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CISTT5D444

Form **990****Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30, 20 10

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization Casa de Esperanza, Inc
 Doing Business As Casa de Esperanza, Inc
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P. O. Box 58
 City or town, state or country, and ZIP + 4
Yuba City, Ca 95992-0056

D Employer identification number
94 : 2415741

E Telephone number
(530) 674-5400

F Name and address of principal officer: Mary Anderson
 same as C

G Gross receipts \$ 0

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

I Tax-exempt status. ☒ 501(c) (3) (Insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ casadeesperanzasite.com

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1977

M State of legal domicile: CA

H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Provide 24hr assistance to victims of Domestic Violence, Sexual Assault, and Child Abuse.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 7

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0

5 Total number of employees (Part V, line 2a) 5 24

6 Total number of volunteers (estimate if necessary) 6 4

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 34 7b 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) <u>US-13-2011</u>	<u>885,503</u>	<u>1,009,788</u>
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>885,503</u>	<u>1,009,788</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<u>746,820</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		<u>216,798</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>919,110</u>	<u>963,618</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>-33,607</u>	<u>46,170</u>

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>807,243</u>	<u>887,364</u>
21 Total liabilities (Part X, line 26)	<u>19,599</u>	<u>34,007</u>
22 Net assets or fund balances. Subtract line 21 from line 20	<u>787,644</u>	<u>853,357</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Betty J Nelson Date 5-9-11

Type or print name and title Betty J Nelson Deputy Director

Paid Preparer's Use Only

Preparer's signature Betty J Nelson Date 5-9-11

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN ▶

Phone no ▶ ()

May the IRS discuss this return with the pre

ructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act

ctions.

Cat. No. 11282Y

Form 990 (2009)

SCANNED JUN 24 2011

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission:
To provide 24 hr assistance to victims of Domestic Violence, Sexual Assault and child Abuse

- 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 ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 533,832 including grants of \$ 535,833) (Revenue \$ _____)
Assistance for victims of Domestic Violence. Services to include, shelter, food, clothing, advocacy, accompaniment, counseling both individual and group, domestic violence order's (DVO'S). Clients assistance provided 24 hrs a day 365 days a year at no cost to the victim.

4b (Code: _____) (Expenses \$ 230,040 including grants of \$ 181,963) (Revenue \$ _____)

Sexual assault services to include counseling, housing, food, clothing, groups, advocacy, accompaniment, community education, self defense, education in the schools on sexual assault, rape prevention and how to keep yourself safe. Clients assistance provided 24 hrs an day 365 days a year at no cost to the victim.

4c (Code: _____) (Expenses \$ 94,632 including grants of \$ 64,000) (Revenue \$ _____)

Child assault prevention, intervention & treatment for children and non offending parents. 1 on 1 counseling, group, education in the community and schools on ways that children can protect themselves against assaults.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any 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	6	✓
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 II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	✓
<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in 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 VII. 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? If "Yes," complete Schedule D, Part VIII. 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 IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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	14b	✓
15 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	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	✓
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	17	✓
18 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	18	✓
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	19	✓
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	✓

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	✓
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	✓
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	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	✓
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	✓
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	✓
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	✓
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	✓
c 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	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	✓
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	✓
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	✓
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	✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	✓
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, Part VI.	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓

Part 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	1a	0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	N/A
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	24
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	✓
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	N/A
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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	N/A
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	✓
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	✓
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12.	10a	N/A
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 7	
b Enter the number of voting members that are independent	1b 0	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	✓
6 Does the organization have members or stockholders?	6	✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	✓
b Each committee with authority to act on behalf of the governing body?	8b	✓
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	9a	✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	✓
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	✓
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓
13 Does the organization have a written whistleblower policy?	13	✓
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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	✓
b Other officers or key employees of the organization	15b	✓
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	✓
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► California
- 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 ☒ 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: ► Betty Nelson, Casa de Esperanza, P.O. Box 56, Yuba City, Ca 95992 (530) 674-5400

[illegible]**1b Total**

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		✓
4		✓
5		✓

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		

Form 990 (2009)

