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~ ` 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

Department of the Treasury Internal Revenue Service

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

Opento Rublielinspection

	For the	e 2009 calen	dar year,	or tax year beg	inning /	<u>'UI</u>	, 20	<u>)09,</u> and endir	ig 6/	30		, 20	10	
В	Check if a	applyatsie		C						D Em	ployer Ide	ntification	1 Number	
		ress change	Please use IRS label	HUMAN OPT	TIONS. TI	IC.				ا م	5-366	7817		
	\vdash	-	or print	P.O. BOX	53745						ephone nu			
	H	ne change	or type. See	IRVINE, C	A 92619-	-3745	•			1				
	Initia	al return	specific Instruc-	121112,	32013	0,10	•			(9	949)7	<u>37-52</u>	242	
	Tern	mination	tions.							1				
	Ame	ended return	i	1						G Gro	ss receipt	< \$	4,782,	120
	H	lication pending	F Name	and address of princ	anal officer				H(a) Is this	•				X No
		acation penuing	1	•	•				H(b) Are al				Yes	_
_		<u></u>		AS C ABOVE						attach a			s) Yes	∐_ No
<u> </u>		exempt statu			(insert no.) [4947(a)(1) or	527					•	
<u>J</u>	Webs	site: ► WW		ANOPTIONS.	ORG				H(c) Group	exemptio	n number	>		
K	Form o	of organization	X Corpor	ation Trust	Association	Oth	ner ►	L Year of Forma		-		•	micite CA	
Pä	ri la	Summa												
25.00	1 F	Briefly descri	he the or	ganization's mi	ssion or mos	t signif	icant activities.	יים עדו D	ם איריי די בי	ED W	OMEN	יםטים	TD	
		EXMITTER	A NID	OTTO COMMIT	מחם שידושו	n rem	TIE CYCLE O	TO TIETE	DVIIEL	CED W	OMETA*	- TUE	<u></u>	
9		とひばすかすぞう	~ _ G M7/	OOK COMMO	MITT DEC	₩_ T	HE_CYCLE_O	L DOWE 21.	'C _ATO	<u> ԱԷŊĊ</u> ţ	<u></u>			
Activities & Governance	_										- -			
Ē	_				·	-								
Š	2 C	Check this bo	ox ►	if the organizat	tion discontir	ued its	operations or c	lisposed of mo	ore than 2	25% of	ıts asse	ts		
er o				nbers of the gov				•			. 3			30
ø						verning	body (Part VI,	line 1b) .			4			28
ŧ				oyees (Part V, I							5			90
€	6 T	Total number	of voluni	teers (estimate	if necessary) .					. 6			175
Ř	7a T	Total gross u	nrelated I	business reveni	ue from Part	VIII, co	olumn (C), line 1	12			. 7	a		0.
	bΛ	Vet unrelated	business	s taxable incom	ne from Form	990-T	, line 34				7	Ы		0.
									1 .	Delay Va		1	· · · · · · · · · · · · · · · · · · ·	
				ata (Davit VIII Ju	1h\					rior Ye			urrent Ye	
흐				nts (Part VIII, III			• • • •	•• •	<u> </u>	2,833			2,838,	
Revenue		-		nue (Part VIII, II							,647			327.
ě			•	art VIII, column			•	•			,991.			352.
<u> </u>	11 C	Other reve <u>pu</u>	<u>e (Part V</u>	III, column (A),	lines 5, 6d,	Bc, 9c,	10c, and 11e).			437	,344.		529,	196.
	12 T	otal revenue	e – add elli	nesi8 through.	∏ (must equ	al Part	VIII, column (A), line 12)	3	3,068	,829.	.	3,917,	039.
				ounts paid (Hav						•	*	7		
				members (Part								+		
								5 10	 	0.50	116	+	0 700	
စ္က		4 '			1 ' 1		K, column (A), lı	nes 5-10) .	4	2,953	,110.	<u>·</u>	2,702,	628.
ž	16a P	Professional	fundraisir	ng fees (Part IX	(, dólumn (A)	, line 1	le)							
Expenses	ьт	otal fundrais	sın a a voe	fises (Pert IX)	column (D). I	ine 25)	-	305,550.				201	1	
Ω	17 0	the surface	ַטְע <u>ָ</u>	K Enlan (A)	lines 110 11	, 11£								
										1,134			1,098,	
		•		•	•		umn (A), line 25))		1,087			3,800,	
	19 R	Revenue less	expense	s. Subtract line	18 from line	12				L,018	<u>,892.</u>	.	116,	110.
b 8									Regi	nning o	f Year	Ι,	End of Ye	ar
	20 T	otal assets	(Part Y li	ne 16)						, 438			9,451,	
Net Assets Fund Balan				, line 26)	•			• • • • •	<u> </u>		, 439			474.
a t			•	•			• •	•				 		
				ances. Subtract	t line 21 from	line 2	0		9	9,063	<u>, 317 </u>		9,179,	<u>427.</u>
(₽a	it II	Signati	<u>ure Bloc</u>	<u>ck</u>		_								
Tropic		Under penaltie	s of periury.	I declare that I have	e examined this re	eturn, inc	luding accompanying	schedules and sta	tements, an	d to the h	est of my	knowleda	and helief	ıt ıs
<u></u>		true, correct, a	ind complete	Declaration of prep	parer (other than	officer) is	luding accompanying based on all informa	ition of which prepared	arer has any	knowledg	je	· · · · · · · · · · · · · · · · · · ·	dia belief, i	. ,5
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[⊑] ue	re	Signature								ate				
		► VIVIX	AN CLE	CAK					FOUN	DING	CEO			
EB FB		Type or pr	int name an	d title										
L=-					1 -		^	Date		heck if		Preparer's	identifying nuctions)	number
Pa	id				Dra V	L. C.	(mal)	1 . /	/ , , S	elf-	► X	(see instri	ictions)	
Pre)_ _	Preparer's				-/- (41-4	///4/	// ^e	mployed		D006	0.670	
Zpa	rer's	signature		A N. RYSSI			<u></u>	<u>' ' '</u>				P0064	36/0	
€Us		Firm's name (or <u>LIS</u>	A N. RYSSI	EL, CPA									
COn	Ĭv	yours if self- employed),	▶ 173	6 HOOVER I	PLACE				ε	IN ►	545-	99-1	679	
COn		address, and ZIP + 4	PLA	CENTIA, CA	A 92870-	5439			Р	hone no	► (7:		61-051	9
				with the prepar			see instructions)						Yes	No
							he separate inst	· ·		TETAC			Form 990	
DA	~ FUIT	Frivacy ACL a	ини гаре	I MOLK LEGUCIO	MI MULICE	, 566 [ne sehatata iijst	iucuoiis.		IEEA01	13L 12/3	C31U3	FORM 330	/ (ZUU3)

Form	990 (2009) HUMAN OPTIONS, INC.	95-36	678 <u>1</u>	7	F	⊃age 2
Par	t III - Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission: TO HELP BATTERED WOMEN, THEIR FAMILIES, AND OUR COMMUNITY BREAK TO VIOLENCE.				ESTI	<u></u>
	<u> </u>					
2	Did the organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?	n the prior	П	Yes	 X	 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 se if 'Yes,' describe these changes on Schedule O.	rvices?		Yes	X	No
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported.	s by expens nd allocation	ses Sec ns to oth	tion 5 iers, t	01(c) he tot	(3) al
4 a	(Code:) (Expenses \$1,602,329. including grants of \$) SEE SCHEDULE O					52.)
		-	- -			-
						-
		. – – – – .				
		. – – – – .				
41	CCOde: 1,163,686. Including grants of \$) CENTER FOR CHILDREN AND FAMILIES - THE CENTER FOR CHILDREN AND FAMILIES - THE CENTER FOR CHILDREN AND FAMILIES - THE CENTER LOCATED IN SANTA ANA; THE LOCATED IN SANTA ANA, MISSION VIEJO, AND TUSTIN; THE SAFE OPTIONS BASED IN THE ADMINISTRATIVE OFFICE IN IRVINE; AND THE BATTERERS LOCATED IN THE ADMINISTRATIVE OFFICE IN IRVINE. THERE PROGRAMS IS ADULT AND CHILD VICTIMS OF DOMESTIC VIOLENCE, AS WELL AS PERPETRY VIOLENCE. WALK-INS AND REFERRALS ARE ACCEPTED. SERVICES INCLUDE LIMITED TO, LEGAL ADVOCACY, COUNSELING, CASE MANAGEMENT, PERSONAL PROGRAMS, SENIOR ADVOCACY AND A 52-WEEK MANDATED BATTERER'S INTER	AMILIES E OUTREA S FOR SE INTERVEN PROVIDE ATORS OF E, BUT A L EMPOWE	INCLUCH PECHIONSERVICE DOME	JDES OGR PRO PRO CES STI	4 AMS OGRA GRAM FOF	1
40	COMMUNITY EDUCATION - A COMMUNITY EDUCATION PROGRAM SPONSORED BY EDUCATES THE PUBLIC REGARDING DOMESTIC VIOLENCE. THE MAIN PROGRAM NOT FOR HITTING" FOR ELEMENTARY SCHOOL CHILDREN, "LOVE IS NOT SUE DATE ABUSE EDUCATION FOR TEENS, AND "JASON'S STORY" GEARED FOR HITTING PROGRAMS. THESE PROGRAMS SERVE OVER 22,000 YOUTH EACH YEAR.	THE ORG AMS ARE PPOSED T IGH SCHO	ANIZA "HANI O HUF OL AI	OS A RT" THLE	RE A TIC	
	CEP COURDING O					
	d Other program services (Describe in Schedule O.) (Expenses \$ 171,474. including grants of \$) (Revenue 5)	\$	125,	761.)	
4	e Total program service expenses ► 3, 113, 786.					

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3_		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4_		Х
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_		х
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_		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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_		X
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	Х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	water .
•	• 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			4
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12		X
	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			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
	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		Х
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_		х
	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		х
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	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	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		х

Form 990 (2009) HUMAN OPTIONS, INC.

Partiv 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		Х
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? <i>If 'Yes,' complete Schedule J</i>	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, and 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		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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		Х
ļ	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee 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 transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		**	
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
١	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	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? <i>If 'Yes,' complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
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		Х
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		Х
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		Х
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		X
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		Х
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
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	Х	

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Form 990 (2009)

Form 990 (2009) HUMAN OPTIONS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.	弘變	* (APR -)	
	Information Returns. Enter -0- if not applicable	Ser jerg		小會
	· · · · · · · · · · · · · · · · · · ·	MAR.		
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	8-40 Julius	X
2 a	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		34	
2 t	of at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	لحمدشا
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	N. 4		11.7%
32	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	***************************************	х
Ŀ	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		
4 a	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	!	х
ŀ	o If 'Yes,' enter the name of the foreign country: ▶	1		1.23
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		X
ŀ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
(the state of the s	5 c		
6	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		х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		200	142
ā	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		X
ı	of 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	-	х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	S. sales	3 × 3	
•	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>x</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		Х
•	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ł	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	>885	ি ত র
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	alize o	
9	Sponsoring organizations maintaining donor advised funds.	Ŗ	Ì.	2.3
á	a Did the organization make any taxable distributions under section 4966?	9a		
ı	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	小湖		\$ 10°
á	Initiation fees and capital contributions included on Part VIII, line 12	Associated Associated		
ı	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:		1	
ä	a Gross income from other members or shareholders		- May 23	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	- Ke		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	7.00	<u></u> ,
1	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . 12b	The Party	A CONTRACTOR OF THE PARTY OF TH	

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Form 990 (2009)

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.

