,086.
_	17	Accounts payable and accrued expenses	1,179,482.	17	1,565,121.
	18	Grants payable	1,175,402.	18	1,303,121.
	19			19	
	20	Deferred revenue		20	
	21	Tax-exempt bond liabilities		21	
Liabilities	22	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ξ	22	Payables to current and former officers, directors, trustees, key			
<u>ia</u> .		employees, highest compensated employees, and disqualified	^*		4
_		persons Complete Part II of Schedule L	1 466 130	22	2 067 064
	23	Secured mortgages and notes payable to unrelated third parties ATCH 10	1,466,132.	23	2,067,864.
	24	Unsecured notes and loans payable to unrelated third parties	1 170 542	24	2 244 600
	25	Other liabilities Complete Part X of Schedule D	1,179,543.		2,044,688.
_	26	Total liabilities. Add lines 17 through 25	3,825,157.	26	5,677,673.
ces		Organizations that follow SFAS 117, check here Complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	2,236,885.		2,510,557.
Bal	28	Temporarily restricted net assets	328,312.	28	345,856.
2	29	Permanently restricted net assets		29	
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.	•		
ঠ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	2,565,197.	33	2,856,413.
	34	Total liabilities and net assets/fund balances	6,390,354.	34	8,534,086.

Form	n 990 (2009)		Pa	ge 12
Pa	rt XI Financial Statements and Reporting		-	
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			٠
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
þ	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			ļ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Х	
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Department of the Treasury Internal Revenue Service		► Attach to Form 990 c	or Form 990-	EZ. ► S	ee separat	e instructi	ons.		Inspection
Name of the organization	l						Employer	Identifica	tion number
LA CASA DE DON	PEDRO, INC.							23-72	49368
Part I Reason fo	r Public Char	ity Status (All organi	zations m	ust compl	ete this p	oart.) Se	e instruc	tions.	
		ation because it is. (For						_	
1 A church, co	nvention of chur	ches, or association of	churches d	escribed in	section	n 170(b)(1)(A)(i).		
2 A school des	cnbed in section	on 170(b)(1)(A)(ii). (Att	tach Sched	ule E)					
3 A hospital or	a cooperative h	ospital service organiza	ation descri	bed in se	ction 170	(b)(1)(A)(iii).		
4 A medical r	esearch organiz	zation operated in co	njunction v	with a hos	pital desi	cribed in	section	170(b)(1)	(A)(iii). Enter the
hospital's na	ime, city, and sta	ate [.]							
5 An organiza	tion operated fo	or the benefit of a col	lege or un	iversity ow	ned or o	perated i	by a gove	rnmental	unit described in
section 170	(b)(1)(A)(iv). (C	omplete Part II)							
6 A federal, sta	ate, or local gove	ernment or government	al unit desc	ribed in	section 17	70(b)(1)(A	l)(v).		
7 X An organiza	tion that normal	lly receives a substant	tial part of	its support	from a	governme	ental unit	or from t	the general public
described in	section 170(b)(1)(A)(vi). (Complete F	Part II)						
8 A community	trust described	in section 170(b)(1)(A	A)(vi). (Co	mplete Parl	tII)				
9 An organiza	tion that normal	lly receives (1) more	than 33 1/3	% of its su	pport froi	m contrib	utions, m	nembersh	p fees, and gross
receipts from	n activities rela	ited to its exempt fun-	ctions - su	bject to ce	ertain exc	eptions,	and (2) n	o more t	han 33 1/3% of its
support fror	m gross investr	ment income and uni	related bu	siness taxa	able incoi	me (less	section	511 tax)	from businesses
acquired by	the organization	after June 30, 1975	See sectio	n 509(a)(2)	. (Compl	ete Part I	II)		
10 An organizat	tion organized ar	nd operated exclusively	to test for	oublic safet	y See s	section 5	09(a)(4).		
_	•	and operated exclusi	•		-				-
7 7	· · · · · · · · · · · · · · · · · · ·	ublicly supported orga					•	•	
		at describes the type o							11h
a Typ			; 💹 Тур		-	-			pe III - Other
 -		ertify that the organiz				-			
		on managers and oth	er than on	e or more	publicly :	supported	d organiza	ations de	scribed in section
, ,, ,	section 509(a)(•							
		l a written determinat				Type I,	Type II, o	r Type III	supporting
organization	, check this dox								
		the organization accept	eα any giπ	or contribut	ion from a	any or the			
following per		or indirectly controls	outhor of		nthar	h =======		ad 12 (11)	Yes No
		or indirectly controls erning body of the supp		_	ether wit	n person	is describ	ea in (ii)	11g(i) X
• •		erson described in (i) ab	_	inization,			• • • • •		11g(ii) X
• • • • • •		of a person described in		hovo?		• • • • •	• • • • •		· 11g(iii) X
• •	•	ition about the supporte	., .,	•			• • • • •		. [11811117]
(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Did v	ou notify	(vI) I	s the	(vii) Amount of
organization	(ii) Cirk	(described on lines 1-9	in col (i) lis	sted in your	the organ	nization in	organizati	on in col	support
		above or IRC section (see instructions))	governing	document?		of your port?	(i) organiz	zed in the	
		(5555,,	Yes	No	Yes	No	Yes	No	
		·			· ·				
_		-				 -		-	
					İ		ł		
					1	}			
			<u></u>						
i i			}				ŀ		