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	879,237			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	130,551			
	g	Noncash contributions included in lines 1a-1f: \$		62,000			
	h	Total. Add lines 1a-1f		1,009,788			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
b		Less: direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		1,009,788				

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	516,772	480,598	36,174	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	23,839	22,170	1,669	
9	Other employee benefits	161,205	149,921	11,284	
10	Payroll taxes	45,004	41,854	3,150	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	5,925		5,925	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other <i>Computer Repairs</i>	7,715	7,175	540	
12	Advertising and promotion	1,726	1,726		
13	Office expenses	11,827	10,999	779	49
14	Information technology				
15	Royalties				
16	Occupancy	119,231	110,885	8,346	
17	Travel	15,060	14,006	1,054	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,322	12,389	933	
23	Insurance	15,548	14,460	1,088	
24	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.)				
a	Client Costs	5,076	5,076		
b	Memberships/community events	7,119	7,119		
c	Contact Labor	475	475		
d	Books, training material	7,066	7,066		
e	Printing	6,708	6,708		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	963,618	892,627	70,942	49
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	236,102	1	190,574
	2 Savings and temporary cash investments	185,179	2	186,329
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	169,740	4	270,246
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	539	7	1,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	478,501		
	b Less: accumulated depreciation	369,936	10c	108,565
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	104,413	15	130,650
16 Total assets. Add lines 1 through 15 (must equal line 34)	807,243	16	887,364	
Liabilities	17 Accounts payable and accrued expenses	6,628	17	12,181
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	12,971	25	21,826
	26 Total liabilities. Add lines 17 through 25	19,599	26	34,007
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	701,186	27	766,899
	28 Temporarily restricted net assets	86,458	28	86,458
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances		33	
	34 Total liabilities and net assets/fund balances	807,243	34	887,364

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____
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? ☒
- 2b** Were the organization's financial statements audited by an independent accountant? ☒
- 2c** 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? ☒
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:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 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? ☒
- 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.

	Yes	No
2a	<input checked="" type="checkbox"/>	
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b		

Form 990 (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

Calendar 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.")	790,078	875,932	803,157	808,456	785,189	4,064,818
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	31,449	39,804	34,806	39,164	38,314	183,537
3 The value of services or facilities furnished by a governmental unit to the organization without charge	62,000	62,000	62,000	62,000	62,000	310,000
4 Total. Add lines 1 through 3	885,527	977,736	899,963	909,620	885,503	4,558,349
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						4,558,349

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	885,527	977,736	899,963	909,620	885,503	4,558,349
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,135	1,697	4,382	3,111	3,205	14,530
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						4,572,879
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.7 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.7 %
16a 33% support test—2009. If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried 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.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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Schedule A (Form 990 or 990-EZ) 2009

Page 4

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

Schedule A (Form 990 or 990-EZ) 2009

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**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**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

2009**Open to Public
Inspection**

Name of the organization

Casa de Esperanza, Inc

Employer identification number

94 : 2415741

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 advisors in writing that the assets held in donor advised 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 donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
- (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		334,941	369,936	-34,995
d Equipment		93,634		93,634
e Other		49,926		49,926
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				108,565

(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 derivatives		
Closely-held equity interests		
Other		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

(a) Description	(b) Book value
State Owned Assets	86,457
Workers Comp Deposit	2,845
Prepaid Expense	12,613
Prepaid Insurance	6,192
Valic forfeiture account	22,542
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	130,650

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	Vacation Pay Payable	21,826
	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	21,826

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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Schedule D (Form 990) 2009

Page 5

Part XIV Supplemental Information *(continued)*

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Schedule D (Form 990) 2009

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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**

Name of the organization

Casa de Esperanza, Inc

Employer identification number

94

2415741

Part VI, Section B, 12c - To the best of our ability every action entered into is reviewed by the entire board to

ensure that a conflict of interest has not occurred at the agency.

Part VI, Section C 19 - When the public makes a request in writing arrangements are made to make the information

available to them.