Sec	tion A.	Governing	Body and	d Manage	<u>ment</u>								
	_											Yes	No
1 a	Enter the	number of vo	tıng membei	rs of the go	verning bo	ody			1a		30	1 - 14	
ı	Enter the	number of vo	tıng membei	rs that are i	ndepende	nt			1 b		28	1	
2	Did any officer, d	officer, director irector, trustee	r, trustee, or or key emp	key employ loyee?	yee have a SEE SCI	family rela	ationship o O.	r a business r	elationship	with any o	ther 2	X	
3	Did the o	organization de s, directors or	legate contro trustees, or	ol over man key employ	nagement o	duties custo nanagemer	omarily pe	rformed by or or other pers	under the	direct super	vision . 3		X
4	Did the c	organization ma	ake any sign	ificant chan	nges to its	organizatio	nal docum	ents			4		X
	since the	prior Form 99	0 was filed?			• •	•						
5	Did the c	organization be	come aware	during the	year of a	material div	version of	the organizatio	on's assets	?	5		_X_
6	Does the	organization l	nave membe	rs or stockl	nolders?				· · · ·		6		X
7	Does the governin	organization l g body?	nave membe	rs, stockho	lders, or o	ther persor	ns who ma	y elect one or	more men	nbers of the	7	a	Х
ı	Are any	decisions of th	e governing	body subject	ct to appro	val by mer	mbers, sto	kholders, or o	other perso	ns?.	. 7	b	X
8	Did the o	organization co wing:	ntemporane	ously docum	ment the m	neetings he	eld or writte	n actions und	ertaken du	ring the yea	ar by	*	
	a The gove	erning body?.								•	. 8	a	X
1	b Each cor	nmittee with a	uthority to ac	ct on behalf	f of the gov	verning boo	dy?				. 8	ь	X
9	Is there a organiza	any officer, dire	ector or trust address?_ <i>lf</i> "	ee, or key Yes,' p <u>rovi</u> a	employee le the nam	listed in Pa les and add	art VII, Sed dresses in	tion A, who ca Schedule O	annot be re	eached at th	e 9		X
Sec	tion B.	Policies	(This Sec	tion B rec	quests in	formatio	n about j	policies not	required	by the In	ternal	•	
Rev	enue Code	e.)											
	_											Yes	No
10	a Does the	organization l	nave local ch	apters, bra	nches, or	affiliates?					10	а	X
ı	b If 'Yes,' o	does the organ	ization have their opera	written pol tions are co	icies and ponsistent w	orocedures	governing of the organ	the activities	of such ch	apters, affil	ates,	ь	
		organization pi											Х
11,	A Describe	ın Schedule C	the process	s, if any, us	ed by the	organizatio	n to review	v this Form 99	o. SEE	SCHEDUI	EO		
12:	a Does the	organization l	have a writte	n conflict o	f interest p	oolicy? If 'N	No,' go to l	ne 13			12	a X	
I	h Are offic to conflic	ers, directors o	or trustees, a	nd key emp	ployees rec	quired to di	isclose ani	nually interests	that could	d give rise	12	b X	
•	c Does the Schedule	e organization i e O how this is	regularly and	l consistent SEE. SCH	ly monitor EDULE : C	and enford	ce complia	nce with the p	olicy? <i>If 'Y</i>	es,' describ	e in . 12	c X	
13	Does the	organization l	have a writte	n whistleble	ower policy	<i>y</i> ?.					. 13	X	
14	Does the	organization l	have a writte	n documen	t retention	and destru	uction polic	:y?			14		X
15	Did the persons,	process for det comparability	ermining con data, and co	npensation ontemporan	of the follo	owing persetantiation of	ons include of the delib	e a review and eration and de	l approval ecision?	by independ	dent	1	
;	a The orga	inization's CEC), Executive	Director, or	top mana	gement off	ficial				. 15	a X	
	_	ficers of key er						,.,		,	15	ь	X
	If 'Yes' to	o line 15a or 1	5b, describe	the process	s ın Sched	ule O. (See	e instructio	ns.)				3	
16	a Did the o	organization in	vest in, contr			rticipate in		nture or simila		nent with a	taxable . 16	a	X
1	in joint v	has the organisenture arrange ith respect to s	ements unde	r applicable	e federal ta	ıx law, and	∣taken ste _l	he organizations to safeguar	d the orgai	nization's ex	cipation cempt 16		200
Sec		Disclosure											
		states with whi		this Form 9	990 is requ	ured to be	filed ► (CA					
	Section	6104 requires a	an organizati	on to make	ts Forms	1023 (or 1	1024 if app		and 990-T	(501(c)(3)s	only) availa	ble for	public
	Own	website	X Anot	her's websi	ite	X Upo	n request						
		in Schedule C nts available to	•										ancıal
		e name, physic WEINHEIM									-		

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Form 990 (2009)

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'

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)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours	Pos	ition ((chec	k all	that app	ly)	Reportable compensation from	Reportable compensation from	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
EVE BARKER			-		\vdash	-				
DIRECTOR	2	Х			l			0.	0.	0.
KELLY_WELLS										
DIRECTOR	2	Х						0.	0.	0.
STEVE CHURM										
DIRECTOR	2	Х						0.	0.	0.
VICTORIA COLLINS, PH.D., C										
PRESIDENT	2	Х		X				0.	0.	0.
ANGIE MANNING										
DIRECTOR	2	X						0.	0.	0.
NANCY W. DAHAN, ESQ.										
DIRECTOR	2	Х						0.	0.	0.
JEFF_DODD					:			_		
DIRECTOR	2	Х			_			0.	0.	0.
BRIAN_GOODMAN_	_	l I			į			_	_	
DIRECTOR	2	_ X			_			0.	0.	0.
KATE DUCHENE		١., ا								_
PRESIDENT ELECT	2	Х	-					0.	0.	0.
JENNIFER IRRGANG DIRECTOR	2		i							•
ARTYN GARDNER		Х	-					0.	0.	0.
DIRECTOR	2	Х						0.		•
DENISE GIAMBALVO								U.	0.	0.
DIRECTOR	2	х						0.	0.	^
DARLYNN MORGAN		<u> </u>	\vdash					<u> </u>		0.
DIRECTOR	2	х						0.	0.	0.
DAVID HENDRYX	-						\equiv	<u> </u>	0.	
DIRECTOR	2	х						0.	0.	0.
DAVE STRAUSS										<u>0.</u>
DIRECTOR	2	х						0.	0.	0.
BUFFY ZWIRNER										<u> </u>
DIRECTOR	2	Х					ŀ	0.	0.	0.
ANDREW LERNER										
DIRECTOR	2	х						0.	0.	0.
DAA										5 000 (0000)

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MICHELLE KHOURY DIRECTOR 2 X 0. 0. 0. MARGI MURRAY DIRECTOR 2 X 0. 0. 0. SUSANNA OPENSHAW DIRECTOR 2 X 0. 0. 0. MARCOS RAMIREZ DIRECTOR 2 X 0. 0. MARCOS RAMIREZ DIRECTOR DIRECTO	m 990 (2009) HUMAN OPTIONS,									95-366781	
MICHELLE KHOURY DIRECTOR 2 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				En			es,	and	d Highest Con		loyees (cont.)
MICHELLE KHOURY DIRECTOR 2 X DIRECTOR 2 X DIRECTOR 2 X DIRECTOR	· (A)	1			-	-				(E)	(F)
DIRECTOR	Name and Title								compensation from	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DIRECTOR 2 X 0. 0. SUSANNA OPENSHAW 0. 0. 0. DIRECTOR 2 X 0. 0. MARCOS RAMIREZ 0. 0. 0. DIRECTOR 2 X 0. 0. DIRECTOR 2 X 0. 0. ELLEN K. SHOCKRO, PH.D. 0. 0. 0. DANIEL SONENSHINE 0. 0. 0.	IRECTOR	2	2 X						0.	0.	0.
DIRECTOR 2 X 0. 0. MARCOS RAMIREZ 0. 0. 0. DIRECTOR 2 X 0. 0. BARBARA ROBERTS 0. 0. 0. DIRECTOR 2 X 0. 0. DIRECTOR 2 X 0. 0. DANIEL SONENSHINE 0. 0. 0.	IRECTOR	2	2 X						0.	0.	0.
DIRECTOR 2 X 0. 0. BARBARA ROBERTS 0. 0. 0. DIRECTOR 2 X 0. 0. ELLEN K. SHOCKRO, PH.D. 0. 0. 0. DIRECTOR 2 X 0. 0. DANIEL SONENSHINE 0. 0. 0.	IRECTOR	2	2 X						0.	0.	0.
DIRECTOR 2 X 0. 0. ELLEN K. SHOCKRO, PH.D. 2 X 0. 0. DIRECTOR 2 X 0. 0. DANIEL SONENSHINE 0. 0. 0.	RECTOR	2	2 X						0.	0.	0.
DIRECTOR 2 X 0. 0. DANIEL SONENSHINE		2	2 X						0.	0.	0.
		2	2 X						0.	0.	0.
		2	2 X						0.	0.	0.
KERRI SONENSHINE DIRECTOR 2 X 0. 0.		2	2 X						0.	0.	0.
PAUL CASTILLO DIRECTOR 2 X 0. 0.		2	2 X						0.	0.	0.
LES THOMAS 2 X 0. 0.		2	2 X						0.	0.	0.
BOB WARMINGTON 2 X 0. 0.		2	2 X						0.	0.	0.
LINDA_SCHILLING DIRECTOR 2 X 0. 0.		2	2 X						0.	0.	0.
		40	40		х	х				0.	9,600.
1 b Total			a thoas !	- ata			- ماريد	•	· · · · · · · · · · · · · · · · · · ·	·	9,600.

from the organization 1

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	<u> </u>	د داده داده داده داده داده داده داده دا	<u>ئۆڭى</u> X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such	353	V	
_	Individual	34	∧	13.5%
J	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	5	******	Х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
BALBOA BAY CLUB 1221 WEST COAST HIGHWAY NEWPORT BEACH, CA 92663	EVENT SERVICES	100,777
		9547), 17 % (All Consumer 6) 28 (All Consumer 6)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

rai	EVIII 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	128,731.				
	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f: h Total. Add lines 1a-1f.	1,268,568. 61,276.	2,838,164.			
PROGRAM SERVICE REVENUE	2a THRIFT STORE SALES b SHELTER CLIENT FEES c SHELTER RENTAL FEES	Business Code	125,762. 76,320. 53,453.	76,320.		125,762.
OGRAM SER	d COURT ORDERED FINES e f All other program service revenue		42,792.	42,792.		
- K	g Total. Add lines 2a-2f	, interest and	298,327. 187,306.			187,306.
	Income from investment of tax-exempt toRoyalties	<u>▶</u>	10.7500.			107,300.
	6a Gross Rents b Less: rental expenses c Rental income or (loss)	(II) Personal				
	7a Gross amount from sales of assets other than inventory 728,191.	(II) Other				
į	b Less: cost or other basis and sales expenses		64,046.	64,046.		e e e e e e e e e e e e e e e e e e e
OTHER REVENUE	8a Gross income from fundraising events (not including. \$	719,842.				
ē O	b Less: direct expenses . b c Net income or (loss) from fundraising ex 9a Gross income from gaming activities. See Part IV, line 19 a	200, 936.	518,906.			518,906.
	b Less: direct expenses b c Net income or (loss) from gaming activity	ties ►				
	10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b	1			FIRE TANK	
	c Net income or (loss) from sales of inven Miscellaneous Revenue 11 a OTHER REVENUE	Business Code	10,290.	10,290.		
	b c d All other revenue					
	e Total. Add lines 11a-11d 12 Total revenue. See instructions		10,290. 3,917,039.	246,901.	0.	831,974.

|PartilX | 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). **(D)** Fundraising (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, Grants and other assistance to individuals in the U.S. See Part IV, line 22 2 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees. 347,569 206,900 20,481 120,188. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in 0 section 4958(c)(3)(B) 0 0. 2,355,059 2,045,423. Other salaries and wages 213,937 95,699. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits Payroll taxes Fees for services (non-employees) a Management **b** Legal 26,795 26,795 c Accounting **d** Lobbying e Prof fundraising svcs. See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 69,772 53,594 11,772 Office expenses 4,406. 14 Information technology 15 Royalties 132,079 Occupancy 118,916 8,347 4,816. 16 18,015 13,719 17 Travel 2,055 2,241. Payments of travel or entertainment expenses for any federal, state, or local public officials 19,495 5,833 5,030 19 Conferences, conventions, and meetings 8,632. 20 Interest 21 Payments to affiliates 154,904 122,514 31,748 22 Depreciation, depletion, and amortization 642. 36,325 30,115 3,661 23 549 Insurance 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 REPAIRS & MAINTENANCE 220,124 186,706 20,949 12,469. **b** CONSULTING 110,729 91,117 10,501 9,111. c UTILITIES 73,584 57,951 8,607. 7,026. d TELEPHONE 49,839 39,687 8,151. 2,001. 10,892. e MARKETING 32,631 19,274 2,465. 154,009 122,037 7,094 24,878. f All other expenses 3,800,929 Total functional expenses. Add lines 1 through 24f 3,113,786 381,593. 305,550. Joint costs. Check here ► I 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

	•	(A) Beginning of year	(B) End of year
-,1	Cash – non-interest-bearing		1
2	Savings and temporary cash investments	1,033,103.	2 999,082
3	Pledges and grants receivable, net	1,059,035.	3 923,434
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))	B. Ericken & W. W.	
.	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .		6
S 7 S 8	Notes and loans receivable, net		7
È 8	Inventories for sale or use		8
s 9	Prepaid expenses and deferred charges	27,099.	9 23,462
10	a Land, buildings, and equipment: cost or other basis. 10a 6,540,427. Complete Part VI of Schedule D		
	b Less: accumulated depreciation 10b 2,167,769.		10c 4,372,658
111			11 958,279
12	· · ·		12
13	· · · · · · · · · · · · · · · · · · ·		13
14	· -		14
15	-	2 7	15 2,174,986
16	·		16 9,451,901
17			17 272,474
18	· •		18
19	· ·		19
է 20			20
A 21	·		21
22 22			
T	of Schedule L		22
É 23	Secured mortgages and notes payable to unrelated third parties		23
24			24
25			25
26			26 272,474
<u> </u>	Organizations that follow SFAS 117, check here ► X and complete lines		
ا	27 through 29 and lines 33 and 34.	C 250 C2C	C 440 120
§ 27	• • • • • • • • • • • • • • • • • • •	·	27 6,440,139
E 28 S 29	' '	=//	28 1,341,288
23	·	1,352,000.	29 1,398,000
R F UND 30	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.		
B 30	· · · · · · · · · · · · · · · · · · ·		30
g 31	· · · · · · · · · · · · · · · · · · ·		31
B 31 A 32 C 33 E 34	Retained earnings, endowment, accumulated income, or other funds		32
N 33	Total net assets or fund balances	9,063,317.	9,179,427
	Total liabilities and net assets/fund balances	9,438,756.	34 9, 451, 901.