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Sec	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,671,023	8,007,016	9,954,646	10,751,228	13,450,764	51,834,677
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 through 3	9,671,023	8,007,016	9,954,646	10,751,228	13,450,764	51,834,677
5	The portion of total contributions by each	~		»,			
	person (other than a governmental unit or		â	,			
	publicly supported organization) included	*	· ·	/ ³ } -	3 3 3 3		
	on line 1 that exceeds 2% of the amount	***		•		· ; ., .	
	shown on line 11, column (f)	`	* **	* 4	* ,	, % ;	
6	Public support. Subtract line 5 from line 4		*,	4	* *	<u></u>	51,834,677
	ion B. Total Support					.1	
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	9,671,023.	8,007,016	9,954,646	10,751,228	13,450,764	51,834,677
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,172	13,494	5,929.	5,124	1,448.	43,167
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH. 1	174,299	45,675	169,824.	240,769	293, 951	924,518.
11	Total support. Add lines 7 through 10	1	,	<u>%</u>		<u></u>	52,802,362
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	6,178,215
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sect	ion C. Computation of Public Sup	port Percenta	ge			,	
14	Public support percentage for 2009 (line	e 6, column (f) di	vided by line 11,	column (f))		14	98.17 %
15	Public support percentage from 2008 Sc	chedule A, Part	II, line 14			15	98.35 %
16a	33 1/3 % support test - 2009. If the o this box and stop here. The organization						
b	33 1/3 % support test - 2008. If the cocheck this box and stop here. The organization	organization did	not check a be	ox on line 13 c	or 16a, and line	15 is 33 1/3 %	or more,
17a	10%-facts-and-circumstances test - 2	•	•				
	or more, and if the organization me Part IV how the organization meets t	eets the "facts-	and-circumstand	es" test, chec	k this box and	stop here. E	xplain in
b	organization		ganization did n	ot check a box	on line 13, 16		▶ ☐
	Explain in Part IV how the organization supported organization	on meets the "	facts-and-circum	stances" test	The organization	n qualifies as a	publicly ▶ □
18	Private foundation. If the organization instructions						
	-					chedule A (Form 99	

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.)

Sect	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	_					
	membership fees received (Do not include						
	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						
-	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities			-	i		
·	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
72	Amounts included on lines 1, 2, and 3						
<i>,</i> u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13				•		
	for the year	-	· · · · ·				
	Add lines 7a and 7b			=			
8	Public support (Subtract line 7c from						
<u></u>	line 6)						
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(4) 2008	(0) 2009	(f) Total
	elendar year (or fiscal year beginning in)	(a) 2003	(B) 2000	(0) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		-	<u> </u>			
10 a	payments received on securities loans,						
	rents, royalties and income from similar						
	sources				 		
D	Unrelated business taxable income (less					,	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carned on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		L		L	L	<u></u>
14	First five years. If the Form 990 is for	-			•		
	organization, check this box and stop here			<u></u>	· · · · · · · · · · · · · · · · · · ·	 <u></u> .	<u></u>
<u>Sec</u>	tion C. Computation of Public Sur						
15	Public support percentage for 2009 (line 8, c					15	%
16_	Public support percentage from 2008 Sched				<u></u>	16	%
<u>Sec</u>	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (li	ne 10c, column (f)	divided by line 13	, column (f))		17	%
18	Investment income percentage from 2008	Schedule A, Part	III, line 17			18	%
19 a	33 1/3 % support tests - 2009. If the o	rganization did r	not check the bo	x on line 14, an	d line 15 is mor	e than 331/3 %,	and line
	17 is not more than 33 1/3 %, check to	his box and sto	p here The org	anızatıon qualifie	s as a publicly	supported organi	zation ▶
b	33 1/3 % support tests - 2008. If the org						
	line 18 is not more than 331/3 %, check	this box and s	top here The or	ganization qualifi	es as a publicly	supported organi	zation ►
20 _	Private foundation. If the organization						
JSA						Schodulo A (Form 90	

Page 4

Part IV	Supplemental Informatio	n. Complete this	part to provide	the explanation req	uired by Part II, line 10,
	Part II, line 17a or 17b; or				

					ATTACHMENT 1	
SCHEDULE A, PART II - OTHER INCOM	E					
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	174,299.	45,675	169,824	240,769	293,951.	924,518
TOTALS =	174,299.	45,675.	169,824.	240,769	293,951	924,518.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization		Employer identification number
LA	CASA DE DON PEDRO, INC.		23-7249368
Pa	organizations Maintaining Donor Adv the organization answered "Yes" to For	rised Funds or Other Similar Funds or m 990, Part IV, line 6	AccountsComplete if
		(a) Donor advised 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 adv	years in writing that the access hold in donor	adveced
	funds are the organization's property, subject to the	organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber		
	purpose conferring impermissible private benefit?		
Pa	t II Conservation Easements. Complete if	the organization answered "Ves" to For	m 990 Part IV line 7
1	Purpose(s) of conservation easements held by the o		m 550, r art rv, mie 7.
•	Preservation of land for public use (e.g., recrea	·	on bustomedia annomatant land anno
	Protection of natural habitat		an historically important land area a certified historic structure
	Preservation of open space	Preservation of	a certified historic structure
2	• • •	d a avaletical accessoration accessoration to the d	fa of a same server
4	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a quaimed conservation contribution in the t	rorm of a conservation
	easement on the last day of the tax year	ſ	Held at the End of the Year
_	Total number of concentration accompany	<u> </u>	
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		_2b
С	Number of conservation easements on a certified his	· ·	2c
d	Number of conservation easements included in (c) a		2d
3	Number of conservation easements modified, transfer	erred, released, extinguished, or terminated t	by the organization during
	the tax year ▶		
4	Number of states where property subject to conserva	ation easement is located	
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ease		
6	Staff and volunteer hours devoted to monitoring, insp		
	>	5 .	3 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
7	Amount of expenses incurred in monitoring, inspectii	ng, and enforcing conservation easements di	uring the year
	▶ \$		g ,
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of section	1
_	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	•	
9	In Part XIV, describe how the organization reports co		
•	balance sheet, and include, if applicable, the text of t		
	the organization's accounting for conservation easer		atements that describes
Pa	rt III Organizations Maintaining Collections		r Similar Assots
	Complete if the organization answered	"Yes" to Form 990. Part IV line 8	Ommar Assets.
1a	If the organization elected, as permitted under S art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fi	IFAS 116, not to report in its revenue sta ld for public exhibition, education, or rese nancial statements that describes these iter	atement and balance sheet works of arch in furtherance of public service, ms
b	If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these iter	for public exhibition, education, or resea ms.	rch 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 a		
	following amounts required to be reported under S		gan, previde the
а	Revenues included in Form 990, Part VIII, line 1 .		> \$
b	Assets included in Form 990, Part X		
_	· ····································	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2009