CASA DE ESPERANZA, INC.
SCHEDULE OF REVENUES AND FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2009

	<u>Domestic Violence</u>	<u>Sexual Assault</u>	<u>Children's Program</u>	<u>Operations</u>	<u>Total</u>
Revenues:					
MCH	\$ 199,196	\$ 0	\$ 0	\$ 0	\$ 199,196
Cal EMA - Domestic Violence (formerly OES)	195,495				195,495
Cal EMA - Sexual Assault (Formerly OES)		129,068			129,068
FEMA	26,993	11,568			38,561
Presley Bill	38,314				38,314
CAPIT			35,915		35,915
EHAP	23,871	10,231			34,102
MCH RPE		6,509	26,034		32,543
CSBG - Yuba and Sutter Counties	25,159				25,159
Yuba County CAP			14,760		14,760
Yuba County Dept of Social Services	4,901				4,901
City of Yuba City				4,198	4,198
Donated Facilities (Note 1)	43,400	12,400	3,100	3,100	62,000
Event Fundraisers & Donations				28,401	28,401
Blue Shield	20,000				20,000
United Way	8,513	8,513			17,025
Interest				3,205	3,205
Other Income	1,238	1,238		100	2,575
Alta Funding	43	43			85
Total Revenues	587,122	179,568	79,809	39,004	885,503

Expenses:					
Salaries	311,756	139,753	53,751	32,251	537,511
Health Benefits	59,006	26,451	10,173	6,104	101,734
Rent (Note 1)	43,687	13,239	6,619	2,648	66,193
Payroll Taxes	30,380	13,619	5,238	3,143	52,380
Retirement Plan	14,745	6,610	2,542	1,525	25,423
Utilities	11,839	3,588	1,794	718	17,938
Insurance	3,000			12,644	15,644
Workers' Compensation	8,422	3,775	1,452	871	14,521

See accountant's audit report and notes to financial statements.

CASA DE ESPERANZA, INC.
SCHEDULE OF REVENUES AND FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2009

	<u>Domestic Violence</u>	<u>Sexual Assault</u>	<u>Children's Program</u>	<u>Operations</u>	<u>Total</u>
Food and Household	10,031	4,299			14,330
Depreciation				12,704	12,704
Travel, Training, Mileage and Meals	2,810	1,755	2,756	4,017	11,338
Telephone	6,805	2,062	1,031	412	10,311
Professional Fees	2,000	1,250		2,675	5,925
Repair and Maintenance	2,789	845	423	169	4,225
Client Costs	2,953	1,266			4,219
Office Supplies	2,426	735	368	147	3,675
Equipment Rental				3,620	3,620
Printing	2,361	715	358	143	3,577
Membership	784	159	84	1,533	2,560
Yard Maintenance	1,660	711			2,371
Advertising and Promotion	1,288	390	195	78	1,951
Contract Labor				1,897	1,897
Computer Software				959	959
Community Functions				866	866
United Way Fee	477	205			682
Postage	449	136	68	27	681
Employee Gifts				625	625
Dues, Subscriptions & Filing Fees	288			225	513
Fundraising Costs				463	463
Miscellaneous				163	163
Acknowledgements				64	64
Licenses and Permits	29	9	4	2	44
Finance and Late Charges	0	0	0	3	3
Total Expenses	519,986	221,572	86,856	90,696	919,110
Change in Net Assets	\$ 67,135	\$ (42,004)	\$ (7,047)	\$ (51,692)	\$ (33,607)

See accountant's audit report and notes to financial statements.