A CHANGE	maneiar Statements and Reporting			
•			Yes	No
1 Accounti	ng method used to prepare the Form 990: \square Cash $ \overline{X} $ Accrual \square Other			
If the org in Sched	anization changed its method of accounting from a prior year or checked 'Other,' explain ule O.			
2a Were the	organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the	organization's financial statements audited by an independent accountant?	2b	X	
	line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, r compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the org in Sched	anization changed either its oversight process or selection process during the tax year, explain ule O.	4		
d If 'Yes' to consolidate	line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a ited basis, or both:			
☐ Se	parate basis X Consolidated basis Both consolidated and separate basis		200	
	ult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single and OMB Circular A-133?	3a	Х	
b If 'Yes,' or audits	lid the organization undergo the required audit or audits? If the organization did not undergo the required audit explain why in Schedule O and describe any steps taken to undergo such audits.	3Ь	Х	
BAA		Form	990	(2009)

TEEA0112L 02/05/10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2009

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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24400	*****	A	Va 7 1.33
1.5 k	nsper	choir	**************************************
えん 成別の数・	19 M	Market Services	X 84

		OPTIONS, IN					_			66781			
<u>P</u> ar	til s	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.) See i	ristruct	ions		
				use it is: (For lines 1 thro									
1		A church, conventi	ion of churches or ass	ociation of churches desc	cribed in	section	170(b)	(1XAXi)).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	. 🗖 .												
-	name, city, and state:												
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or	r local government or	governmental unit descri	bed in s	ection 1	70(b)(1)	XAXv).					
7		An organization the	at normally receives a (XAXvi). (Complete P	substantial part of its su	apport fr	om a go	vernme	ntal uni	t or fron	n the ger	neral public	desc	rıbed
8		A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	II.)							
9	X	investment income	ed to its exempt function	more than 33-1/3 % of its s ns — subject to certain excess ass taxable income (less complete Part III.)	entions :	and (2) r	n more i	lhan 33.	1/3 % of	ite eunna	ort from area		ıfter
10	П	An organization or	ganized and operated	exclusively to test for pu	iblic safe	ety. See	section	1 509(a)	(4).				
11		An organization or more publicly supp	ganized and operated oorted organizations of	exclusively for the benef described in section 509(a zation and complete lines	fit of, to	perform	the fun	ictions (of orca	rry out tl 509(a)(3	he purposes). Check th	s of or ne box	ne or c that
		a Type I	b Type II	c ☐ Type III	I - Fund	ctionally	integrat	ted		d \square	Type III-	Other	•
е		By checking this be than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led dired upported	tly or in	directly zations	by one describ	or more ed in se	disqualiction 509	ified persoi (a)(1) or se	ns oth ection	ier
f		If the organization check this box.	received a written det	termination from the IRS	that is a		Type II	or Typ	e III sup	porting	organızatıor	٦, 	
g		Since August 17, 2	2006, has the organiza	ition accepted any gift of	r contrib	oution fro	om any	of the f	ollowing	persons	;? [Yes	N _a
		(i) a person who	o directly or indirectly overning body of the si	controls, either alone or tupported organization?	together	with pe	rsons d	escribe	d ın (ıı) a	and (iii)	11 g (i)	res	_No_
			nber of a person desc							• • • •	11 g (ii)		
		•	•	described in (i) or (ii) al	hove?			•			11 g (iii)		
h				the supported organization			•	•• ••	•	• • •		1	—
		Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) organizat (i) lister	(iv) is the inization in col listed in your governing document?			notify (vi) Is the organization in coof (i) organized in thort?		(vii) Amouni	t of Sup	port
					Yes	No	Yes	No	Yes	No			
						1							
					ŀ	1							
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				AND CONTROL OF THE PARTY AND ADDRESS OF THE PA	na tiniant silen	1 B 42	5/5 / 5 (2001)		de sus de	a			
Total				71. January F. R. W. W. C. C.	ak select A	" 02 1896 (E.)	145	K. K. S.	K. M.E.	2 Y.			

BAA 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

Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	t I.)				
Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include unusual grants ') .							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
4	Total. Add lines 1-through 3 .							
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)		**************************************					
	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		,					
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related active	rities, etc. (see ins	structions)	•		12	2	
	First five years. If the Form 990 organization, check this box and	stop here	•		or fifth tax year as		(c)(3) ▶ ∏	
	tion C. Computation of Pu					1 2	. 1	
	Public support percentage for 20	• •	•	• • • • • • • • • • • • • • • • • • • •		14		
	15 Public support percentage from 2008 Schedule A, Part II, line 14							
b	and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box							
-	and stop here. The organization qualifies as a publicly supported organization							
17 a	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.							
	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. 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.							
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a	, or 1/b, check th	is box and see	instructions . P	

Partill 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 (c) 2007 Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') 4,077,744. 4,110,781. 4,428,638. 3,767,512. 3,295,794. 19,680,469. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 234,774. 489,847 415,625 352,029. 369,893 1.862.168. purpose Gross receipts from activities that are not an unrelated trade or business under section 513 0. 4 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge n 4,312,518 4,600,628. 4,844,263. 4,119,541 3,665,687542 6 Total. Add lines 1 through 5. 637. 7a Amounts included on lines 1, 2, 3 received from disqualified 546,433. 617,841 294,015 249,494 234,385 1,942,168. persons. **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 O 163,176 163,176. 617,841 294,015 249,494 234,385 709,609. 2,105,344. c Add lines 7a and 7b **建设 学位建设 企 经收收收收收收收收收** 8 Public support (Subtract line 7c from line 6.)... .. 多心 化氯化 19,437,293. Section B. Total Support (c) 2007 (d) 2008 Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (e) 2009 (f) Total 4,312,518. 600,628 4,844,263. 4,119,541 3,665,687 21,542,637. 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources..... 127,955. -115,972-547,991675,209 251,352 390,553. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. . . . 675,209 127,955 -115,972. -547,991 251,352 390.553 11 Net income from unrelated business activities not included inline 10b. whether or not the business is 0. regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in 0. 13 Total support. (add ins 9, 10c, 11, and 12) 21, 933, 190. 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 ▶ [Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 88.6% 16 Public support percentage from 2008 Schedule A, Part III, line 15. 16 88.8% Section D. Computation of Investment Income Percentage 1.8% 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 1.2% 18 Investment income percentage from 2008 Schedule A, Part III, line 17. 18 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not ► X more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization... b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, 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

Schedule A	(Form 990 or	990-EZ) 2	2009	HUMAN	OPTIONS	S, INC	J		95-3667817	Page 4
PartiV*	Suppleme Part II, line	ntal Info i 17a or	rmation 17b; a	on. Com and Parl	plete this	s part t 12. Pro	o provide ovide any	the explanations other additional i	95-3667817 required by Part I nformation. See in	l, line 10; structions.
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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 Name of the organization

HUMAN OPTIONS.

Employer Identification number

			95-3667817
Pai		r Advised Funds or Other Similar Fun	ids or Accounts Complete if
	the organization answered 'Yes' t	o 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	funds are the organization's property, subject		Yes Mo
	used only for charitable purposes and not for purpose conferring impermissible private bene	rs, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or for sfit??	any other Yes No
Pai	t'II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation of	of an historically important land area
	Protection of natural habitat	——————————————————————————————————————	of certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organizations day of the tax year.	on held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Year
a	Total number of conservation easements		2a
ŧ	Total acreage restricted by conservation ease	ments	2b
•	: Number of conservation easements on a certi	fied historic structure included in (a).	2c
C	Number of conservation easements included i	n (c) acquired after 8/17/06	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termina	ted by the organization during the tax
	year ▶		
4	Number of states where property subject to co	onservation easement is located >	_
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, hant it holds?	ndling of violations, Yes No
6	during the year ►	ng, inspecting, and enforcing conservation ease	
7	Amount of expenses incurred in monitoring, in during the year ►	especting, and enforcing conservation easemer	\$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its revenue and exper to the organization's financial statements that c	nse statement, and balance sheet, and describes the organization's accounting for
Păı	till Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial stateme	ic exhibition, education, or research in furthera	ent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
t	amounts relating to these items:	lic exhibition, education, or research in furthera	ance of public service, provide the following
	(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 amounts required to be reported under SFAS	rt, historical treasures, or other similar assets f	for financial gain, provide the following
	Revenues included in Form 990, Part VIII, line		
Ł	Assets included in Form 990, Part X		

(·)					
(ii). related organizations				3a(ii) X	
b If 'Yes' to 3a(II), are the related organizations	listed as required on Sc	hedule R?		3b	
4 Describe in Part XIV the intended uses of the	organization's endowme	ent funds.	SEE 1	PART XIV	
Part VI Investments—Land, Buildings, a	nd 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		1,917,767.		1,917,767	<u>.</u>
b Buildings		3,890,662.	1,560,688.	2,329,974	Ī.
c Leasehold improvements		91,666.	16,122.	75,544	Ī.
d Equipment		276,507.	230,411.	46,096	; .

Schedule D (Form 990) 2009 HUMAN OPTIONS, INC		95-36	67817 Page 3
Part VIII Investments-Other Securities See Fo		ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation rket value
Finançial derivatives			<u> </u>
Closely-held equity interests			
Other			
			
- 			
	•		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.) ►			
PartVIII Investments-Program Related (See F		line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
		Cost or end-of-year ma	rket value
			
			
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13) Part IX Other Assets (See Form 990, Part X, I	ine 15)		
<u> </u>	scription		(b) Book value
BEN. INTEREST IN CHARITABLE REM. TRUS			1,060,000.
DEPOSIT WITH ORANGE COUNTY COMMUNITY	FDN		972,950.
HEDGE FUND			142,036.
Total. (Column (b) must equal Form 990, Part X, col.(B), lii	70. 15)		2,174,986.
Part X Other Liabilities (See Form 990, Part X			2,114,300.
(a) Description of Liability	(b) Amount		
Federal Income Taxes	32, 1110211	***	* 4 * 4 * 1 * 1
		*** *** * * * *	\$ \$ \$ * * \$ \$ \$ \$ \$

	_		
			
		中班会子至是由公安安安。	to the said of the
		an some with the same of the same is a	中中安全不事事.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		按 本一部一學 新 教 安 安 班 安 山	A Secretarian de la company

^{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 HUMAN OPTIONS, INC.	95-3667817	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statem		·
1 Total revenue (Form 990, Part VIII, column (A), line 12)		<u>17,039.</u>
2 Total expenses (Form 990, Part IX, column (A), line 25)		300,929.
3 Excess or (deficit) for the year Subtract line 2 from line 1	1	16,110.
4 Net unrealized gains (losses) on investments.	· · · · · <u> </u>	
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments	<u>_</u>	
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8.		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	1	16,110.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1 Total revenue, gains, and other support per audited financial statements		17,039.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	7. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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)	<u>\$\</u>	
e Add lines 2a through 2d	. <u>2e</u>	_
3 Subtract line 2e from line 1		17,039.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV) 4b	\$ 75.	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		17,039.
Rart XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1 Total expenses and losses per audited financial statements	1 3,8	00,929.
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	100 PM	
c Other losses	₩ , ₩, 900	
d Other (Describe in Part XIV)	****	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3,8	00,929.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b 4a	1, 14, 1	
b Other (Describe in Part XIV)	<u> </u>	
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 3,8	00,929.
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 line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple information	; Part IV, lines 1b and 2b; te this part to provide any	Part V, additional
PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND		
THE ENDOWMENT FUNDS ARE HELD IN PERPETUITY. THEY ARE INVESTED	AND THE EARNINGS	-
GAINS AND LOSSES, WHICH ARE UNRESTRICTED AS TO USE, ARE DISTRIB	UTED TO THE	
ORGANIZATION, AND CAN BE USED AS ANY OTHER UNRESTRICTED FUNDS.	HOLDING THE END	OWMENT
FUNDS AIDS IN THE STABILITY OF FUTURE GROWTH AND PROGRAMS.		