Par	t III Organizations Maintaini	ing Collections	of Art, Histo	rical Treasure	es, or	Other Similar /	Assets(<u>continue</u>	d)
•	No. and the constraint and constraint		-46	ab a al. a a a £ 4b a		1 1			
3	Using the organization's acquisition		otner records,	cneck any of the	WOIIOT S	ring that are a sig	nificant u	se of its	
	collection items (check all that apply	/)		٦.					
а	Public exhibition		d	_	cnang	e programs			
b	Scholarly research		е	Other					
C	Preservation for future ger								
4	Provide a description of the organiz	ation's collection	s and explain f	now they further	the org	ganization's exem	pt purpos	se in	
_	Part XIV								
5	During the year, did the organization							—	
	assets to be sold to raise funds rath							Yes	No
Par	t IV Escrow and Custodial A IV, line 9, or reported an				answ	vered "Yes" to F	-orm 99	υ, Ραπ	
1a	Is the organization an agent, trustee	e, custo dian or ot	her intermedia	ry for contribution	ns or o	other assets not			
	included on Form 990, Part X?						[Yes	No.
b	If "Yes," explain the arrangement in	Part XI V and con	nplete the follo	wing table				_	
						Aı	mount		
С	Beginning balance				1c				
d	Additions during the year				1d				_
е	Distributions during the year				1e	_			
	Ending balance								
2a	Did the organization include an amo	ount on Form 990	0, Part X, line 2	217			[Yes	No
b	If "Yes," explain the arrangement in								
Par	t V Endowment Funds. Con		ation answer	ed "Yes" to Fo	rm 99	0, Part IV, line	10.		
		(a) Current Year	(b) Pnor ye	ar (c) Two ye	ears bac	k (d) Three yea	irs back	(e) Four y	ears back
	Beginning of year balance								
þ	Contributions								
С	Net investment earnings, gains,				*	÷ "			
_	and losses				2.00	<u> </u>			
	Grants or scholarships					* * * * * * * * * * * * * * * * * * * *			
е	Other expenditures for facilities .								
	and programs								
	Administrative expenses								
g	End of year balance		1						-
2	Provide the estimated percentage o	•							
a	Board designated or quasi-endowm		%						
	Permanent endowment >	%							
	Term endowment ▶	<u></u> %							
3 a	Are there endowment funds not in the	he pos session o	f the organizat	on that are held	and a	dministered for the	е	_	
	organization by								es No
	(i) unrelated organizations				• • • •			3a(i)	
L	(ii) related organizations						• • • •	3a(ii)	_
4	If "Yes" to 3a(ii), are the related orga				• • • •		• • • •	3b	
4	Describe in Part XIV the intended us					10			
rai	t VI Investments - Land, Bui			· · · · · · · · · · · · · · · · · · ·					
	Description of investment	(ın	t or other basis vestment)	(b) Cost or othe basis (other)		(c) Accumulated depreciation		i) Book valu	
1a	Land			253,0					3,000.
b	Buildings		<u>-</u>	4,854,2		1,150,302.			3,920.
_	Leasehold improvements			23,0		3,809			9,195.
d	Equipment			571,5		301,414.			0,093.
	Other			432,3		52,028			346.
Tota	I. Add lines 1a through 1e (Column	(d) must equal Fo	om 990, Part)	(, column (B), lin	ө 10(с	<u>"</u>]			5,554.
							Sched	ule D (Form	990) 2009

Part VII	<u>Investments - Other Securities. See</u>	Form 990, Part X, line 1	12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial d	derivatives		
Closely-he	eld equity interests		
	nn (b) must equal Form 990, Part X, col (B) line 12)	>	
Part VIII	Investments - Program Related. See	Form 990, Part X, line	13.
-	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	>	>
Part IX	Other Assets. See Form 990, Part X	, line 15.	
		(a) Description	(b) Book value
			
-			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)		
Part X	Other Liabilities. See Form 990, Part		
1.	(a) Description of liability	(b) Amount	
·	come taxes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	ABLE ADVANCES	1,932,040.	
AUTO LO		11,148.	
	ING LOAN	101,500.	

		2 244 600	
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25)	2 ,044,688.	<u>. </u>

2. FIN 48 Footnote 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) 2009	23-7249368		Page 4
Part 2	Reconciliation of Change in Net Assets from Form 9	990 to Audited Financial States	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	15,164,000
2	T. 1		T-1	14,976,319.
3			-	187,681
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities		5	
6	Investment expenses			
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9			9	
10	Excess or (deficit) for the year per audited financial statements. Cor	mbine lines 3 and 9		187,681
Part 2	· · · · · · · · · · · · · · · · · · ·			107,001
1	Total revenue, gains, and other support per audited financial statem	1-		15,267,535
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	nents	· · '	13,207,333
a		2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants	· · · · · · · 2c	_	
d	Other (Describe in Part XIV)	<u>2d</u>	⊢.	
	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	15,267,535.
4		1.		
_	·	4a		
Ь	Other (Describe in Part XIV.)		_	-
	Add lines 4a and 4b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Par			
	Reconciliation of Expenses per Audited Financial St	tatements With Expenses per	Return	
1	Total expenses and losses per audited financial statements		_1	14,976,319
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		. 20	e
3	Subtract line 2e from line 1	, ,	3	14,976,319.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	l·		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b		
	Add lines 4a and 4b		40	<u>c </u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Pa	art I, line 18)	. 5	14,976,319.
Part 2	Supplemental Information			
and 2b	ete this part to provide the descriptions required for Part II, lines 3, 5, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b to provide any additional information	, and 9, Part III, lines 1a and 4, Part b, and Part XIII, lines 2d and 4b Als	IV, lines o compl	s 1b lete
SCHE	DULE D, PART XIII, LINE 4B	·		
OTHE	R RECONCILING ITEM			
FUND	RAISING EXPENSES RECLASSED	·		
		·		

Part XIV Supplemental Information (continued)

SCHEDULE G

(Form 990 or 990-EZ)

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

Supplemental Information Regarding

OMB No 1545-0047 Open To Public

Department of the Treasury organization entered more than \$15,000 on Form 990-EZ, line 6
Attach to Form 990 or Form 990-EZ Inspection Internal Revenue Service See separate instructions Name of the organization Employer identification number LA CASA DE DON PEDRO, INC. 23-7249368 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations е Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events C đ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (i) Name of individual (II) Activity (iii) Did fundraiser have (iv) Gross receipts (vi) Amount paid to (or retained by) (v) Amount paid to custody or control of or entity (fundraiser) from activity (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