94-2415741

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Part 1

CISTT5D444

CASA DE ESPERANZA. INC.
STATEMENT OF ACTIVITIES
FOR THE YEAS ENDED JUNE 30, 2010

Revenues:**Grants:**

Cal EMA - Domestic Violence (formerly OES)	\$ 388,656
Cal EMA - Sexual Assault (Formerly OES)	140,636
FEMA	86,691
Presley Bill	36,520
CAPIT	64,000
EHAP	33,008
MCH RPE	41,327
CSBG - Yuba and Sutter Counties	44,493
Sutter County Children & Families First	1,906
California Endowment	<u>42,000</u>
Total Grants	<u>879,237</u>

Other:

Donated Facilities (Note 1)	62,000
Event Fundraisers & Donations	50,431
United Way	14,109
Interest	3,846
Alta Funding	<u>165</u>
Total Other	<u>130,551</u>
Total Revenue	<u>1,009,788</u> 12

General Purpose Expenses:

Domestic Violence	533,832
Sexual Assult	230,040
Children's Program	94,632
Operations	<u>105,115</u>
Total Expenses	<u>963,618</u> 18

Change in Net Assets	46,170 19
Net Assets at Beginning of Year - Restated (Note 5)	<u>720,730</u>
Net Assets at End of Year	<u>\$ 766,900</u>

See accountant's audit report and notes to the financial statement.

94-2415741

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Part 1

CISTT5D444

CASA DE ESPERANZA, INC.
STATEMENT OF ACTIVITIES
FOR THE YEARS ENDED JUNE 30, 2009

Revenues**Grants**

MCH	\$ 199,196
Cal EMA - Domestic Violence (formerly OES)	195,495
Cal EMA - Sexual Assault (Formerly OES)	129,068
FEMA	38,561
Presley Bill	38,314
CAPIT	35,915
EHAP	34,102
MCH RPE	32,543
CSBG - Yuba and Sutter Counties	25,159
Yuba County CAP	14,760
Yuba County Dept of Social Services	4,901
City of Yuba City	<u>4,198</u>

Total Grants 752,212

Other:

Donated Facilities (Note 1)	62,000
Event Fundraisers & Donations	28,401
Blue Shield	20,000
United Way	17,025
Interest	3,205
Other Income	2,575
Alta Funding	<u>85</u>

Total Other 133,291

Total Revenue 885,503 12

General Purpose Expenses

Domestic Violence	519,986
Sexual Assault	221,572
Children's Program	86,856
Operations	<u>90,696</u>
Total Expenses	<u>919,110 18</u>

Change in Net Assets (33,607) 19

Net Assets at Beginning of Year 734,794

Net Assets at End of Year \$ 701,187

See accountant's audit report and notes to the financial statement.

CASA DE ESPERANZA, INC.
SCHEDULE OF REVENUES AND FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2010

	<u>Domestic Violence</u>	<u>Sexual Assault</u>	<u>Children's Program</u>	<u>Operations</u>	<u>Total</u>
Revenues:					
Cal EMA - Domestic Violence (formerly OES)	\$ 388,656	\$ -	\$ -	\$ -	\$ 388,656
Cal EMA - Sexual Assault (Formerly OES)	-	140,636	-	-	140,636
FEMA	60,684	26,007	-	-	86,691
CAPIT	-	-	64,000	-	64,000
Donated Facilities (Note 1)	43,400	12,400	3,100	3,100	62,000
Event Fundraisers & Donations	-	-	-	50,431	50,431
CSBG - Yuba and Sutter Counties	44,493	-	-	-	44,493
California Endowment	42,000	-	-	-	42,000
MCH RPE	-	41,327	-	-	41,327
Presley Bill	36,520	-	-	-	36,520
EHAP	23,106	9,902	-	-	33,008
United Way	7,055	7,054	-	-	14,109
Interest	-	-	-	3,846	3,846
Sutter County Children & Families First	-	-	1,906	-	1,906
Alta Funding	83	83	-	-	165
Total Revenues	645,995	237,409	69,006	57,377	1,009,788
Expenses:					
Salaries	299,728	134,361	51,677	31,006	516,772
Health Benefits	81,301	36,445	14,017	8,410	140,174
Rent (Note 1)	44,547	13,499	6,750	2,700	67,495
Payroll Taxes	26,102	11,701	4,500	2,700	45,004
Retirement Plan	13,827	6,198	2,384	1,430	23,839
Utilities	12,343	3,740	1,870	748	18,702
Workers' Compensation	10,669	4,782	1,839	1,104	18,394
Insurance	3,395	3,395	3,394	5,364	15,548

See accountant's audit report and notes to financial statements.