Schedule D (Form 990) 2009 HUMAN OPTIONS, INC.	<u>95-3667817</u>	Page 5
Schedule D (Form 990) 2009 HUMAN OPTIONS, INC. [Part XIVA Supplemental Information (continued)		
·		
•		
		- -
		- -
		_ _
		-
	 	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number Name of the organization HUMAN OPTIONS. 95-3667817 INC Fundraising Activities. Complete If the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ 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 Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? XNo Yes **b** 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. (v) Amount paid to (or retained by) fundraiser listed in (i) Name of individual or entity (fundraiser) (vi) Amount paid to (or retained by) (iii) Did fundraiser (ii) Activity (iv) Gross receipts have custody or control from activity of contributions? col (i) organization Yes No 0. Total 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.

		reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with	gross receipts gre	ater than \$5,000.
R			(a) Event #1 SERIOUS FUN (event type)	(b) Event #2 FALL EVENT (event type)	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
E >			(dreini sype)	(Great Gpc)	(total number)	
RE>ESDE		Gross receipts	530,469.	189,373.		719,842.
i	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	530,469.	189,373.		719,842.
	4	Cash prizes				
D	5	Noncash prizes	2,382.	2,934.		5,316.
DIRECT	6	Rent/facility costs	83,954.	24,344.		108,298.
	7	Food and beverages				
E P E	8	Entertainment				_
EXPERMEN	9	Other direct expenses	57,789.	29,533.		87,322.
	10	Direct expense summary Add lines 4- th	rough 9 in column (d)			200,936.
(max.tir/	11	Net income summary. Combine lines 3, o	column (d) and line 10	<u> </u>	_	518,906.
Par	Z(III.)	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or re	ported more than
RE>EZUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Ü		Crees revenue				
		Gross revenue				
D X I P	2	Cash prizes			 	
D-RECT	3	Non-cash prizes				
Š	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No	No	· · · · · · · · · · · · · · · · · · ·
	7	Direct expense summary Add lines 2 three	ough 5 in column (d)		▶	
	8	Net gaming income summary. Combine li	ines 1. column (d) and	line 7	▶	
			2		··	YES NO
а	ls th	er the state(s) in which the organization op le organization licensed to operate gaming				9a
b) If 'N	o,' explaın: 		·		
		e any of the organization's gaming license	s revoked, suspended	or terminated during the	tax year?	10a
b	lf 'Y	es,' explain: 				
11		s the organization operate gaming activities				11
12	Is th adm	e organization a grantor, beneficiary or truinister charitable gaming?	istee of a trust or a me	mber of a partnership o	r other entity formed to	12

Schedule G (Form 990 or 990-EZ) 2009 HUMAN OPTIONS, INC.	95-3667817	Page 3
13 Indicate a The org	the percentage of gaming activity operated in: anization's facility	s and records:	ES NO
b If 'Yes,'	e organization have a contact with a third party from whom the organization receives gaming revenue received by the organization \$and		
	ing revenue retained by the third party \$ enter name and address of the third party:		
Name:	►s: ►	48-19-14	
	g manager information	(a) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	
Name:			
Gamınç	g manager compensation ► \$		
Descrip	otion of services provided: ►		
Dire	ector/officer Employee Independent contractor		
17 Mandat	tory distributions		
a Is the o	organization required under state law to make charitable distributions from the gaming proceeds to aming license?	to retain the	
_	he amount of distributions required under state law to be distributed to other exempt organization		
	ation's own exempt activities during the tax year: ►\$		
BAA	TEEA3703L 02/05/10 Sche	edule G (Form 990 or 990	-EZ) 2009

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047 2009

* Open to Rublic -

Department of the Treasury Internal Revenue Service

Name of the organization

HUMAN OPTIONS,

INC.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

Employer identification number

95-3667817

Partill Questions Regarding Compensation			
inguisting queeneries regularing compensation		Tv.	- No
1 a Check the appropriate box(es) if the organization provided any could VII, Section A, line 1a Complete Part III to provide any rele	of the following to or for a person listed in Form 990, Part evant information regarding these items	Ye	S No
First-class or charter travel	Housing allowance or residence for personal use	2 2	A
Travel for companions	Payments for business use of personal residence		
Tax indemnification and gross-up payments	Health or social club dues or initiation fees		P 4 4
Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)	***	* *
	resonal services (e.g., male, enabled, ener)	A 37 1	
b If any of the boxes on line 1a are checked, did the organizareimbursement or provision of all of the expenses described	ation follow a written policy regarding payment or	1 b	***
	·	- B	
2 Did the organization require substantiation prior to reimburs trustees, and the CEO/Executive Director, regarding the iter	sing or allowing expenses incurred by all officers, directors, ms checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses CEO/Executive Director. Check all that apply.	s to establish the compensation of the organization's		
Compensation committee	Written employment contract	the state of	
Independent compensation consultant	Compensation survey or study		
Form 990 of other organizations	X Approval by the board or compensation committee	* * *	
4 During the year, did any person listed in Form 990, Part VII	Cashina A line 1e with manual to the floor of the		
or a related organization:	, Section A, line 1a with respect to the filing organization		
a Receive a severance payment or change-of-control paymen	nt?	4a	Х
b Participate in, or receive payment from, a supplemental noi	nqualified retirement plan?	4b	Х
c Participate in, or receive payment from, an equity-based co	•	4c	X
If 'Yes' to any of lines 4a-c, list the persons and provide the	· ·		
Only section 501(c)(3) and 501(c)(4) organizations must co	·		
5 For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the revenues of:	, did the organization pay or accrue any compensation	2:1	
a The organization?		5a	X
b Any related organization?		5b	X
If 'Yes' to line 5a or 5b, describe in Part III.		910	4 -
6 For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of:	, did the organization pay or accrue any compensation		
a The organization?		6a	Х
b Any related organization?	*********	6b	X
If 'Yes' to line 6a or 6b, describe in Part III.			
7 For person listed in Form 990, Part VII, Section A, line 1a, described in lines 5 and 6? If 'Yes,' describe in Part III	did the organization provide any non-fixed payments not	7	X
		- -	
8 Were any amounts reported in Form 990, Part VII, paid or a contract exception described in Regs. section 53.4958-4(a)((3)? If 'Yes,' describe in Part III	8	X
If 'Yes' to line 8, did the organization also follow the rebutta section 53 4958-6(c)?	able presumption procedure described in Regulations	9	x

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

Schedule J (Form 990) 2009

Page 2

Schedule J (Form 990) 2009 HUMAN OPTIONS, INC.

Part III 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.

		26.347.0 4/2 1000 4410					· ·
	(b) Breakdown	(b) Breakdown of W-2 and/or 1099-MIS	-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation		Silente	(A)-(I)(A)	Form 990 or Form 990-EZ
VIVIAN CLECAK	(i) 144,957.	.0.	000,9	0	. 009,6	160, 557.	' '
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	======================================						
	(ii)						
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	()						
	(ii)						
	()						
	(ii)						
	(0)						
	(a)	1 1 1					
	(ii)						
	(i)	 			1 1 1 1 1 1		
	(ii)						
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	(i)						
	()						
	()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(ii)						
`					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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			IEEAAIUZL UZUZIU	07/20		מכוופח	screaule J (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal-Revenue Service Name of the Organization

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

Open to Rublic Inspection

Employler Identification number

HUMAN OPTIONS, 95-3667817 Range Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (A) (B) (C) (D) (E) (F) Name and Title Position (check all that apply) 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 Average hours per week Individual trustee or director Officer Highest compensated employee Former Institutional trustee Key employee and related organizations MARICELA RIOS C00 40 Х 88,102 0. 0. DARLA OLSON DEVEL. OFFICER 40 X X 98,703 0. 0.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

HUMAN OPTIONS, INC.

describe in Part II.

Employer identification number

95-3667817

Par	til黨 Types of Property				
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications		Personal Superior	<u>,</u>	
5	Clothing and household goods		* * * * * * * * * * * * * * * * * * *		
6	Cars and other vehicles				
7	Boats and planes			· <u> </u>	
8	Intellectual property			· ·	
9	Securities—Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution— Historic structures				
14	Qualified conservation contribution—Other.				
15	Real estate–Residential				
16	Real estate-Commercial .				
17	Real estate-Other.				
18	Collectibles				
19	Food inventory		-		
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (SOFTWARE).	X	1	27,709.	VENDOR STMT
26	Other ► (MARKETING) .	X	1	21,349.	VENDOR STMT
27	Other ► (LEGAL SERVICES)	Х	1		VENDOR STMT
28	Other ► (
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones	on during the e Acknowle	ne tax year for contributi dgement	ions for which the	29
30 a	During the year, did the organization receive by control for at least three years from the date of the inpurposes for the entire holding period?	ontribution a nitial contrib	any property reported in bution, and which is not 	Part I, lines 1-28 that required to be used fo	yes No It must rexempt 30a X
	If 'Yes,' describe the arrangement in Part II.				
31	Does the organization have a gift acceptance police	cy that requ	iires the review of any n	ion-standard contribution	ons? . 31 X
32 a	Does the organization hire or use third parties or r		anizations to solicit, prod		32a X
b	If 'Yes,' describe in Part II.				
	If the organization did not report revenues in colur	mn (c) for a	type of property for wh	nich column (a) is checl	ked,

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

Schedule M (Form 990) 2009

Schedule M (Form 990) 2009 HUMAN OPTIONS, INC.	95-3667817	Page 2
Schedule M (Form 990) 2009 HUMAN OPTIONS, INC. Rartilli Supplemental Information. Complete this part to provide the information require and 33. Also complete this part for any additional information.	d by Part I, lines 30b,	32b,
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

	2009
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Employer Ide	entification number

HUMAN OPTIONS, INC.	95-3667817
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
RESIDENTIAL SERVICES INCLUDE THE FOLLOWING 3 MAJOR PROGRAMS:	
EMERGENCY SHELTER OFFERS 30-45 DAY EMERGENCY CARE, CASE MANAGE	MENT, COUNSELING,
SHELTER, FOOD/CLOTHING AND A 24 HOUR HOTLINE (BED SPACE OF 40	CLIENTS), AS WELL AS A
90-DAY TRANSITIONAL PROGRAM FOR UP TO 5 FAMILIES TRANSITIONING	FROM THE EMERGENCY
SHELTER.	
SECOND STEP PROVIDES LOW COST APARTMENT RENTAL FOR 12 TO 18 MO	NTHS_AND_OFFERS
COUNSELING AND CASE MANAGEMENT, LEGAL ADVOCACY, PARENTING AND	LIFE SKILLS EDUCATION
AS WELL AS ASSISTANCE WITH PERMANENT HOUSING FOR UP TO 14 FAMI	LIES AT A TIME
(APPROXIMATELY 40 CLIENTS).	
THIRD STEP IS AN EXTENDED TRANSITIONAL HOUSING PROGRAM PROVIDE	NG LOW-COST CONDO
RENTAL FOR UP TO 3 YEARS WITH CASE MANAGEMENT AND COUNSELING F	OR 6 FAMILIES.
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
THRIFT SHOP - A THRIFT SHOP, "CLASSY SECONDS", OPERATES IN COS	IA MESA TO AUGMENT
OPERATING FUNDS AND PROVIDE CLOTHING FOR CLIENTS. CLIENTS FROM	M RESIDENTAIL PROGRAMS
ALSO RECEIVE ON THE JOB TRAINING WHEN APPROPRIATE.	
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	S, DIRECT
THERE IS ONE MARRIED COUPLE ON THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
CEO AND ADMINISTRATIVE DIRECTOR REVIEW THE TAX RETURN AS PART	OF THE SIGNING
PROCESS.	

Schedule O (Form 990) 2009 Name of the organization HUMAN OPTIONS, INC.	Employer identification number 95-3667817
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENF	
EACH BOARD MEMBER AND STAFF MEMBER SIGNS A CONFLICT OF I	NTEREST DOCUMENT THAT STATES
THEIR AFFILIATIONS BOTH FOR PAY AND AS A VOLUNTEER. THE	Y ARE DISCUSSED WITH THE
PRESIDENT OF THE BOARD FOR THE BOARD MEMBERS AND WITH TH	E SUPERVISORS FOR THE STAFF
MEMBERS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBL	
UPON REQUEST TO THE ADMINISTRATIVE OFFICES, FINANCIAL ST	ATEMENTS AND POLICIES WILL
BE MADE AVAILABLE AS DEEMED APPROPRIATE.	