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

Schedule G (Form 990 or 990-EZ) 2009

Sch Pa			te if the organization a	answered "Yes" to Fo	249368 orm <mark>990, Part IV, li</mark> ne	18, or rep		Page 2
		more than \$15,000 on Form	990-EZ, line 6a. List e (a) Event #1 GALA (event type)	(b) Event #2	(c) Other Events (total number)	(d) Tota (add col (
Revenue		Gross receipts	98,422.				98,	,422
æ	2	Less: Charitable contributions	65,429.				65,	,429
	3	Gross income (line 1 minus line 2)	32,993.				32,	, 993
	4	Cash prizes				ļ		
	5	Noncash prizes						
nses	6	Rent/facility costs	7,482.				7,	, 482
Direct Expenses	7	Food and beverages	12,400.				12,	,400
Direc	8	Entertainment	600.					600
	9	Other direct expenses	12,511.				12,	511
_	11	Net income summary Combine line 3, Gaming. Complete if the orgathan \$15,000 on Form 990-E	column (d), and line 10 anization answered "Y Z, line 6a				32,9	
Revenue		L Grace royanya	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) thro	ugh co	(auu (c))
Se		Gross revenue						
xbens	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
_	5	Other direct expenses						
	6	Volunteer labor	Yes% No	Yes% No	Yes%			
	7	7 Direct expense summary Add lines 2 t	through 5 in column (d)			()
_	8	Net gaming income summary Combin	e line 1, column d, and lir	ne 7	>			
	a I	Enter the state(s) in which the organization is the organization licensed to operate gard "No," explain				9a	Yes	No
		Nere any of the organization's gaming lic	enses revoked, suspende	ed or terminated during	the tax year?	10a		
11 12	-	Does the organization operate gaming ac						

formed to administer charitable gaming?

Schea	ule G (Form 990 or 990-Ez) 2009 23-724 9 3 68		1	Page 3
			Yes	No
13	Indicate the percentage of gaming activity operated in	•		,
а	70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	_		
b	7 - Catalog (2011)			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		<	
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	150		
b	If "Yes," enter the amount of gaming revenue received by the organization 🕦 and the	154		
	amount of gaming revenue retained by the third party			
С	If "Yes," enter name and address of the third party			
	Name			
	Address >			
16	Gaming manager information		, N,	**
	Name •			
	Gaming manager compensation ▶\$			
	Description of services provided			
	Director/officer Employee Independent contractor			3
17	Mandatory distributions	^		ě.
'' a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			*
•	retain the state gaming license?	172		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

20)**n**g

Open to Public Inspection

Name of the organization

LA CASA DE DON PEDRO, INC.

Employer identification number

23-7249368 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? Х 5a **b** Any related organization? Х 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? Х b Any related organization? Х 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe Х 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2009

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

	- 1	(B) Breakdown of	of W-2 and/or 1099-MiSC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)+(D)	reported in pnor Form 990 or Form 990-EZ
	Ξ	148,550.	0.			14,762.	163,312.	0.
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							Sche	Schedule J (Form 990) 2009

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9E12911000 4DZO43 M998 1/28/2011 Page 3

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization	•) En	Employer identification number								
LA CASA DE DON PEDRO, INC.							23	-724	9368						
Part I Excess Benefit Transacations Complete if the organization answer	s(section ered "Ye	n 501(c) s" on Fo	(3) and section (3) and sectin (3) and section (3) and section (3) and section (3) and section	on 501(c)(4 IV, line 25	4) organizati ia or 25b, or	ons only) Form 990-l	EZ, Pa	art V, I	ine 40)b					
4 (a) Name of discussified names	(L) D								(c) Co	rrected?					
1 (a) Name of disqualified person			(b) Description of transaction								Yes	No			
 Enter the amount of tax imposed on the under section 4958 Enter the amount of tax, if any, on line 									►\$_ ►\$_						
Part II Loans to and/or From Intere Complete if the organization answ				ırt IV, line 2	26, or Form	990-EZ, Pa	rt V, lı	ne 38a	3						
(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Ong principal a		(d) Bala	(d) Balance due		(e) In default?		(f) Approved by board or committee?		(g) Written agreement?			
	То	From					Yes	No	Yes	No	Yes	No			
	 		-				1	1							
						-	1								
	ļ														
· · · · · · · · · · · · · · · · · · ·								L							
Total								١							
Part III Grants or Assistance Benef Complete if the organization answ					27										
(a) Name of interested person	(b) Re	(b) Relationship between interested person and the organization				(c) A	Amount	and ty	pe of	assista	ince				
	ļ											_			
										_					
	-														
Part IV Business Transactions Invo	Ŧ				28a. 28b. or	28c									
(a) Name of interested person		(b) Relationship between interested person and the organization			(c) Amount of transaction		(d) Description of transaction				(e) Sharing of organization's revenues?				
											Yes	No			
LOUIS PREZEAU	PREZEAU PRESIDENT OF CNB			SEE SCHED		DULE O					х				
				ļ	ount by board or committee? Yes No Yes No Yes IV, line 27 sted person and the n IV, line 28a, 28b, or 28c (c) Amount of transaction (e) Shorgang reverse (c) agre										
	 			L		ļ									

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LA CASA DE DON PEDRO, INC.

Employer identification number

23-7249368

ATTACHMENT 2

PROGRAM SERVICE DESCRIPTIONS

990, PAGE 2, PART III, LINE 4D

PERSONAL DEVELOPMENT PROGRAM - ADMINISTERS MULTI-SERVICE PROGRAMS

PRIMARILY TARGETED TO IMPROVE THE CAPACITY AND SELF SUFFICIENCY OF LOW

INCOME INDIVIDUALS. THE PROGRAM ENGAGES PRIMARILY IN EDUCATIONAL AND

EMPLOYMENT SERVICES MEANT TO ASSIST THE INDIVIDUAL TO BECOME ECONOMICALLY

SELF-SUFFICIENT AND A CONTRIBUTING MEMBER OF SOCIETY. A HISPANIC WOMEN'S

RESOURCE CENTER ALSO OPERATES WITHIN THE DIVISION AND TARGETS "LATINOS"

WITH SIMILAR PURPOSE.