CASA DE ESPERANZA, INC.
SCHEDULE OF REVENUES AND FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2010

	Domestic Violence	Sexual Assault	Children's Program	Operations	Total
Travel, Training, Mileage and Meals	2,810	1,755	2,756	7,739	15,060 ¹⁷
Depreciation	-	-	-	13,322	13,322 ²²
Food and Household	9,234	3,957	-	-	13,191 ¹⁶
Telephone	7,732	2,343	1,172	469	11,715 ¹⁶
Computer Repairs	-	-	-	7,715	7,715 ¹¹
Office Supplies	4,525	1,371	686	274	6,856 ¹³
Books and Training Materials	-	-	1,906	5,160	7,066 ²⁴
Printing	4,427	1,342	671	268	6,708 ²⁴
Repair and Maintenance	4,270	1,294	647	259	6,470 ¹⁶
Professional Fees	2,000	1,250	-	2,675	5,925 ¹¹
Client Costs	3,282	1,407	-	-	4,689 ²⁴
Equipment Rental	-	-	-	4,429	4,429 ¹³
Membership	784	159	84	2,679	3,706 ²⁴
Employee Gifts	-	-	-	2,637	2,637 ⁹
Community Functions	-	-	-	2,229	2,229 ²⁴
Advertising and Promotion	1,139	345	173	69	1,726 ¹²
Yard Maintenance	1,161	497	-	-	1,658 ¹⁴
Acknowledgements	-	-	-	1,031	1,031 ²⁴
Contract Labor	-	-	-	475	475 ²⁴
Client Activities	231	99	-	-	330 ²⁴
Filing Fees	175	53	27	11	265 ¹³
Postage	150	46	23	9	228 ¹³
Dues, Subscriptions & Filing Fees	-	-	-	153	153 ²⁴
Program Expense	-	-	57	-	57 ²⁴
Fundraising Costs	-	-	-	49	49 ¹³
Total Expenses	533,832	230,040	94,632	105,115	963,618

Change in Net Assets \$ 112,164 \$ 7,369 \$ (25,626) \$ (47,738) \$ 46,170

See accountant's audit report and notes to financial statements.

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Accrual Basis

Casa De Esperanza
Balance Sheet Prev Year Comparison
As of June 30, 2010

94-2415741

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ASSETS

Current Assets

Checking/Savings

1000 · petty cash	200.00	200.00	0.00
1001 TRI COUNTIES GENERAL	122,305.97	146,878.27	-24,572.30
1002 TRI COUNTIES PAYROLL	34,780.94	20,927.93	13,853.01
1003 · Umpqua Bank - Checking	4,848.51	4,848.51	0.00
1005 TRI COUNTIE BANK SUTTER	15,784.95	40,542.05	-24,757.10
1006 TRI COUNTIES BANK	12,653.96	22,706.04	-10,052.08
1021 SIERRA CENFRAL CREDIT UNION	14,853.34	14,784.08	69.26
1022 TCB MONEY MARKET	132,012.72	130,970.51	1,042.21
1023 Umpqua Bank - Savings	37,309.60	37,272.42	37.18
1024 TRI COUNTIES BANK SAVINGS	2,153.14	2,151.57	1.57

Total Checking/Savings 376,903.13 421,281.38 -44,378.25

Accounts Receivable

1200 · Accounts Receivable 270,245.84 169,740.22 100,505.62

Total Accounts Receivable 270,245.84 169,740.22 100,505.62

Other Current Assets

2120 · Employee Advance 1,000.00 538.71 461.29

Total Other Current Assets 1,000.00 538.71 461.29

Total Current Assets 648,148.97 591,560.31 56,588.66

Fixed Assets

1070 · OFFICE FURNITURE	49,926.49	49,926.49	0.00
1072 · OFFICE EQUIPMENT	93,633.97	84,399.99	9,233.98
1073 · RENOVATION-LEASEHOLD IMPROV	334,941.18	333,557.18	1,384.00
1075 · ACCUMULATED DEPRECIATION	-369,936.00	-356,614.00	-13,322.00