Schedule 0 (Form 990) 2009	Page 2
Name of the organization HUMAN OPTIONS, INC.	Employer identification number 95-3667817
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U Audus/09-10 Audu/Files for auditors// Investments June 2010 x1s]lnc & Exp	nts June 2010 xIsil	nc & Exp				0107-6007	-							,
	Bought	00/01/90 Plo3	Philipping	Quantity	06/30/10	00/02/90	COST VALUE	ALUE	04/30/10	06/30/09 06/30/10 Market Value Market Value	06/30/10	Sales	Gain/Loss	Unrealized
Cash Schwab US Treas Money Fd	4	4	- ∔]		125,000 00 250,140 08		125,000 00 249,622 93	\$1718	125,000 00 250,140 08	51.718	. ,	. ,	, ,
Schwab Value Advantage						375,140 08	•	374,622 93	517.15	375,140 08	51715	. ,	,	
Equittes:	04/06	,	310 000	110.000	,	,	14 632 00	14 632 00				14 201 20	(17 071)	
Qualcomm Inc (donated) LT - 1995	03/26/10	04/14/10		425 000		•	17,755 23	17,755 23			1	18,113 17	357 94	
Wellpoint Inc (donated)	08/14/09	- 60//1/80	849 000	849 000	,		76,696 54	76,696 54				78,128 14	1,414 3/	
		•	:											
Dodge & Cox Intl Stock DODFX Dodge & Cox Intl Stock DODFX	07/10/08	287 211			287 211	21 007 96			11,346 52	7,300 90	8,153.92			853 02 2 976 80
	11/19/09	7 700':	245 844		245 844	- 100,17	8,000 00	•	8,000 00		6,979 51			(1,020 49)
	12/21/09	'	21 407		21 407		669 41		669 41	i	607 74	ı		(61 67)
Dodge & Cox Intl Stock DODFX Dodge & Cox Intl Stock DODFX	02/26/10		262 492		262 492		8,000 00		8,000 00	, ,	7,452 15			(547 85)
		1,289 499			2,075 336	32,354 48	24,669 41		57,023 89	32,779 06	58,918 79			1,470 31
	02/10/08	2,476 667	- 29	•	2,476 667	21,320 64			21,320 64	15,107 67	17,708 17			2,600 50
Morgan Stanley Inst Global MRLAX		3 517		, ,	3 517	SI 7/1	20 82		20 82	80 761	25 15			33 L/ 4 33
		2,511 77	88 151 71 88 151		88 151 2,599 922	21,492 79	647 03		647 03 22,160 64	15,300 35	630 28			(16.75)
T Rowe Price Emerging Market PRMSX	12/18/07 10	10/19/09 85 984		85 984		3.81143		3.811 43		1.975 05		2.566 33	591 28	
T Rowe Price Emerging Market PRMSX		4		425 689		15,000 00		15,000 00	•	9,778 08		12,705 37	2,927 29	
I NOWE FIRE EINER BING MAINE FRANSA		598 730	30	598 730	. .	20,267 02		20,267 02	. ,	13,752 83	. .	17,870 05	4,117.22	, .
Westcore Small Cap Value WTSVX	80/01//0	1,123 252	52 -	٠	1,123 252	12,027 78			12,027 78	8,671 51	10,906 78	•		2,235 27
		282 011			282 011	2,069 96			2,069 96	2,177 12	2,738 33	•		561 20
Westcore Small Cap Value WISVX	60/67/71	1,405 263	14 439		1,419 702	14,097 74	139 91		14,237 65	10,848 63	13,785 31	,	. .	2,796 77
Western Asset Core Plus Bond WACPX	10/01/07	957 765 95 90/61/01		35 77 75		406 000 00		406,000,00		362 074 24	 	100 180 87	17 115.63	
Western Asset Core Plus Bond WACPX	10/31/07			157 981		1,622 47		1,622 47		1,447 11		1,595 45	148 34	, ,
Western Asset Core Plus Bond WACPX	11/30/07	10/19/09 166 920	. 02 6	166 920	•	1,700 26		1,700 26	•	1,528 99		1,685 72	156 73	•
	01/31/08			170 571		1,760 29		1,760 29	. ,	1,562 43		1,714 84	160 16	
	05/29/08			158 262	•	1,595 28		1,595 28	•	1,449 68		1,598 28	148 60	1
Western Asset Core Plus Bond WACPX Western Asset Core Plus Bond WACPX	03/31/08	10/19/09 175 250 10/19/09 165 491	 22 .	175 250		1,733 22		1,733 22	,	1,605 29		1,769 85	164 56	i
	05/30/08			180 784	,	1,778 91		1,778 91	,	1,655 98		1,825 73	169 75	
Western Asset Core Plus Bond WACPX	06/30/08 10	10/19/09 181 935		181 935	•	1,739 30		1,739 30		1,666 52		1,837.36	170 83	•
				208 236	, ,	1,961 58		1,961 58	, ,	1,907 44		2,102 97	5,454 24 195 53	
Western Asset Core Plus Bond WACPX			90 8	217 806		2,066 98		2,066 98		01 566,1		2,199 62	204 51	
Western Asset Core Flus Bond WACPA Western Asset Core Plus Bond WACPX	10/31/08 10	10/19/09 200 488		216 220		1,840 48		1,840 48		1,836 47		2,024 72 2.183 60	188 25 203 03	
				220 855	•	1,813 22		1,813 22	•	2,023 03		2,230 41	207 38	
Western Asset Core Plus Bond WACPX Western Asset Core Plus Bond WACPX	01/30/08 10	10/19/09 495 356 10/19/09 154 242		495 356	, ,	4,299 69		4,299 69		4,537 46	, ,	5,002 59	465 13	1
				186 262		1,536 66		1,536 66		1,706 16		1,881 06	174 90	
				223 743	•	1,897 34		1,897 34		2,049 49	ı	2,259 58	210 09	
Western Asset Core Plus Bond WACPX	04/30/09	10/19/09 234 009	- 60 ×	234 009		2,070 98		2,070 98		2,143 52	•	2,363.25	219 73	ı
	06/11/00			710 383		6,428 97		6,428 97		6,507 11		7,174 14	667 03	
		10/19/09 201 250		201 250	•	1,843 45		1,843 45		1,843 45	ı	2,032 42	188 97	
Western Asset Core Plus Bond WACPX Western Asset Core Plus Bond WACPX	07/31/09	- 60/10/01	215 806	215 806		•	2,076 05	2,076 05		•		2,179 42	103 37	
	09/30/06	- 60/61/01	176 538	176 538			1,765 38	1,765 38				1,782 85	12 67	
		48,204 358	58 589 299	48,793 657		487,304 96	5,757 80	493,062 76		441,551 92		492,765 99	45,456 27	.

U \Audits\09-10 Audit\Files for auditors\{investments June 2010 xls}Inc & Exp	rs\[Investment	s June 2010 x	ls]Inc & Exp													
	L				Quantity	fity			COST	COST VALUE		60/0٤/90	06/30/10	Sales	Cain/Loss	Unrealized
		Bought	Sold	06/30/06	Purchases	Sales	06/30/10	60/30/90	Purchases	Sales	06/30/10	Market Value	Market Value Market Value	Price	on Sales	Gain/Loss
PIMCO Total Return Fund	PTTRX	03/03/09	01/97/20	1,091 902		1,091 902	,	10,944 88		10,944 88		11,410 38		11,980 00	569 62	
PIMCO Total Return Fund	PTTRX	03/03/09	02/10/10	1,081 081		1,081 081		10,836 42	1	10,836 42	•	11,297 30	•	11,980 00	682 70	
PIMCO Total Return Fund	PTTRX	03/03/09		4,610 949			4,610 949	46,218 70		•	46,218 70	48,184 42	51,919 29	•		3,73487
PIMCO Total Return Fund	PTTRX	03/31/09		33 131		•	33 131	335 62	•	•	335 62	346 22	373 06	•	•	26 84
PIMCO Total Return Fund	PTTRX	04/30/09		35 260		•	35 260	36036		•	36036	368 47	397 03	•	•	28 56
PIMCO Total Return Fund	PTTRX	05/29/09		34 393		•	34 393	358 72	•	٠	358 72	359 41	387 27	•	•	27 86
PIMCO Total Return Fund	PTTRX	06/30/06		34 261		•	34 261	358 03	,		358 03	358 03	385 78		•	27 75
PIMCO Total Return Fund	PTTRX	02/31/09			35 535	•	35 535	•	377 74	•	377 74		400 12	•	,	22 38
PIMCO Total Return Fund	PTTRX	60/18/80		•	34 422		34 422		371 07		371 07	•	387 59		•	16 52
PIMCO Total Return Fund	PTTRX	60/30/60			32 292	,	32 292	•	352 63	•	352 63	•	363 61		•	10 98
PIMCO Total Return Fund	PTTRX	10/20/09		,	45,002 291		45,002 291	•	491,000 00	,	491,000 00	•	506,725 80	•		15,725 80
PIMCO Total Return Fund	PTTRX	10/30/09		,	101 368		101 368	•	1,108 97	٠	1,108 97	•	1,141 40		•	32 43
PIMCO Total Return Fund	PTTRX	11/11/09			3,284 475	•	3,284 475	,	36,000 00	•	36,000 00	•	36,983 19		,	983 19
PIMCO Total Return Fund	PTTRX	11/11/09			182 783		182 783	•	2,01792	•	2,017 92	•	2,058 14	•	•	40 22
PIMCO Total Return Fund	PTTRX	12/09/09		•	443 579		443 579	•	4,830 58	•	4,830 58	•	4,994 70	•	•	164 12
PIMCO Total Return Fund	PTTRX	12/09/09			123 389	•	123 389		1,343 71	•	1,343 71	•	1,389 36		•	45 65
PIMCO Total Return Fund	PTTRX	12/31/09			180 367		180 367	•	1,947 96	•	1,947 96	•	2,030 93			82 97
PIMCO Total Return Fund	PTTRX	01/31/10		•	136 314	•	136 314		1,494 00		1,494 00	•	1,534 90	•	•	40 90
PIMCO Total Return Fund	PTTRX	02/28/10		•	134 296	•	134 296		1,475 91	,	1,475 91	•	1,512 17	•	,	36 26
PIMCO Total Return Fund	PTTRX	03/31/10		ı	137 999		137 999	•	1,523 51		1,523 51	•	1,553 87			30 36
PIMCO Total Return Fund	PTTRX	04/30/10		•	141 334	•	141 334	•	1,573 05		1,573 05	•	1,591 42			18 37
PIMCO Total Return Fund	PTTRX	05/31/10		•	127 979		127 979	,	1,420 57		1,420 57	•	1,441 04			20 47
PIMCO Total Return Fund	PTTRX	06/30/10	•	,	140 467		140 467		1,581 66	•	1,581 66	•	1,581 66	•		(00 0)
			ı	6,920 977	50,238 890	2,172 983	54,986 884	69,412 73	548,419 28	21,781 30	596,050 71	72,324 21	619,152 31	23,960 00	1,252 33	21,116 50
LAZARD Emerging Markets	LZEMX	10/20/09			944 802		944 802	•	17,650 00	•	17,650 00	,	16,430 11	,		(1,219 89)
LAZARD Emerging Markets	LZEMX	11/11/09		ı	216 812	•	216 812		4,000 00		4,000 00		3,770 36	•		(229 64)
LAZARD Emerging Markets	LZEMX	12/29/09		1	30 075	•	30 075	,	539 84	•	539 84		523 00	•		(1684)
LAZARD Emerging Markets	LZEMX	02/26/10			229 287	•	229 287	ı	4,000 00	r	4,000 00		3,987 30	•		(12 70)
LAZARD Emerging Markets	LZEMX	02/10/10	ı	•	213 902	,	213 902	•	4,000 00	•	4,000 00	•	3,719 76		,	(280 24)
			ı	,	1,634 878		1,634 878		30,189 84	•	30,189 84	•	28,430 53			(1,759.31)
Fanite Someties								644,929 72	609,844 09	535,111 08	719,662 73	586,557 00	738,876 38	534,596 04	50,825 82	26,245 51
Equity Securines. Hatteras Multistrategy LP				160,000			160,000	160,000 00			160,000 00	129,911 02	142,036 91			12,125 89
								160,000 00	•		160,000 00	129,911 02	142,036 91			12,125 89
								1,180,069 80	686,540 63	986,430.55	880,17988	1,091,608 10	881,430 44	612,724 18	52,257 42	38,371 40
															,	

(30 73) (290 48) 83 24 107 80 (92 25) 351 68 (68 40) 112 95) -(195 67) (2 69) 248 95 Unrealized Gain/Loss 237 08 . (227 92) (30 67) (151 85) (57 02) (57 02) 194 80 162 34 24 79 30 30 41 32 (1 71) 52 25 236 32 53 10 606 73 47 22 100 49 (112 53) Gain/Loss on Sales 48 99 215 05 67 00 256 64 344 53 1,542 46 2,880 41 360 05 979 73 1,163 44 941 50 941 50 3,509 73 1,684 04 561 35 1,480 65 907 75 907 75 414 92 1,203 59 802 40 ,244 75 1,439 05 1,166 80 324 85 397 04 541 42 541 42 541 42 541 42 541 42 541 42 541 42 541 42 541 42 876 34 ,099 42 Sales Price 06/30/09 06/30/10