COMMUNITY DEVELOPMENT PROGRAM, COORDINATES AND DEVELOP COMMUNITY

OUTREACH, SUSTAINABLE COMMUNITIES, COMMERCIAL REVITALIZATION, PLANNING,

REAL ESTATE DEVELOPMENT, COMPREHENSIVE HOUSING COUNSELING AND HOUSING

ASSISTANCE PROGRAM.

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.

PROCESS FOR DETERMINING COMPENSATION

Name of the organization

LA CASA DE DON PEDRO, INC.

Employer identification number

23-7249368

ATTACHMENT 2 (CONT'D)

990, PAGE 6, PART VI, SECTION B, LINE 15B

ALL INCREASES OF OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD, IN CONJUNCTION WITH, THE GOVERNANCE COMMITTEE.

AVAILABILITY OF GOVERNING DOCUMENTS

990, PAGE 6, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

PROCESS OF REVIEWING FORM 990

990, PAGE 6, PART VI, SECTION B, LINE 11A

BEFORE THE 990 IS FILED, THE BOARD MEMBERS RECEIVE A DRAFT FOR REVIEW AND DISCUSSION AT A BOARD MEETING.

FORMER EMPLOYEE ADDRESSES

990, PART VI, SECTION A, QUESTION # 9

THE FOLLOWING INDIVIDUALS ARE FORMER EMPLOYEES OR BOARD MEMBERS OF LA CASA DE DON PEDRO, INC. THAT CANNOT BE REACHED AT THE ORGANIZATIONS MAILING ADDRESS, THEREFORE THEIR HOME ADDRESSES ARE PROVIDED BELOW:

NILADRI BAGCHI

FORMER CFO

840 MAIN STREET, APT# L

BELLEVILLE, NJ 07109

ANGEL LUIS JUARBE

Schedule O (Form 990) 2009

Page 2

Name of the organization

LA CASA DE DON PEDRO, INC.

Employer identification number

23-7249368

ATTACHMENT 2 (CONT'D)

FORMER BOARD MEMBER

724 BROAD STREET

BLOOMFIELD, NJ 07003

FREDERICK COOKE

FORMER BOARD MEMBER

1186 RAYMOND BLVD

NEWARK, NJ 07102

TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L, PART IV,

LOUIS PREZEAU, BOARD MEMBER AND TREASURER OF THE ORGANIZATION, IS THE PRESIDENT OF CITY NATIONAL BANK. THE ORGANIZATION HAS (1) A LINE OF CREDIT WITH THIS BANK FOR WHICH THERE WAS NO BALANCE OUTSTANDING DURING THE FISCAL YEAR ENDED JUNE 30, 2010 AND (2) A MORTGAGE NOTE WITH THIS BANK WITH AN OUTSTANDING BALANCE OF \$868,913 ON JUNE 30, 2010. PLEASE NOTE THAT AMOUNTS PAID BY THE ORGANIZATION TO CITY NATIONAL BANK DURING THE FISCAL YEAR ENDED JUNE 30, 2010 DID NOT MEET THE SCHEDULE L, PART IV REPORTING THRESHOLD.

RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS

SCHEDULE R, PART V

THE AFFILIATES ARE CHARGED COST FOR SERVICES RENDERED.

ATTACHMENT 3

Schedule O (Form 990) 2009 Name of the organization				Employer ide	ntification r	Page 2	
LA CASA DE DON PEDRO, INC.	7	23-7249368 ATTACHMENT 3 (CONT'D)					
FORM 990, PART III, LINE 4D - OTHER F	PROGRAM SERV	/ICES	<u> </u>	IIIACHMEN.	1 3 (00	<u> </u>	
DESCRIPTION	GRANT	GRANTS		S REVENUE		UE	
PERSONAL DEVELOPMENT PROGRAM		0.	1,355,263		48,653.		
COMMUNITY DEVELOPMENT PROGRAM		0.	583,852.		48,653.		
TOTALS							
FORM 990, PART VIII - INVESTMENT INCOME			7 =	ATTACHMENT 4			
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	E	(C) UNRELATED BUSINESS REV		(D) EXCLUDED REVENUE	
INVESTMENT INCOME	1,448		0		0	1,448.	
TOTALS	1,448				<u> </u>	1,448	
FORM 990, PART VIII - EXCLUDED) CONTRIBU	UTIONS	AT	TACHMEN AMO			
LA CASA ES SU CASA				g	8,422	2.	
TOTAL					8,422		
FORM 990, PART VIII - FUNDRAIS	SING EVENT	<u>:s</u>	ATTA	ACHMENT	6		
DESCRIPTION	GROSS INCOME	_ <u>I</u>	DIRECT EXPENSE	S			
LA CASA ES SU CASA	3	32,993	3	2,993.			
FUNDRAISING EVENT							

Schedule O (Form 990) 2009 Page 2 Name of the organization Employer identification number 23-724<u>9368</u> LA CASA DE DON PEDRO, INC. ATTACHMENT 6 (CONT'D) FORM 990, PART VIII - FUNDRAISING EVENTS GROSS DIRECT DESCRIPTION INCOME **EXPENSES** 32,993. 32,993. TOTALS ATTACHMENT 7 FORM 990, PART X - NOTES AND LOANS RECEIVABLE BORROWER: OTHER RECEIVABLE - AFFILIATE INTEREST RATE: 0.000000 SECURITY PROVIDED: UNSECURED PURPOSE OF LOAN: REIMBURSEMENT OF EXPENDITURES PAID FOR AFFILIATE RELATIONSHIP: BUSINESS AFFILIATE BEGINNING BALANCE DUE 354,421. ENDING BALANCE DUE 486,003. TOTAL BEGINNING NOTES AND LOANS RECEIVABLE 354,421. TOTAL ENDING NOTES AND LOANS RECEIVABLES 486,003. ATTACHMENT 8 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE PREPAID EXPENSES 135,479. 216,432. 135,479. 216,432. TOTALS

Schedule O (Form 990) 2009

Page 2

Name of the organization

Employer identification number

LA CASA DE DON PEDRO, INC.

23-7249368 ATTACHMENT 9 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

BEGINNING

ENDING

COST

DESCRIPTION

BOOK VALUE

BOOK VALUE

OR FMV

SHARES - CITY NATIONAL BANK

30,000.

30,000.

COST

TOTALS

30.000.

30,000.

ATTACHMENT 10

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: CITY OF NEWARK

ORIGINAL AMOUNT:

90,000.