Total Fixed Assets 108,565.64 111,269.66 -2,704.02

Other Assets

1074 · STATE OWNED ASSET	86,456.98	86,456.98	0.00
1100 · WORKERS COMP DEPOSIT	2,845.00	1,873.00	972.00
2060 · PREPAID EXPENSE	12,613.00	9,891.00	2,722.00
2070 · Prepaid Insurance	6,192.44	6,192.44	0.00
2080 · VALIC forfeiture Account	22,542.09	0.00	22,542.09

Total Other Assets 130,649.51 104,413.42 26,236.09

TOTAL ASSETS 887,364.12 807,243.39 80,120.73

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable

2000 · *Accounts Payable 12,180.61 6,627.93 5,552.68

Total Accounts Payable 12,180.61 6,627.93 5,552.68

Other Current Liabilities

2300 · Vacation Pay Payable 21,825.81 12,971.02 8,854.79

Total Other Current Liabilities 21,825.81 12,971.02 8,854.79

Total Current Liabilities 34,006.42 19,598.95 14,407.47

Long Term Liabilities

2050 · RESERVED STATE OWNED ASSE... 86,457.73 86,457.73 0.00

Total Long Term Liabilities 86,457.73 86,457.73 0.00

Total Liabilities 120,464.15 106,056.68 14,407.47

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Accrual Basis

Casa De Esperanza
Balance Sheet Prev Year Comparison
 As of June 30, 2010

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	<u>Jun 30, 10</u>	<u>Jun 30, 09</u>	<u>\$ Change</u>
Equity			
3000 - FUND BALANCE	19,846.56	303.02	19,543.54
3900 - Retained Earnings	700,883.69	734,490.75	-33,607.06
Net Income	46,169.72	-33,607.06	79,776.78
Total Equity	<u>766,899.97</u>	<u>701,186.71</u>	<u>65,713.26</u>
TOTAL LIABILITIES & EQUITY	<u>887,364.12</u>	<u>807,243.39</u>	<u>80,120.73</u>

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2009 FEDERAL DEPRECIATION SCHEDULE

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CASA DE ESPERANZA, INC

94-2415741

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IND.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR. 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 BONUS/SP. DEPR.	PRIOR DEC. BAL. DEPR.	SALVAGE/BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
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FORM 1120

FURNITURE AND FIXTURES

3	CHAIRS	6/02/93		407							407	407	S/L	5		0
4	FURNITURE	12/31/92		9,099							9,099	9,099	S/L	5		0
6	TABLES & CHAIRS	11/25/92		1,690							1,690	1,690	S/L	5		0
9	FILE CABINET	6/30/93		391							391	391	S/L	5		0
10	DESK	12/15/93		617							617	617	S/L	7		0
11	2 OAK DESKS	3/15/94		268							268	268	S/L	7		0
12	CABINETS	1/14/94		2,082							2,082	2,082	S/L	7		0
15	OFFICE FURNITURE	6/23/95		742							742	742	S/L	7		0
16	OFFICE FURNITURE	10/01/94		1,991							1,991	1,991	S/L	5		0
17	CHAIRS	4/24/96		370							370	370	S/L	7		0
18	DESKS	3/26/96		320							320	320	S/L	7		0
19	OAK DESKS	3/30/96		479							479	479	S/L	7		0
24	DESKS	5/12/97		824							824	824	S/L	7		0
25	KITCHEN NOOK SET	5/17/97		1,115							1,115	1,115	S/L	7		0
26	BOOKCASES & FILE CABINETS	5/17/97		557							557	557	S/L	7		0
27	CHAIRS	5/19/97		1,007							1,007	1,007	S/L	7		0
28	2 GUEST CHAIRS	2/08/99		169							169	169	S/L	7		0
29	CHAIRS	2/02/99		102							102	102	S/L	7		0
30	2 TWO DRAWER FILES	2/02/99		148							148	148	S/L	7		0
31	6 GUEST CHAIRS	2/02/99		508							508	508	S/L	7		0
32	4 DESKS	10/08/98		545							545	545	S/L	7		0
33	2 DESKS	10/08/98		300							300	300	S/L	7		0
34	WALNUT DESK	11/06/98		80							80	80	S/L	7		0