Market Value Market Value 9 25 14,195 23 14,204 48 1,403 40 3,220 80 2,713 55 1,992 25 ,690 50 1,71690 3,007 20 1,575 20 1,861 50 391 50 ,491 70 2,928 00 8 25 1,187 52 888 40 2,903 00 1,427 40 475 80 1,265 60 2,605 75 1,782 75 903 75 903 75 1,103 10 367 70 1,103 10 735 40 933 36 933 36 888 40 972 00 810 00 300 06 366 74 500 10 2,062 50 902 40 2,576 20 737 20 1,474 40 1,195 77 9 25 14,195 23 14,204 48 1,434 13 3,137 56 3,104 30 2,150 75 1,640 57 1,604 65 3,202 87 1,577 89 1,612 55 1,47982 1.459 90 3,155 92 04/30/10 1,450 79 3,195 43 399 38 865 98 1,114 45 1,037 82 870 15 3,623 45 1,973 97 646 79 ,639 58 1,552 79 991 88 1,347 45 440 14 1,320 43 976 57 1,590 90 1,605 82 1,505 20 1,552 56 1,300 64 254 10 536 63 651 03 543 13 489 17 1,681 33 ,016 01 Sales COST VALUE 1 00 13,007 71 1,434 13 1,611 98 1,450 79 1,640 57 1,639 58 1,479 82 1,459 90 1,590 90 06/30/09 Purchases 3,137 56 1,604 65 3,202 87 1,577 89 1,612 55 3,11038 ,661 10 836 13 3,155 92 13,008 71 1,11445 8 25 1,187 52 3,104 30 2,150 75 3,195 43 399 38 ,037 82 3,623 45 1,973 97 646 79 1,552 79 991 88 1,347 45 440 14 1,320 43 1,605 82 1,505 20 1,552 56 1,300 64 254 10 870 15 536 63 651 03 1,195 77 ,016 01 ,681 33 Quantity hases Sales 06/30/10 2 60 20 25 15 15 15 5 15 10 20 Sold 06/30/09 Purchases 25 20 70 5 5 45 25 20 20 25 30 40 35 15 40 U \Audits\09-10 Audit\Files for auditors\linvestments June 2010 xls}lnc & Exp 09/25/09 09/25/09 09/25/09 03/01/10 03/01/10 09/25/09 09/25/09 09/25/09 09/22/09 03/01/10 09/22/09 09/22/09 09/22/09 09/25/09 09/25/09 06/21/10 09/25/09 09/04/09 09/04/09 09/22/09 03/04/10 09/22/09 09/22/09 09/25/09 09/25/09 03/01/10 03/01/10 03/01/10 09/22/09 09/22/09 03/30/10 09/25/09 Bought 09/04/09 09/22/09 10/04/07 04/09/09 10/04/07 10/04/07 12/20/07 09/25/09 05/11/08 11/23/09 02/11/08 pre 6/30/00 10/04/07 01/22/08 09/25/09 10/04/07 10/04/07 0/04/07 01/22/08 05/20/09 09/25/09 04/11/08 60/50/90 03/03/08 03/03/08 04/04/08 02/13/08 03/26/08 03/26/08 60/81/90 09/22/09 11/06/09 09/25/09 09/25/09 05/15/09 07/25/08 09/22/09 09/22/09 09/25/09 10/23/09 09/25/09 10/04/07 10/04/01 09/25/00 BNI BNI CHRW ACL AGN AGN APH APH ADP BCR BDX BRKB CVX CSCO CME KO CL DNEX EMR EXPD EXPD EXPD EXPD EXPD CME BFB ESRX Schwab CA Muni Money Fund Activision Blizzard Inc Activision Blizzard Inc Affiliated Computer CL A Burlington Nth Santa Fe Burlington Nth Santa Fe Burlington Nth Santa Fe Burlington Nth Santa Fe Affiliated Computer CL A Goldman Sachs Group Inc Exxon Mobil Corporation Factset Research Systems Becton Dickinson & Co General Dynamics Согр CH Robinson Worldwd Accenture LTD CL A Accenture LTD CL A Amphenol Corp Cl A Auto Data Processing Colgate-Palmolive Co Chevron Corporation CME Group Inc Cl A CME Group Inc CI A Berkshire Hathaway Coca Cola Company Вгоwn Forman Согр Abbott Laboratories Berkshire Hathaway Emerson Electric Co Emerson Electric Co Dionex Corporation Gilead Sciences Inc Google Inc Class A Cisco Systems Inc Express Scripts Inc Flor Systems Inc Adobe Systems Adobe Systems Bunge Limited Expeditors Intl Expeditors Intl Bunge Limited Expeditors Intl Expeditors Intl Expeditors Intl Bard C R Inc Allergan Inc Allergan Inc Alcon Inc

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	_	- 1		ŀ	Quantity		 		COST VALUE	LUE		00/30/90	06/30/10	Sales	Gain/Loss	Unrealized
	_	Bought	Sold 06	30/09 Pu	06/30/09 Purchases Sales 06/30/	ales 06	/30/10	06/30/06	Purchases	Sales	01/06/90	Market Value Market Value	Aarket Value	Price	on Sales	Gain/Loss
Google Inc Class A	0000	09/18/09 0	09/22/09	,	2	2	,	٠	82 966	96 78	ı			984 18	(12.61)	
	E		09/25/09	50	٠,	20	,	3.277 67	'	3.277 67	,	2.225 00		2.583 14	358 14	•
	E		09/22/09	10	,	10		395 36	,	395 36		445 00	•	516 63	71 63	•
ks Inc	ΜLI	10/04/07 09	09/22/09	45		45		2,633 50	,	2,633 50		1,680 30	•	1,910 39	230 09	ď
Illinois Tool Works Inc	MLI	_	09/22/09	15		15	,	536 87		536 87	,	260 10	•	636 80	69 92	,
Intel Corp	INTC		09/22/09	70		20		1,797 29	1	1,797 29	•	1,158 50	•	1,357 25	198 75	
Intel Corp	NTC		09/22/09	20	. :	02		1,797 49		1,797 49	ı	1,158 50	1	1,357 25	198 75	,
	INTC		09/25/09		70	70		•	402 35	402 35	1		•	387 79	(14 56)	•
	IBM	60/11/90		10			0	1,107 72		•	1,107 72	1,044 20	1,234 80	•	,	190 60
ess Machines	IBM			. :			15		1,831 44	•	1,831 44		1,852 20	,	•	20 76
			09/25/09	9 :	,	9 :		1,877 92	,	1,877 92		1,691 40		1,652 06	(39 34)	
			09/25/09	2;	•	2 ;	,	311 58	•	311 58	•	281 90	•	275 34	(95 9)	,
	EC		09/25/09	35		35		2,765 85		2,765 85	•	1,473 15	i	1,572 31	90 16	
Group	JEC		09/25/09	70	, ;	70	. :	1,780 09		1,780 09		841 80		898 47	29 95	
		09/22/09		•	S :	,	ر د کو		3,050 16	•	3,050 16		2,953 00	•	ı	(91 16)
		60/57/60			<u>ر</u> ب		٤:	•	1.589 04		1,589 04	•	2,438 25	1	,	849 21
o Inc		03/01/10		. ;	5		÷ 5	, ;	1,696 62	•	1,696 62		1,708 20	1	•	11 58
		11/26/08		35			35	1,991 39		•	1,991 39	2,012 15	2,305 45		•	293 30
ę.		09/25/09			70		70	•	1.156 98	•	1,156 98	•	1,317 40			160 42
		09/25/09			\$		88 	i	3,152 47	•	3,152 47	•	3,082 95		,	(69 52)
				. :	125	, ;	125	. :	3,218 89		3,218 89	•	2,876 25	•	,	(342 64)
lew Del	MON 12/17/08		60/57/60	72	, f	52	. 6	1,896 53	' "	1,896 53		1,858 50		1,895 25	36 75	
Nestie 5 A Reg	NOKGI	60/57/60		. 5	₹	, :	₹	. 000	3,002 /1	- 007	3,002 71	' !	3,388 51	' '	,	385 80
		90/11/10		01 5		2	. =	608 14		608 14	, ,	21 / 80		278 67	10.87	
		00/32/00		2	, 22		<u>.</u>	77 716	02 020 0	,	27 716	0/ 9//	1,013 25	,		236 55
Ho' Ha			00/5//00	٠ د	.	، ۶	ć	1 404 73	7,0,7	1 404 72	2,072	752 40	7,304 23	C0 070	CF 311	56 167
	_		10104	3 .	· 05	۹,	, °	C/ +0+'1	115580	C/ +0+.1	3 155 80	04 667	4.051.00	70 000	74 511	06 308
or Inc		10/04/07		85	·		\$2	4.103 55		•	4.103.55	2 684 30	291550			23.120
		09/22/09		١.	145		145	,	3.049 00	,	3,049 00	20.1	3.111.70			07 167
		09/22/60		1	110		110	•	3,180 72	•	3,180 72		2,856 70		,	(324 02)
Paychex Inc	PAYX				15		15	,	441 74	i	441 74		389 55	ı	,	(52.19)
Parker-Hannifin Corp	PH		09/25/09	20		20	,	3,617 95	,	3,617 95	,	2,148 00	,	2,621 98	473 98	
Praxair Inc			09/25/09	2		5		461 43	•	461 43	•	355 35	•	398 63	43 28	•
			09/22/09	20		20		1,882 88		1,882 88	,	1,421 40	1	1,594 50	173 10	
			09/25/09	15		15		1,464 72		1,464 72		1,066 05	•	1,195 88	129 83	•
Proctor & Gamble		01/30/08		<u>0</u> :			: ≏	656 26	•		656 26	511 00	266 80	•		88 80
	2 2	03/720		07	, ;		50 34	1,399 44			1,399 44	1,022 00	1,199 60	•	•	177 60
nation	Ž	03/20/07 00	00/36/00	, 44	Ç		3		1,400 33	, 001.0	1,400 33	, ,	1,499 50	21 000 0	(0)	33.17
			09/22/09	8 2	. ,	3 9		568 35		568 35		2,983 20		2,939 15	(44 05)	ı
	XDQ		02/12/09	· ~		۰,	,	284 17	•	284 17		287 15		262.04	(20 11)	
	DGX	10/04/07 09	09/22/09	40		40		2,273 37		2,273 37	ı	2.257 20		2.077 58	(179 62)	
	RTN	10/04/07 09	09/25/09	15		15		957 91	•	957 91	•	666 45	,	704 51	38 05	•
any			09/22/09	15	,	15		964 25	1	964 25		666 45		704 51	38 05	,
			09/25/09	25		25		986 71	1	986 71	•	965 00	•	1,172 52	207 52	
	_		09/25/09	. :	70	70		•	954 31	954 31	,	•	•	938 02	(16 29)	٠
			09/25/09	2 9		5 5		1,446 83	•	1,446 83	•	811 65		892 64	66 08	
	SLB SID	01/29/08 09	09/22/09	2 8		2 6		91 36		791.36		541 10	,	595 09	53 99	•
Schlumberger Ltd			09/22/09	9 4	•	9 4	1	0/ 25/.I		0/ 25/,1		1,082 20	•	1,190 19	107 99	1
			09/25/09	65		65		3.652 63		3.652.63	. ,	7 199 60	, ,	55 /67	27 00 482 93	1 1
			; •	25		;	25	1.803.78	٠	20.00	1 803 78	993 50	1 251 50	در ۱۵۵۰۰	CZ 704	00 856
	Ū	09/22/09		١,	45		45		2,050 69	•	2,050 69	,	2,252 70		ı	202 01
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(44 57) (106 03) Unrealized Gain/Loss 3,495 31 373 23 16 865 972 14 4,467 45 7 58 53 05 86 20 258 61 249 85 (83 67) 7 70 42 35 427 60 36 41 89 18 8,383 98 8,383 98 Gain/Loss on Sales 1,690 59 1,591 15 289 30 1,082 24 3,084 40 315 98 254 28 1,779 95 346 00 1,038 01 619 13 346 01 1,941 01 3,368 71 100,480 15 100,480 15 Sales Price 06/30/09 06/30/10
Market Value 2,913 60 3,042 00 5,955 60 1,622 75 2,764 65 86,894 91 -1,571 35 1,571 35 1,829 80 2,884 20 107,05499 246 70 1,726 90 259 80 779 40 1,548 80 281 60 1,029 40 2,656 80 226 80 1,393 20 3,089 34 1,440 74 702 80 92,090 95 93,286 72 1,601 20 1,655 10 2,604 10 87,196 65 2,540 37 2,443 09 1,548 02 1,87437 2,990 23 106,38459 4,983 46 06/30/10 237 59 1,620 78 401 76 1,166 31 2,104 63 340 15 875 35 3,501 71 607 77 309 60 1,673 04 816 12 3,987 34 115,957 51 15,957 5 Sales COST VALUE 06/30/09 Purchases . 1,601 20 1,655 10 2,540 37 2,443 09 309 60 1,548 02 1,874 37 2,990 23 2.604 10 101,39699 83,404 82 4,983 46 2,104 63 340 15 875 35 3,501 71 607 77 237 59 1.620 78 401 76 1,166 31 1,673 04 816 12 3,734 51 3,987 34 119,749 34 120,945 11 Sold 06/30/09 Purchases Sales 06/30/10 35 60 160 25 55 10 20 20 162 35 35 81 . **4** 2 . . 5 5 5 5 5 5 25 35 25 55 10 20 20 162 35 35 81 35 5 15 20 U \Audits\09-10 Audit\Files for auditors\[Investments June 2010 xls]Inc & Exp 03/02/10 09/22/09 09/25/09 09/25/09 09/22/09 03/02/10 03/02/10 02/11/0 09/22/09 09/22/09 02/15/09 09/22/09 09/25/09 09/22/09 09/22/09 Bought 09/25/09 05/15/09 02/28/07 10/04/07 12/08/09 06/25/10 80/80/80 09/25/09 90/07/90 03/17/10 10/04/07 10/04/07 09/25/09 09/25/09 80/61/60 10/04/07 12/12/07 12/20/07 09/22/09 10/04/07 10/04/07 TEVA UTX UTX UTX UTX VAR TEVA VAR WMT WAT WU XRX XRX XTO SLV GLD VAR WMI United Technologies Corp United Technologies Corp United Technologies Corp United Technologies Corp Varian Medical Systems Western Union Company Vanan Medical Systems Vanan Medical Systems Waste Management Inc Waste Management Inc Ishares Silver Trust SPDR God Trust Sysco Corporation Sysco Corporation Wal-Mart Stores XTO Energy Inc Waters Согр Xerox Corp **Feva Pharm** Teva Pharm