INTEREST RATE:

0.000000

DATE OF NOTE:

01/01/1999 01/01/2029

MATURITY DATE:

REPAYMENT TERMS:

NO PAYMENT UNLESS SOLD BEFORE 1/1/2029 BUILDING AND LAND - 39 BROADWAY, NEWARK

SECURITY PROVIDED: PURPOSE OF LOAN:

PURCHASE OF LAND- 39 BROADWAY, NEWARK

BEGINNING BALANCE DUE

90,000.

ENDING BALANCE DUE

90,000.

ORIGINAL AMOUNT:

LENDER: NEW JERSEY REDEVELOPMENT AUTHORITY 320,000.

INTEREST RATE:

5.000000

DATE OF NOTE:

04/01/2002

MATURITY DATE: REPAYMENT TERMS: 04/01/2012

SECURITY PROVIDED:

MONTHLY PAYMENTS OF \$2,117 INCLUDING INTEREST

BUILDING AND LAND- 39-41 BROADWAY, NEWARK, NJ PURCHASE&IMPRVMNT OF BLDG&LAND-39-41 BROADWAY, NWK PURPOSE OF LOAN:

BEGINNING BALANCE DUE

240,175.

ENDING BALANCE DUE

227,868.

Schedule O (Form 990) 2009

Page 2

Name of the organization

LA CASA DE DON PEDRO, INC.

Employer identification number

23-7249368 ATTACHMENT 10 (CONT'D)

LENDER: LEVITICUS 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: PURPOSE OF LOAN:

IMPROVEMENTS- 39-41 BROADWAY, NEWARK, NJ PURCHASE OF IMPROVEMENTS FOR 39-41 BROADWAY, NWK

BEGINNING BALANCE DUE

48,845.

ENDING BALANCE DUE

31,804.

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:

PURCHASE&IMPRVMNT OF LAND&BLDG-39-41 BROADWAY, NWK

BEGINNING BALANCE DUE

887,112.

ENDING BALANCE DUE

868,913.

Schedule O (Form 990) 2009

Page 2

Name of the organization Employer identification number 23-7249368 LA CASA DE DON PEDRO, INC. ATTACHMENT 10 (CONT'D) 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 BUILDING AND LAND - 317 ROSEVILLE AVE., NEWARK, NJ SECURITY PROVIDED:

PURPOSE OF LOAN: REFINANCING, 317 ROSEVILLE AVE.

BEGINNING BALANCE DUE 200,000. ENDING BALANCE DUE 183,525.

LENDER: PNC BANK

ORIGINAL AMOUNT: 675,000. INTEREST RATE: 5.850000 DATE OF NOTE: 09/28/2009 MATURITY DATE: 09/28/2014

REPAYMENT TERMS: MONTHLY PAYMENTS OF \$4,322 INCLUDING INTEREST SECURITY PROVIDED: LAND AND BUILDING- 73 CLINTON AVE, NEWARK, NJ

PURPOSE OF LOAN: PURCHASE OF LAND AND BUILDING- 73 CLINTON AVE, NWK

0. ENDING BALANCE DUE 665,754.

2,067,864.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

1,466,132.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Employer identification number

23-7249368

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
 ► Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) LA CASA DE DON PEDRO, INC.

	(a) Name, address, and EIN of disregarded entity	(b) Pnmary 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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	าe organization ansv เr.)	vered "Yes" on Fo	orm 990, Part IV	/, line 34 because	it.

/;	,,,,,			:	
(a)	(q)	(၁)	Ð	(0)	ε
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exemp	Public chanty status (if section 501(c)(3))	Direct controlling entity
DON PEDRO DEVELOPMENT CORPORATION 23-3323123					
75 PARK AVENUE NEWARK, NJ 07104	HOUSING	NJ	501(C)(3)	6	N/A
				_	
For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.				Schedu	Schedule R (Form 990) 2009

23-7249368

Page 2

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2009

Part III

Name, adr related	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicale (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportores estocations?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1055)	General o managing partner?
					512-514)			Yes		Yes
LC HOMEBUILDER		CONSTRUCTION	ŪN	N/A	RELATED	.05	.08	×	. 0	×
								_		
Part IV Ide	entification of R€ , line 34 because	elated Organizati	ons Tax re related	able as a Corpod d organizations	oration or Trust(C	Identification of Related Organizations Taxable as a Corporation or Trust(Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ation answered "Ye he tax year.)	s" on F	orm 990, Part	
				177						

14, mile of because it has one helping and a second as a corporation of the tax year.)	a organizacións c	במוכם מש מחוף	יטומווטון טו נומאר	ממווווא וווכ ושי	year.,		
(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
			į				

Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.) Part V

		Yes
Note: Complete life i ill any entity is listed in Paris II, III, Of IV of this scriedule. 4. During the tay year did the omenization engage in end of the following transactions with one or more related omenizations listed in Bods II N/3	C/A II abod at bota	
		- Ta
Necessary of (i) interest (ii) alminines (iii) loyantes of (iv) term		ļ,
b Giff, grant, or capital contribution to other organization(s)		<
c Gift, grant, or capital contribution from other organization(s)	•	1c ×
d Toans or loan quarantees to or for other organization(s)		1d ×
		×
e Loans or loan guarantees by other organization(s)		
f Sale of assets to other organization(s)		×
a Purchase of assets from other organization(s)		× × ×
h Exchange of assets		×
TANGER OF CONTRACT		×
I Lease of facilities, equipment, of other assets to other organization(s)	• • • • • • • • • • • • • • • • • • • •	+-
		×
Lease of lacinities, equipment, or other assets from other organization(s)		+
k Performance of services or membership or fundraising solicitations for other organization(s)		
I Performance of services or membership or fundraising solicitations by other organization(s)		× =
m Sharing of facilities, equipment, mailing lists, or other assets	•	1m ×
n Sharing of paid employees		1n
o Boimhireamant naid to other organization for exhances		×
		╀
p Keimbursement paid by other organization for expenses		:::::::::::::::::::::::::::::::::::::::
		× ×
d Other transfer of cash or property to other organization(s)		
		11 V
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.	ed relationships and transact	ion thresholds.
(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1) DON PEDRO DEVELOPMENT CORPORATION	Q	2.894.646.
(2) DON PEDRO DEVELOPMENT CORPORATION	0	486,003.
(3) LC HOMEBUILDER	0	11,458.
(4) DON PEDRO DEVELOPMENT CORPORATION	<u>a</u>	121, 399.
(5) DON PEDRO DEVELOPMENT CORPORATION	1 -4	290.510
(9)		
		Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