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CASA DE ESPERANZA, INC

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
35	FIREPROOF FILE CABINET	10/08/98		482							482	482	S/L	7		0
36	3-PIECE TABLE	2/07/99		106							106	106	S/L	7		0
37	3 DRAWER FIREPROOF FILE	3/01/99		250							250	250	S/L	7		0
46	FURNITURE	10/01/00		1,610							1,610	1,610	S/L	7		0
50	5 PIECE DINING SET	6/26/01		155							155	155	S/L	10		16
51	2 5 PIECE DINING SETS	6/26/01		342							342	342	S/L	10		34
52	6 SOFA NEWS STANDS	6/26/01		1,632							1,632	1,632	S/L	10		163
53	UPHOLSTERED MISSION SIDES	6/26/01		443							443	443	S/L	10		44
58	DRESSERS	8/17/04		6,627							6,627	6,627	S/L	10		663
59	MATTRESSES	2/10/05		6,390							6,390	6,390	S/L	10		639
64	24 BEDS & 15 DRESSERS	6/30/04		6,622							6,622	6,622	S/L	7		946
65	5 DRAWER DESK SET	12/01/03		219							219	219	S/L	7		31
72	4 TABLES	8/19/02		107							107	107	S/L	5		0
73	2 SOFAS	3/10/03		1,131							1,131	1,131	S/L	5		0
TOTAL FURNITURE AND FIXTURE																
				49,927	0	0	0	0	0	0	49,927	40,482				2,536
IMPROVEMENTS																
2	CARPET	11/05/92		825							825	825	S/L	5		0
8	LEASEHOLD IMPROVEMENTS	1/15/93		214,354							214,354	214,354	S/L	5		0
14	PAVING	6/03/94		1,850							1,850	1,850	S/L	5		0
21	SPRINKLER SYSTEM	6/06/96		3,961							3,961	3,961	S/L	7		0
42	WHEEL CHAIR LIFT	8/01/00		9,000							9,000	9,000	S/L	20		450
44	LIGHTS AND LIGHT FIXTURES	4/23/01		4,860							4,860	4,860	S/L	15		324
45	WATER HEATER	6/19/01		5,283							5,283	4,224	S/L	10		528
62	REMODELING	6/27/05		17,282							17,282	3,456	S/L	20		864
63	FLOOR COVERING	1/14/05		9,413							9,413	4,235	S/L	10		941

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CLIENT 11785

CASA DE ESPERANZA, INC

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
80	REMODEL DORMITORY RESTRM	7/29/05		24,986						12,500	12,486	2,444	S/L	20		624
82	SIDING REPLACEMENT	2/16/07		3,501							3,501	544	S/L	15		233
83	AIR CONDITIONER	8/09/06		2,414							2,414	703	S/L	10		241
86	TALL SHED	9/28/08		460							460	23	S/L	15		31
87	STAIRS & SIDEWALK	8/18/08		12,830							12,830	535	S/L	20		642
88	DECKING	2/16/08		35,040							35,040	2,336	S/L	20		1,752
91	REPLACE TOILET	6/30/10		1,384							1,384		S/L	10		0
TOTAL IMPROVEMENTS																
				347,443	0	0	0	0	0	12,500	334,943	246,149				6,630
MACHINERY AND EQUIPMENT																
1	2 WASHERS & DRYERS	11/05/91		2,463							2,463	2,463	S/L	5		0
5	STOVE	11/12/92		5,840							5,840	5,840	S/L	5		0
7	TYPEWRITER	5/11/93		660							660	660	S/L	5		0
13	MOTION DETECTORS	1/14/94		795							795	795	S/L	7		0
20	TELEPHONE SYSTEM	5/04/96		4,243							4,243	4,243	S/L	5		0
22	4 PHONE SYSTEM	4/30/97		2,987							2,987	2,987	S/L	5		0
23	COPIER SORTER	4/30/97		2,467							2,467	2,467	S/L	5		0
38	2 NEC PRINTERS	3/01/99		1,716							1,716	1,716	S/L	5		0
39	17" MONITOR	3/01/99		349							349	349	S/L	5		0
40	COMPUTER SYSTEM/PRINTER	8/11/99		5,396							5,396	5,396	S/L	5		0
41	PLUMBING IMPROVEMENTS	4/22/00		2,437							2,437	1,485	S/L	15		162
43	COMPUTER PRINTER	9/01/00		365							365	365	S/L	5		0
47	TELEPHONE SYSTEM	10/01/00		179							179	179	S/L	7		0
48	COPIER	6/29/01		17,281						8,800	8,481	8,481	S/L	7		0
49	COMPUTERS	6/30/01		3,180							3,180	3,180	S/L	5		0
54	TELEPHONE SYSTEM	9/01/01		9,014							9,014	4,708	S/L	15		601