(78 01) (78 01) 897 71 (1,736 00) 4,172 00 642 00 129 60 545 40 109 35 4,256 78 1,596 00 897 41 2,233 09 (994 00) 2,924 00 (447 00) 534 00 158 05 2,275 00 621 00 1,310 00 585 00 Unrealized 1,893 00 637 61 24,240 18 Gain/Loss 24,240 18 1,658 78 1,315 99 3,404 02 3,404 02 Gain/Loss on Sales 5,510 78 5,302 99 14,987 02 14,987 02 Sales Price 06/30/09 06/30/10
Market Value Market Value 84 00 7,185 00 6,768 00 692 16 1,442 00 9,149 00 5,796 00 5,901 00 2,654 82 914 00 3,005 00 6,810 00 6,034 08 8,225 00 2,912 84 2,932 00 3,656 00 13,401 41 2,320 00 6,092 00 5,745 00 6,816 00 6,606 18 6,788 00 4,473 00 140,038 49 66 00 28,967 02 29,033 02 3,852 00 3,852 00 5,175 00 7,326 00 6,600 00 4,056 00 3,744 00 4,053 00 562 56 2,367 44 1,757 41 4,373 09 3,864 00 4,920 00 5,730 00 3,926 00 5,450 00 3,987 00 5,220 00 3,122 00 112,970 52 83,937 50 84 00 5,263 39 13,401 41 5.870 29 4,892 22 1,983 67 4,936 10 6,443 06 8,596 80 2,810 13 5,624 56 2,017 78 1,332 65 2,982 59 755 95 5,731 81 6,112 09 4,997 43 8,41733 8,49147 4,165 02 4,828 05 3,16733 4,833 03 2,899 89 127,445 17 01/08/90 Sales 15,565 61 29,335 65 4,220 47 4,16502 5,38455 3,770 04 15,565 61 COST VALUE Purchases 18 00 6,112 09 5,870 29 1,332 65 5,731 81 4,892 22 5,263 39 29,976 40 29,958 40 66 00 28,967 02 29,033 02 60/30/90 4,165 02 4,165 02 4,936 10 2,982 59 4,833 03 6,443 06 2,899 89 5,384 55 2,810 13 5,624 56 4,220 47 4,997 43 8,491 47 4.828 05 3,16733 1,983 67 8,41733 2,017 78 8,596 80 126,804 41 | Quantity | Sold | 06/30/09 | Purchases | Sales | 06/30/10 200 500 400 300 624 1.800 . 100 100 48 202 100 700 -100 450 300 - 6 43 200 200 400 300 500 500 500 8 300 300 624 800 90 5 300 00 70 100 202 48 202 U \Audits\09-10 Audit\Files for auditors\{Investments June 2010 xls}Inc & Exp 09/11/00 02/25/10 10/01/07 10/01/07 10/13/08 09/10/09 05/21/10 01/26/10 06/04/09 04/30/09 10/01/07 05/06/09 10/01/07 10/01/07 08/04/09 02/11/10 10/13/08 10/01/07 03/18/08 10/10/08 10/01/07 10/01/07 10/01/07 10/01/07 10/01/07 06/04/09 09/15/08 GE GE GNW HSP HSP KEP MSG DAL MRH MYL NEM NEM Schwab CA Muni Money Fund Montpelier RE HIdgs LTD General Electric Company General Electric Company General Electric Company Western Union Company Madison Square Garden Pharmerica Corporation Genworth Financial Inc Newmont Mining Corp Bank of America Corp Boston Scientific Corp Newmont Mining Corp Angold Ashanti ADR Korea Elec Power CP XL Capital Ltd A Shs **Fextron Incorporated** Delta Air Lines Inc Cemex SAB ADR Devon Energy CP Carefusion Corp Equity Securities: Covidien LTD Citigroup Inc Mylan Inc

Asset		Date Acquired	Deprec Method	Lıfe	Asset Cost	Acc Dep 06/30/09	Annual	Acc Dep 06/30/10	Book Value 06/30/10
FURNITURE & FIXTURE	S								
PRIOR TO 1993	N/A- Fully Depreciated	Pre 1993	S/L	-	19,254 00	19,254 00	-	19,254 00	_
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	674 44	674.44	-	674.44	_
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	938 72	938 72	-	938 72	_
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	170 00	170 00	-	170 00	_
FURNITURE	N/A- Fully Depreciated	1993	S/L	5	471.95	471 95		471 95	•
FURNITURE	N/A- Fully Depreciated	1993	S/L	5	228 30	228 30	-	228 30	-
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	813.65	813 65	-		-
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5.	490 48	490 48		813.65	-
FURNITURE	N/A- Fully Depreciated	1993	S/L	5	100 00		-	490 48	-
			S/L S/L	5		100.00	-	100 00	-
SECURITY GATE	N/A- Fully Depreciated	1993			1,543 04	1,543 04	-	1,543 04	-
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	396 63	396 63	-	396.63	-
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	427.77	427 77	-	427.77	-
SECURITY GATE	N/A- Fully Depreciated	1993	S/L	5	1,785 00	1,785 00	-	1,785 00	-
REFRIGERATOR	N/A- Fully Depreciated	1994	S/L	5	855 54	855.54	-	855.54	-
FURNITURE	N/A- Fully Depreciated	1994	S/L	5	1,223 07	1,223 07	-	1,223 07	-
REFRIGERATOR	N/A- Fully Depreciated	1994	S/L	5	427 77	427.77	-	427 77	-
REFRIGERATOR	N/A- Fully Depreciated	1995	S/L	5	461 64	461 64	-	461 64	-
AIR CONDITIONER	N/A- Fully Depreciated		S/L	5	1,377 77	1,377 77	-	1,377 77	-
TELEVISION	N/A- Fully Depreciated	04/22/96	S/L	5	484 80	484 80	-	484 80	-
OFFICE FURNITURE	N/A- Fully Depreciated	05/16/96	S/L	5	2,183 00	2,183 00	-	2,183 00	-
OFFICE FURNITURE	N/A- Fully Depreciated	06/27/96	S/L	5	241 36	241 36	-	241 36	-
FUNRITURE (DONATED)	SHELTER	06/30/96	S/L	5	2,625 00	2,625 00	-	2,625.00	-
OFFICE FURNITURE	ADMIN	07/12/96	S/L	5	2,183 00	2,183 00	_	2,183.00	-
DESKS	SHELTER	07/01/96	S/L	5	3,884 67	3,884 67	_	3,884 67	_
VARIOUS FUNRITURE	SHELTER	07/01/96	S/L	5	128,256 57	128,256 57	-	128,256 57	-
OFFICE PICTURES	ADMIN	08/14/96	S/L	5	1,058.30	1,058 30	_	1,058 30	_
OFFICE PICTURES	ADMIN	09/10/96	S/L	5	3,283 95	3,283 95	_	3,283 95	_
MIRROR	N/A- Fully Depreciated		S/L	5	550 00	550 00	_	550 00	
COUCH	N/A- Fully Depreciated		S/L	5	1,500 00	1,500 00	_	1,500.00	_
SAFE HOUSE FURNISHINGS		11/12/96	S/L	5	6,289 95	6,289.95	_	6,289 95	-
FUNRITURE	2ND STEP	01/29/97	S/L	5	5,435 00	5,435 00	_	5,435 00	-
OFFICE CHAIR	ADMIN	01/29/97	S/L	5	500 00	500.00	-		-
OFFICE DESKS, CHAIR	ADMIN	01/24/97	S/L	5	969 65	969 65	_	500.00	-
FUNRITURE (BUSN OFFICE)		02/27/97	S/L	5	2,790 73	2,790 73		969 65	-
DESK - FUND DEVELOPMEN		03/20/97	S/L	5	-	•	-	2,790 73	-
AIR CONDITIONERS					241 36	241 36	-	241 36	-
	2ND STEP	04/24/97	S/L	5	1,737 50	1,737 50	-	1,737.50	-
AIR CONDITIONERS	2ND STEP	05/15/97	S/L	5	1,737 50	1,737.50	-	1,737 50	-
DESK	ADMIN	07/01/97	S/L	5	250 00	250 00	-	250 00	-
FURNITURE	CRC	08/15/97	S/L	5	3,867 59	3,867 59	-	3,867 59	-
FURNITURE	CRC	09/25/97	S/L	5	3,867.60	3,867 60	-	3,867.60	-
FURNITURE	CRC	09/24/97	S/L	5	4,900 00	4,900 00	-	4,900 00	-
FURNITURE	CRC	10/08/97	S/L	5	541 68	541.68	-	541.68	-
CHAIRS	CRC	10/24/97	S/L	5	646 50	646.50	-	646 50	-
FURNITURE	CRC	10/30/97	S/L	5	376 80	376.80	-	376 80	-
FURNITURE	CRC	11/06/97	S/L	5	632 50	632 50	-	632 50	-
FURNITURE	CRC	11/12/97	S/L	5	600 00	600 00	-	600.00	-
FURNITURE	CRC	02/25/99	S/L	5	1,075.24	1,075 24	-	1,075 24	-
COUCH	SHELTER	03/11/99	S/L	5	743 44	743 44	-	743 44	-
REFRIGERATOR	2ND STEP	06/14/99	S/L	5	888 25	888 25	=	888 25	_
FURNITURE & FIXTURES (C		06/01/02	S/L	5	66,625.00	66,625 00	_	66,625 00	_
LOCKING DOOR	ADMIN	08/14/02	S/L	5	1,552 00	1,552 00	_	1,552 00	_
FURNITURE	SHELTER	08/28/02	S/L	5	1,718 20	1,718.20	_	1,718 20	-
FIXTURES & ARTWORK	ADMIN	07/01/02	S/L	5	20,000 00	20,000 00	-	20,000 00	-
FURNITURE & FIX	ADMIN	08/01/03	S/L	5	3,026 85	3,026 85		3,026 85	-
TABLES, CHAIRS & SOFAS		10/02/03	S/L	5	7,000 00	7,000 00	-		-
FURNTURE	2ND STEP	03/21/05	S/L S/L	5	•		212.60	7,000 00	-
					1,604 00	1,390.40	213 60	1,604.00	-
DESKS & CABINET	PCIT	05/12/05	S/L	5	1,982 95	1,652.77	330 18	1,982.95	-
REFREIGERATOR	CRC	06/07/05	S/L	5	517 19	422 32	94 87	517 19	-
CABINETS	SHELTER	06/30/05	S/L	5	6,550 00	5,240.00	1,310 00	6,550 00	-