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) Name address, and ElN of entity	(b) Primary activity	1	(d) Are all partners	(e) Share of	(f) Disproportionate	(g) Code V-UBI	(h) General or
		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets	allocations?	emount in box 20 of Schedule K-1	. managing partner?
			Yes		Yes No	(Farm 1065)	Yes No
	i						
						Schedule R (Form 990) 2009	90) 2009

Taxpayer's Name Identifying Number 23-724<u>9368</u> LA CASA DE DON PEDRO, INC. **DESCRIPTION OF PROPERTY** RENTAL INCOME Yes No Did you actively participate in the operation of the activity during the tax year? REAL RENTAL INCOME OTHER INCOME 15,010. 15,010. OTHER EXPENSES: DEPRECIATION (SHOWN BELOW) LESS: Beneficiary's Portion LESS: Beneficiary's Portion LESS: Beneficiary's Portion 15,010. **Less Amount to** Rent or Royalty Investment Interest Expense Net Income (Loss) to Others Net Rent or Royalty Income (Loss) 15,010. Deductible Rental Loss (if Applicable) SCHEDULE FOR DEPRECIATION CLAIMED (d) (e) (g) Depreciation (ı) Lıfe (b) Cost or (c) Date (f) Basis for (h) (j) Depreciation ACRS Bus or (a) Description of property unadjusted basis acquired depreciation Method for this year des % pnor years rate

RENT AND ROYALTY INCOME

9E7000 1 000

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

15,010.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
RENTAL INCOME	15,010.			15,010.
TOTALS	15,010.			15,010.

Form 4797

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury Internal Revenue Service (99

 OMB No 1545-0184

Attachment Sequence No 27

Nan	ne(s) shown on return						Identify	ing number
LA	CASA DE DON PEDRO, IN	c.					23-	7249368
	Enter the gross proceeds from sa	ales or exchanges	s reported to y	ou for 2009 on Fo	orm(s) 1099-B or	099-S (or	T	
	substitute statement) that you are in	ncluding on line 2	, 10, or 20 (see	instructions)		· · · · ·	. 1	
Pa	rt I Sales or Exchanges of	Property Use	ed in a Trade	or Business ar	nd Involuntary	Conversi	ons F	rom Other
	Than Casualty or Thef	t - Most Prope	erty Held Mo	re Than 1 Year	(see instruction	s)		
2	(a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales pnœ	(e) Depreciation allowed or allowable since acquisition	(f) Cost o basis, improveme expense	plus ents and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
7	ATTACHMENT 11							-2,490.
							·	
3	Gain, if any, from Form 4684, line 43	·					. 3	
4	Section 1231 gain from installment s	ales from Form 62	252, line 26 or 37	, 			. 4	
5	Section 1231 gain or (loss) from like-	•					. 5	
6	Gain, if any, from line 32, from other						. 6	• • • • • • • • • • • • • • • • • • • •
7	Combine lines 2 through 6 Enter the	gain or (loss) her	e and on the ap	propriate line as follo	ws		. 7	-2,490.
	Partnerships (except electing lar instructions for Form 1065, Schedu	ge partnerships) le K, line 10, or Fo	and S corpor orm 1120S Sch	ations. Report the edule K, line 9 Skip	gain or (loss) follo lines 8, 9, 11, and	owing the 12 below		
	Individuals, partners, S corporation line 7 on line 11 below and skip line losses, or they were recaptured in Schedule D filed with your return and	nes 8 and 9 If Iir n an earlier year,	ne 7 is a gain a enter the gain	nd you did not have from line 7 as a k	any prior year sec	tion 1231		
8	Nonrecaptured net section 1231 loss	ses from prior year	s (see instructio	ns)			8	
9	Subtract line 8 from line 7 If zero of 9 is more than zero, enter the amount	ount from line 8	on line 12 belo	w and enter the ga	in from line 9 as a	long-term		
	capital gain on the Schedule D filed	with your return	(see instructions)			. 9	
	rt II Ordinary Gains and Lo							
10	Ordinary gains and losses not includ	ed on lines 11 thro	ough 16 (include	property held 1 year	or less)			
		 						
		 						
11	Loss if any from line 7	<u> </u>		<u> </u>	<u> </u>		144	(2,490)
12		om line 8 if applie	ahla		• • • • • • • • •	• • • • •	11	2,490)
13	Gain, if any, from line 31	om me o, n applic					12	
14	Net gain or (loss) from Form 4684, li				• • • • • • • • • • • • • • • • • • • •		14	·
15	Ordinary gain from installment sales						15	
	Ordinary gain or (loss) from like-kind		Form 8824				16	
	Combine lines 10 through 16						17	-2,490.
18	For all except individual returns, en	ter the amount from	om line 17 on t	ne appropriate line	of your return and s	 kip lines a		2,150.
	and b below For individual returns,			to appropriate time t	or your rotain and a	p		•
а	If the loss on line 11 includes a loss part of the loss from income-produ	cing property on	Schedule A (Fo	orm 1040), line 28,	and the part of the	loss from		^
	property used as an employee or See instructions	n ochequie A (F	orm 1040), line	e 23 identify as f	rom "Form 4797,	line 18a"	18a	
t	Redetermine the gain or (loss) on	line 17 excluding	g the loss, if a	ny, on line 18a En	ter here and on Fo	 om 1040		·
	line 14						18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2009)

