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Return of Organization Exempt From Income Tax

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

lung benefit trust or private foundation)

OMB No 1545-0047 2009 Open to Public

	rtment of the		► The organization	_	ent trust or priva		•	ortina requiremen	tc I	Inspection	
	nal Revenue		► The organization								
A B	Check if		r year, or tax year be			OCT 01,2				30,2010	
$\overline{\Box}$	applicable	Please use IRS	C Name of organia	zation, number	and street, city, to	own, state, an	a ziP code	D Employer ide			
Н	Address cha	print or		OHOD					<u>0695</u>	546	
\Box	Name chang	type	SARAHS H	OUSE				E Telephone no		1400	
H	Initial return	See Specific	2010 1176	urtma om	DELEM				-475-1480		
Н	Terminated	Instruc-	2210 WIC						\$	223918.	
	Amended ret Application		PASADENA					H(a) Isthisa			
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_	ax-exem	<u> </u>	X 501(c)(3) ◄	(insert no)	4947(a)(1) or	527		(see instruc		∐ Yes ∐ No	
	Vebsite:						Γ	H(c) Group exer			
_	orm of organ		Corporation Trust	Association	Other ►		L Year of for	rmation 2000	M State	of legal domicile TX	
Ρ	art I	Summary									
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Activities & Governance	1		f employees (Part V,	•					5	8	
Act			f volunteers (estimate			10			6	88	
		•	elated business reve		• • •	ne 12			7a		
	b Ne	et unrelated b	usiness taxable inco	me from Form	990-1, line 34		— т		7b		
	8 Contributions and grants (Part VIII, line 1h) 111255								_	Current Year 60244.	
Ģ									3.		
Revenue	i i	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								29715.	
æ	1		,	• ′	•	,	<u> </u>	120	- -	122050	
	1		(Part VIII, column (A)			•	ļ	120 11245		133959.	
_	+		add lines 8 through			(A), line 12)		11245	<u> </u>	223918.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4)										
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							<u> </u>	97558.	
Expenses		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 76.74 16a Professional fundraising fees (Part IX, column (A), line 11e)								15994.	
ben	1		ing expenses, (Part IX	` '	•	3762	1		ļ	13794.	
Ä	17 0	thar ovnence	s (Part IX, column (A)	, column (D), m Lines 1桁基型流	CH(16-2/16)	3702		5213	1	85604.	
	19 To	ntal avnancas	- Add lines 13-17 (m	ust equal Path	スルシニュストル	11Vin want	V 10-	12887		199156.	
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	T	evenue less e	skpenses Subtract n	ne to nomine	140031 GN.	IAHUH	В	eginning of Curre		End of Year	
is of	20 To	ntal accete (P	art X, line 16)					<u>Year</u> 7428	<u>-</u>	91181.	
Assel Rala	21 To	•	(Part X, line 26)		MAY 13	2011		1888		11014.	
Net Assets or	22 N		und balances Subtra	et line 2010	1634-00	in F &	*****	5540	\longrightarrow	80167.	
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			r print name and title								
		Preparer's	-:			Date		Check if	Prepare	er's identifying number structions)	
Pa		signature		K LARSE	EN	05/12/	2011	self- employed ▶ ☐		754511	
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Us	e Only	if self-employe address, and a	d),		PASADENA		06-	Phone no >		3-589-0000	
Ma	y the IRS		return with the prepa							Yes X No	
			erwork Reduction A					-		Form 990 (2009)	
	-	-	only, 2009 Universal Tax Sys	-	•	US990\$\$1	Rev 1		~	, ,	
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гаі	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
	WE PROVIDE FOOD, SHELTER, CLOTHING, FOR HOMELESS WOMEN AND CHILDREN WE ASSIST IN JOB TRAINING, EDUCATION, AND JOB SEARCH
	WE ASSIST IN OOB TRAINING, EDUCATION, AND OOB SEARCH
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts any program services? Yes X No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
*	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 147112. including grants of \$) (Revenue \$ 89959.)
	OUR SPECIAL EVENTS FOR 2009 AND 2010 WERE RECEIVED WELL AND THIS HAS
	ALLOWED US TO PROVIDE SHELTER AND FOOD FOR MORE WOMEN AND CHILDREN OUR CONTRIBUTORS ARE GENEROUS AND DEDICATED TO THE IMPROVEMENT OF THE
	OUR CONTRIBUTORS ARE GENEROUS AND DEDICATED TO THE IMPROVEMENT OF THE LIVES WE TOUCH WE HAVE EXPANDED OUR JOB TRAINING THIS YEAR
	WE HAVE HAD SUCSESS IN FINDING THE WOMEN JOBS GIVE A WOMAN A FISH
	AND YOU FEED HER FOR A MEAL TEACH HER TO FISH AND YOU FEED HER FOR A
	LIFETIME
4b	(Code) (Expenses \$ 37622. including grants of \$) (Revenue \$ 128962.)
	WE INCREASED OUR BUND DATCING REPORTS MUTS VEAD WE HAD SUGGESS IN
	WE INCREASED OUR FUND RAISING EFFORTS THIS YEAR WE HAD SUCSESS IN SPECIAL EVENTS TO RAISE PUBLIC AWARENESS AND FUNDS FOR OUR DIRECT
	PROGRAM SERVICES
	TROOTER BERVICED
4c	(Code) (Expenses \$ 14422. including grants of \$) (Revenue \$ 4997.)
	ADMINISTRATION ENSURES THAT CONTRIBUTIONS AND DIRECT PUBLIC SUPPORT
	FUNDS ARE USED FOR PROGRAM EXPENSES AND EXEMPT RELATED EXPENSES
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$)(Revenue \$)
<u>4e</u>	Total program service expenses ► 199156.
	Form 990 (2009)