Asset		Date Acquired	Deprec Method	Lıfe	Asset Cost	Acc Dep 06/30/09	Annual	Acc Dep 06/30/10	Book Value 06/30/10
	a	06/20/05	C/T	_	4 002 00	201474	070.16	4 802 00	
DINING ROOM FURNITURE		06/30/05 06/30/05	S/L S/L	5 5	4,892.90	3,914 74	978 16	4,892 90	-
CELLULAR SHADES	SHELTER	08/18/05	S/L S/L	5	2,596 00	2,076 60	519.40	2,596 00	- 02.00
SOFAS & CHAIRS	SHELTER	08/31/05	S/L S/L	5	5,600 00	4,387 00	1,120 00	5,507.00	93.00
DONATED ART	SHELTER	09/15/05	S/L	5	4,500.00	3,525 00	900 00	4,425 00	75.00
SOFAS & CHAIRS	SHELTER	10/06/05	S/L S/L	5	5,510 94	4,224 57	1,102 19	5,326 76	184 18
FILE CABINETS	ADMIN AND STEP		S/L S/L	5	1,260 68	945 42	252 14	1,197 56	63.12
FURNITURE	2ND STEP	12/31/05	S/L S/L	5	5,550 00	3,885.00	1,110 00	4,995 00	555 00
REFRIGERATOR	2ND STEP	11/10/05		5	547 55	401 53	109 51	511 04	36 51
MICRO, DISH, WASH & DRY		03/08/07	S/L	5	5,618 09	2,621.78	1,123 62	3,745 40	1,872 69
REFRIDG & MICRO	SHELTER	03/08/07	S/L	٠ -	1,190 64	555 64	238 13	793 77	396.87
				-	363,824 70	351,146 53	9,401 80	360,548 33	3,276 37
MACHINERY & EQUIPM	ENT								
SOFTWARE	N/A- Fully Depreciated	1995	S/L	5	8,005 00	8,005 00	_	8,005 00	_
STEREO SYSTEM	N/A- Fully Depreciated		S/L	5	398.66	398 66	_	398 66	_
CASSETTE RECORDER	N/A- Fully Depreciated		S/L	5	1,179 98	1,179 98	_	1,179 98	
PRINTERS	N/A- Fully Depreciated		S/L	5	1,443 80	1,443 80	-	1,443 80	_
VOICE MAIL	SHELTER	07/03/97	S/L	5	7,369 31	7,369 31	_	7,369 31	
VOICE MAIL	N/A- Fully Depreciated		S/L	5	9,423 85	9,423 85	_	9,423 85	<u>-</u>
COMPUTER	2ND STEP	08/28/97	S/L	5	1,395 36	1,395 36	-	1,395 36	-
WASHER & DRYER	2ND STEP	09/23/97	S/L	5	4,500 00	4,500 00	-	4,500 00	_
COMPUTER	CRC	10/09/97	S/L	5	4,202 25	4,202 25	-	4,202.25	-
COMPUTER	SHELTER	10/09/97	S/L	5	204 73	204 73	•	204.73	-
COMPUTER	2ND STEP	10/09/97	S/L	5	1,400 75	1,400 75	-	1,400 75	-
PRINTERS	N/A- Fully Depreciated		S/L	5	868 36	868 36		868 36	-
	N/A- Fully Depreciated		S/L	5	1,346 88	1,346 88	-		-
COMPUTER			S/L	5	280 13	•	-	1,346 88	-
PRINTERS	N/A- Fully Depreciated		S/L S/L	5		280 13	-	280 13	-
COMPUTER	N/A- Fully Depreciated			5	1,346 88	1,346 88	-	1,346 88	-
PRINTERS	N/A- Fully Depreciated		S/L		809 00	809 00	-	809 00	-
COMPUTER	N/A- Fully Depreciated		S/L S/L	5 5	500 00 980 00	500 00	-	500 00	-
COMPUTER	N/A- Fully Depreciated	03/20/98	S/L S/L	5		980.00	-	980.00	-
COMPUTER	2ND STEP		S/L S/L	5	2,000 00	2,000 00	-	2,000 00	-
COMPUTER	CRC	07/15/98 07/15/98	S/L S/L	5	1,572 72	1,572.72	-	1,572.72	-
COMPUTER	2ND STEP		S/L S/L	5	1,572 72	1,572 72	-	1,572 72	-
COMPUTER	N/A- Fully Depreciated	01/25/99	S/L S/L	5	4,152 91	4,152 91	-	4,152 91	-
COMPUTER	CRC		S/L S/L	5	1,975 10	1,975 10 472 97	-	1,975 10 472 97	-
EQUIPMENT	N/A- Fully Depreciated	04/27/99	S/L S/L	5	472 97 807 04	807 04	-		-
COMPUTER	CRC	06/23/99	S/L S/L			1,678 75	-	807 04	-
COMPUTER	COUN CTR			5	1,678 75		-	1,678 75	-
COMPUTER	CRC	09/30/99	S/L	5	1,432 98	1,432 98	-	1,432 98	-
COMPUTER	N/A- Fully Depreciated	05/01/00	S/L	5 5	16,051 81 2,908 58	16,051 81	-	16,051 81	-
COMPUTER	CRC N/A- Fully Depreciated		S/L		*	2,908 58	-	2,908 58	-
COMPUTER			S/L	5	1,608 46	1,608 46	-	1,608.46	-
COMPUTER	CRC	05/01/00	S/L	5	140 00	140.00	-	140.00	-
COMPUTER	CRC	05/01/00 05/01/00	S/L	5	5,601 00	5,601.00 728.00	-	5,601 00	-
COMPUTER	SHELTER		S/L	5	728 00		-	728 00	-
COMPUTER	SHELTER	05/01/00	S/L	5	3,170 00	3,170 00	-	3,170 00	-
COMPUTER	CRC	03/16/00	S/L	5	1,825 69	1,825 69	-	1,825.69	-
COMPUTER	CRC	03/31/00	S/L	5	1,503.04	1,503 04	-	1,503 04	-
COMPUTER	COMM ED	03/31/00	S/L	5	1,152 90	1,152 90	-	1,152 90	-
FAX MACHINE	N/A- Fully Depreciated		S/L	5	242 44	242.44	-	242 44	-
COMPUTERS	N/A- Fully Depreciated		S/L	5	2,641 96	2,641 96	-	2,641 96	-
COMPUTER	SHELTER	10/16/00	S/L	5	3,000 00	3,000 00	-	3,000.00	-
COMPUTER	2ND STEP	11/30/00	S/L	5	1,200 00	1,200 00	-	1,200 00	-
COMPUTER	N/A- Fully Depreciated		S/L	5	4,495 14	4,495.14	-	4,495 14	-
COMPUTER	SHELTER	11/30/00	S/L	5	600 00	600 00	-	600 00	-
COMPUTER	SHELTER	02/01/01	S/L	5	1,067 00	1,067 00	-	1,067 00	-
COMPUTER	CRC	02/15/01	S/L	5	645 00	645 00	-	645 00	-
COMPUTER	N/A- Fully Depreciated		S/L	5	1,424.34	1,424 34	-	1,424 34	-
COMPUTER	SHELTER	03/01/01	S/L	5	3,089.00	3,089 00	-	3,089 00	-

Asset		Date Acquired	Deprec Method		Asset Cost	Acc Dep 06/30/09	Annual	Acc Dep 06/30/10	Book Value 06/30/10
TELEPHONE SYSTEM	CRC	06/28/01	S/L	5	5,738.50	5,738.50	_	5,738 50	_
COMPUTER	SHELTER	09/06/01	S/L	5	2,149.98	2,149.98	-	2,149 98	-
COMPUTER	SHELTER	01/10/02	S/L	5	967 49	967 49	-	967 49	_
COMPUTER	CRC	01/10/02	S/L	5	967 49	967.49	_	967.49	_
COMPUTER	2ND STEP	01/10/02	S/L	5	967 49	967.49	-	967 49	_
COMPUTER	2ND STEP	04/17/02	S/L	5	2,000 00	2,000 00	-	2,000.00	_
COMPUTER	ADMIN	06/01/02	S/L	5	1,159 00	1,159 00	-	1,159 00	_
TELEPHONE SYSTEM	ADMIN	06/01/02	S/L	5	9,242 37	9,242 37	-	9,242 37	-
COMPUTERS	ADMIN	12/06/02	S/L	5	1,090 00	1,090 00	-	1,090 00	-
EQUIPMENT	CTR 4 CHILD & FAM	08/01/03	S/L	5	7,213 32	7,213 32	-	7,213 32	_
COMPUTERS	SHELTER	06/01/04	S/L	5	5,940 28	5,940 28	-	5,940 28	_
COMPUTERS	CRC	06/01/04	S/L	5	5,940 28	5,940.28	-	5,940 28	_
COMPUTERS	2ND STEP	06/01/04	S/L	5	7,425 34	7,425 34	-	7,425 34	_
COMPUTERS	ADMIN	06/01/04	S/L	5	2,970 14	2,970 14	-	2,970 14	-
COMPUTERS	COMM ED	06/01/04	S/L	5	1,485 07	1,485 07	-	1,485.07	-
COMPUTERS	COMM ED	07/08/04	S/L	5	2,173.45	2,173 45	-	2,173.45	-
COMPUTERS	ADMIN	07/19/04	S/L	5	500 00	500.00	-	500 00	-
COMPUTERS	ADMIN	09/30/04	S/L	5	2,000.00	1,900 00	100.00	2,000 00	-
COMPUTERS	SHELTER	03/10/05	S/L	5	10,833.47	9,389 07	1,444 40	10,833 47	-
APPLIANCES	SHELTER	06/30/05	S/L	5	5,959 15	4,767 49	1,191.66	5,959 15	-
TELEPHONE SYSTEM	SHELTER	07/01/05	S/L	5	7,406.78	5,925.08	1,481 70	7,406 78	-
COMPUTER	ELDER ABUSE	08/04/05	S/L	5	1,900 25	1,488.15	380 05	1,868.20	32 05
PRINTER	SHELTER	08/04/05	S/L	5	300 75	235 45	60 15	295.60	5.15
PRINTER	ADMIN	08/04/05	S/L	5	300 50	235 30	60 10	295 40	5 10
COMPUTERS	ADMIN	08/04/05	S/L	5	1,905 94	1,492 57	381 19	1,873 76	32 18
COMPUTER	CRC/PCIT	08/04/05	S/L	5	1,931 50	1,512 90	386 30	1,899 20	32 30
COMPUTER	CRC	08/04/05	S/L	5	952.96	746 77	190 59	937.36	15 60
COMPUTER	OUTREACH	08/04/05	S/L	5	952 97	746.77	190 59	937 36	15.61
COMPUTERS	PCIT	08/04/05	S/L	5	2,858 90	2,239 34	571 78	2,811.12	47 78
COMPUTER	2ND STEP	08/04/05	S/L	5	952.97	746.77	190 59	937 36	15 61
COMPUTER	2ND STEP	09/15/05	S/L	5	975.72	748.42	195 14	943.56	32.16
COMPUTER	PCIT	06/01/06	S/L	5	3,764 45	2,321 67	752.89	3,074 56	689 89
COMPUTER	ADMIN	06/01/06	S/L	5	1,721 24	1,061 75	344.25	1,406 00	315 24
COMPUTER	SHELTER	06/01/06	S/L	5	1,883 35	1,161 00	376 67	1,537 67	345 68
COMPUTER	2ND STEP	12/20/06	S/L	5	1,363 49	704.48	272.70	977.18	386.32
COMPUTER	CRC OUT REACH	03/08/07	S/L	5	2,717 28	1,268 07	543.46	1,811 53	905 75
COMPUTER	2ND STEP	03/26/07	S/L	5	1,133 45	528 94	226 69	755 63	377 82
COMPUTER	CRC OUT REACH	04/04/07	S/L	5	1,740 81	783 36	348 16	1,131 52	609 29
2 FLAT SCREENS	2ND STEP	05/04/07	S/L	5	380.20	164 75	76 04	240 79	139 41
LAPTOP & SOFTWARE	2ND STEP	06/04/07	S/L	5	2,625 55	1,093 98	525 11	1,619.09	1,006.46
COPY MACHINE	CRC OUT REACH	06/15/07	S/L	5	2,082.56	867 73	416 51	1,284 24	798 32
COMPUTER	CRC OUT REACH	06/29/07	S/L	5	647 43	269 77	129 49	399.26	248 17
COMPUTER	2ND STEP	10/02/07	S/L	5	1,494.82	523 18	298 96	822 14	672.68
SECURITY SYSTEM	2ND STEP	10/08/07	S/L	5	4,531.92	1,586 17	906 38	2,492 55	2,039 38
COMPUTER	CRC OUT REACH	05/23/08	S/L	5	1,643.17	383.40	328 63	712 03	931.14
VOLUNTEER SOFTWARE	FUND DEVELOPMEN	10/07/09	S/L	3	1,220 00	-	305 00	305 00	915 00
AUCTION TRACKER SOFTV	V FUND DEVELOPMEN	12/08/09	S/L	3	1,734.56	_	337 28	337.28	1,397 28
ALARM SYSTEM	SHELTER	06/24/10	S/L	5	9,665 00	_	161 08	161.08	9,503 92
CLIENT DATABASE		06/30/10	S/L	3	24,581 40	217 227 02	12 172 54	220 410 50	24,581 40
					276,507 23	217,237 02	13,173.54	230,410 56	46,096 67
BUILDING IMPROVEMENT	N/A- Fully Depreciated	-	S/L	5	6,529 00	6,529 00	_	6,529 00	_
PAYGROUND RESURFACIN			S/L	5	3,240 82	3,240 82	_	3,240 82	-
PLUMBING IMPROV	SECOND STEP	05/05/08	S/L	30	46,600 00	1,812 22	1,553 33	3,365 55	43,234.45
17 FURNACES	SECOND STEP	12/04/08	S/L	30	17,724 00	590 80	590.80	1,181 60	16,542 40
HEATING & A/C UNIT	SECOND STEP	04/19/10	S/L	30	3,690 00	-	30.75	30 75	3,659 25
			- -	-	77,783 82	12,172 84	2,174 88	14,347 72	63,436.10
BUILDING - IRVINE SHELTI	S CHEI TED	1996	S/L	30	2,014,398.04	872,907.01	67,146 60	040.052.61	1 074 244 42
BUILDING IMPROVEMENT		07/01/03	S/L	30	44,779.56	8,956 95	1,492 65	940,053.61 10,449 60	1,074,344 43
DOILDING IMI ROTEMENT	DITLLICK	01/01/03	يا اب	50	77,777.30	0,730 73	1,772 03	10,449 00	34,329.96

Asset	Date Acquired	Deprec Method		Asset Cost	Acc Dep 06/30/09	Annual	Acc Dep 06/30/10	Book Value 06/30/10
SHELTER - HVAC IMPROV SHELTER BUILDING - APARTMENTS SHELTER BUILDING - ADMIN/PRG ADMIN BUILDING - TUSTIN CONDO 3RD STEP	09/13/06 - 05/18/02 Aug 2007	S/L S/L S/L S/L	30 30 30 30	13,881 62 532,783 00 918,258 74 380,442 00	1,311 04 306,586 04 218,243 48 24,306 02	462 72 17,759 43 30,608 62 12,681 40	1,773 76 324,345 47 248,852 10 36,987.42	12,107 86 208,437 53 669,406 64 343,454 58
				3,904,542 96	1,432,310 54	130,151 42	1,562,461 96	2,342,081 00
LAND - APARTMENT BLDG LAND - IRVINE SHELTER SHELTER LAND - IRVINE ADMIN BLDG	- 1995 05/18/02			820,266 50 547,500 00 550,000 00	- - -	- - -	<i>-</i> -	820,266 50 547,500 00 550,000 00
				1,917,766 50	<u>-</u>	-	-	1,917,766 50
				6,540,425 21	2,012,866 92	154,901 64	2,167,768 57	4,372,656 64