Fom	1 4797 (2009)				23-	7249368	Page 2
Pa	rt III Gain From Disposition of Propert (see instructions)	y Unc	ler Sections 124	5, 1250, 1252, ⁻	125	4, and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254, or 1	255 pr	operty			(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)
A							
_B							
_ <u>c</u>							
_D							
	These columns relate to the properties on lines 19A through 19	D. >	Property A	Property B		Property C	Property D
20	Gross sales price Note: See line 1 before completing						
21	Cost or other basis plus expense of sale	21					
22	Depreciation (or depletion) allowed or allowable	22					
23	Adjusted basis Subtract line 22 from line 21	23					
	The state of the s						
24	Total gain Subtract line 23 from line 20	. 24					· -··
25	If section 1245 property:	05-					
	Depreciation allowed or allowable from line 22	25a 25b					-
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject	256					
	to section 291	1					
	Additional depreciation after 1975 (see instructions)	26a	······································				
	Applicable percentage multiplied by the smaller of						
_	line 24 or line 26a (see instructions)	26b					
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	26c	.=				
	Additional depreciation after 1969 and before 1976	26d 26e					
	Enter the smaller of line 26c or 26d	•	<u>.</u>				
	Section 291 amount (corporations only)	26f 26g	·			<u>-</u>	
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)	Log					
а	Soil, water, and land clearing expenses	27a					
b	Line 27a multiplied by applicable percentage (see instructions)	27b					
	Enter the smaller of line 24 or 27b	. 27c					
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a					
	Enter the smaller of line 24 or 28a	28b					
29	If section 1255 property:						
а	Applicable percentage of payments excluded from	1 1					
	income under section 126 (see instructions)	29a					
	Enter the smaller of line 24 or 29a (see instructions)	29b					
Su	mmary of Part III Gains. Complete property	y colu	mns A through D	through line 29	9b b	efore going to line	30.
30	Total gains for all properties Add property columns A t	through	D, line 24				
31	Add property columns A through D, lines 25b, 26g, 27d	c, 28b,	and 29b Enter here a	nd on line 13			
32	Subtract line 31 from line 30 Enter the portion from ca	sualty o	or theft on Form 4684,	line 37 Enter the p	ortic	n from	
	other than casualty or theft on Form 4797, line 6	<u></u>	<u></u>	<u> </u>			
Pa	rt IV Recapture Amounts Under Section (see instructions)	ns 17	'9 and 280F(b)(2)	When Busine	ss l	Jse Drops to 50%	or Less
						(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowa				33		
34	Recomputed depreciation (see instructions)				34		
35	Recapture amount Subtract line 34 from line 33 See t			eport	35		
							Form 4797 (2009)

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LA CASA DE DON PEDRO, INC. Supplement to Form 4797 Part I Detail

Description	Date	Date	Gross Sales	Depreciation Allowed	Cost or Other	Gain or (Loss)
DICDOCAT	101/01/10	01/01/2010			2 400	001/ 6-
DIOLOGO I	1007/10/10	0102/10/10			6,120.	.06472
						l
Totals						-2,490.

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2009

23-7249368

LA CASA DE DON PEDRO, INC

Description of Property						:								
DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod Conv	Life	ACRS	MA CRS	Current-year 179 expense	Current-year depreciation
BUILDINGS	VARIOUS	3, 566, 624.	100.000			3, 566, 624	656,864	816,305.		Q.				159,441.
CAPITAL IMPROVEMEN	VARIOUS	1,287,598.	100 000			1,287,598	289,952.	333,997 SL	_	25 000				44,045.
LH IMPROVEMENTS	VARIOUS	23,004.	100 000			23,004	2,943.			10.000		_		998
COMPUTER EQUIPMENT	VARIOUS	429,850.	100 000			429,850	200, 529	219,378 SL		5.000				18,849.
FURNITURE & EQUIPM	VARIOUS	197,407	100.000			197,407.	45,046	52,028. SL		5 000				6,982
VEHICLES	VARIOUS	141,657.	100.000			141,657	70,814	82,036. SL		7.000				11, 222
LAND	VARIOUS	253,000.	100.000				0	0.						0
CONSTRUCTION	12/31/2009	234,967.	100.000			234,967.		SL						
									-	_				
									-					
Post Potrad Accord		;							+	_				
Subtotale		201 451 3				100	1 256 140	1 603 663						107 170
Listed Property		. / 01 / 101 / 10				7011101	061 /007/1	20,						C04/142
			L			# 1 # 2			-	_				
		<u> </u>							-					
Less Retired Assets									,				•	
Subtotals												1		
TOTALS		6,134,107.				5,881,107	1,266,148	1,507,553.						241, 405.
AMORTIZATION														
Asset description	Date placed in service	Cost or basis			•		Accumulated amortization	Ending Accumulated amortization	Code	Life				Current-year amortization
DEFERRED CHARGES	05/28/2009	5,073					0	550	61 10	000				550.
								I						
									\dashv				I	
								E	-	7			_1	
*Assets Retired	-	5.073.						550.			İ			550.

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4DZ043 M998 1/28/2011

Form 8868

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue	e Service	► File a	separate ap	plication for each return.					
If you are	filing for an	Automatic 3-Month Extension, co	omplete on	ly Part I and check this box			▶ X		
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)									
Do not complete Part II unlessou have already been granted an automatic 3-month extension on a previously filed Form 8868									
Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for									
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part II with the exception of Form 8870. Information									
8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see									
instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits									
		Month Extension of Time. On					· · · · · · · · · · · · · · · · · · ·		
			-		nd complet	<u></u>			
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only									
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time									
to file ıncome			,		,				
Type or									
print									
File by the	Number street and room or suite no. If a P.O. box, see instructions								
due date for	e date for 75 PARK AVENUE								
filing your return. See									
Instructions NEWARK, NJ 07104									
Eixter the Return code for the return that this application is for (file a separate application for each return)									
Application Return Application Return									
ls For			Code	Is For			Code		
Form 990			01	Form 990-T (corporation)			07		
Form 990-BL			02	Form 1041-A			08		
Form 990-E2			03	Form 4720			09		
Form 990-PF			04	Form 5227			10		
Form 990-T ((sec 401(a)	or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above) 06 Form 8870 12									
Telephone No ► 973 482-8312 FAX No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time									
until 02/15_, 20_11_, to file the exempt organization return for the organization named above. The extension is									
for the organization's return for									
► calendar year 20 or									
► X tax year beginning 07/01 , 20 09 , and ending 06/30 , 20 10									
2 10 00/30 Jose Dogining									
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period									
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
		dits See instructions	4700	0000		3a \$	0.		
				6069, enter any refundable cr	eaits and	ا ا	^		
		nents made Include any prior yea	<u>-</u> _		IDO ECTOO	3b \$	0.		
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c \$ 0.									
(Electronic Federal Tax Payment System) See instructions 3c \$ 0. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for									
navment inst									

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)