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CLIENT 11785										CASA DE ESPERANZA, INC		94-2415741					
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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP DEPR.	PRIOR DEC. BAL. DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
55	KAPLAN EQUIPMENT	4/01/02		12,912							12,912	9,360	S/L	10		1,291	
56	QUICKBOOKS SOFTWARE	1/01/01		399							399	360	S/L	5		0	
57	NOTEBOOK COMPUTER	10/08/01		3,843							3,843	3,843	S/L	5		0	
60	WASHERS AND DRYERS	7/03/04		2,689							2,689	1,345	S/L	10		269	
61	IBM TYPEWRITER	12/09/04		507							507	234	S/L	10		51	
66	SOFTWARE	8/18/03		454							454	454	S/L	5		0	
67	WASHERS AND DRYERS	6/30/04		3,043							3,043	2,175	S/L	7		435	
68	2 SHEDS	6/01/04		697							697	508	S/L	7		100	
69	DIGITAL CAM/PRINTER	6/01/04		717							717	519	S/L	7		102	
70	COMPUTER	3/01/04		1,757							1,757	1,757	S/L	5		0	
71	TV & VCR	6/01/04		330							330	239	S/L	7		47	
74	SOFTWARE	11/01/02		1,096							1,096	1,096	S/L	5		0	
75	CORDESS PHONE SYSTEM	3/10/03		912							912	576	S/L	10		91	
76	2 LASER JET PRINTERS	11/02/02		1,616							1,616	1,616	S/L	5		0	
78	MONITOR & NETWORK CARD	6/05/06		800							800	493	S/L	5		160	
84	COMPUTER MONITOR	9/25/08		541							541	81	S/L	5		108	
85	NEW COMPRESSOR	6/12/09		1,515							1,515	13	S/L	10		152	
89	NEW COMPUTERS	3/14/10		7,500							7,500		S/L	5		500	
90	MICROSOFT AND WINDOWS 7	4/12/10		1,734							1,734		S/L	5		87	
TOTAL MACHINERY AND EQUIPME				102,434		0	0	0	0	8,800	93,634	69,983					4,156
MISCELLANEOUS																	
77	WINDOWS XP UPGRADE	9/30/05		9,887							9,887	0		5		0	
79	ENCLOSED WHEELCHAIR LIFT	9/28/05		19,379							19,379	0		20		0	
81	NETWORK CABLES	6/23/05		1,145							1,145					0	
TOTAL MISCELLANEOUS				30,411		0	0	0	0	29,266	1,145	0					0

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2009 FEDERAL DEPRECIATION SCHEDULE

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CASA DE ESPERANZA, INC

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3/17/11

04:22PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	CUR 179 BUS PCT	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
				0	0	0	0	50,566	479,649	356,614				13,322
	TOTAL DEPRECIATION			530,215										13,322
	GRAND TOTAL DEPRECIATION			530,215				50,566	479,649	356,614				13,322