US990\$\$2

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 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
- 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?
 If "Yes." complete Schedule D. Part V
- 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI
 - Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more
 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
 - Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more
 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
 - Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X

12 Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12 X 12A Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Χ

- 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
- 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
- 17 Did the organization report 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
- 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
- 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
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	Х	
2		Х
3		Х
4		X
_ 5		X
6		X
7		X
8		Х
9		Х
10		X
11	x	

Form **990** (2009)

X

X

X

X

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X

Χ

Part IV **Checklist of Required Schedules** (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations Х in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Х United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes," Х 23 complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines Х 24b through 24d and complete Schedule K If "No," go to question 25 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ 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 Х 25b 990EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 X If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family Х member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Χ III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Schedule R. Part V. line 2 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and Х 19? Note. All Form 990 filers are required to complete Schedule O

Pa	Statements Regarding Other IRS Filings and Tax Compliance								
_	5 to 10 to 1	1	1			Yes	No		
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		0					
	U.S. Information Returns. Enter -0- if not applicable	1a		0	_				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b							
	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	еропа	oie		امدا	Х	1		
	gaming (gambling) winnings to prize winners?	1	1		1c		L		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a		8	2				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		<u> </u>		2 _b	Х	I		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		ctions	`	1 25 1		ı		
	Did the organization have unrelated business gross income of \$1,000 or more during the year cover		0110110	,					
	this return?	00 0,			3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity ov	er,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial		-		4a	l	х		
	If "Yes," enter the name of the foreign country		•						
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank			-				
	and Financial Accounts								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?			5b		X		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entit	y Rega	ırdıng			İ	}		
	Prohibited Tax Shelter Transaction?				5c_				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible?								
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?				6b_	L			
	Organizations that may receive deductible contributions under section 170(c).				1		1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	;			1			
	and services provided to the payor?				7a_	<u> </u>	X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	 _	 		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas					٠,,		
	required to file Form 8282?	1	1		7c	ı	X		
	If "Yes," indicate the number of Forms 8282 filed during the year	_7d	<u> </u>						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	ıal		١ ـ	1	٠.		
	benefit contract?	·40			7e_	 -	$\frac{X}{X}$		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con				7f	 -			
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098		0011150	43	7g 7h	-	<u> </u>		
_	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	-C as i	equire	·u·	1 711	4	ı		
8	organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring	u OtOar	חולפלונ	n					
	have excess business holdings at any time during the year?	y organ		,	8	1	Х		
9	Sponsoring organizations maintaining donor advised funds.				1 0	1			
а	Did the organization make any taxable distributions under section 4966?				9a	1	x		
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		X		
10	Section 501(c)(7) organizations. Enter				,	•	1		
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter.								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources	_							
	against amounts due or received from them)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?		12a		X		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				•		•		

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and		'No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruc	tions	<u> </u>	- No.
Section	on A. Governing Body and Management		Yes	No
1.	Enter the number of voting members of the governing body			
	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
٠	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	_	Х
6	Does the organization have members or stockholders?	6		Х
	Does the organization have members, stockholders, or other persons who may elect one of more members			
	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	<u> </u>	
11	Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			ļ
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	i		
	describe in Schedule O how this is done	12c	X	
	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ı
а	The organization's CEO, Executive Director, or top management official?	15a	X	ļ
þ	Other officers or key employees of the organization?	15b	X	}
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	ı	1
	with a taxable entity during the year?	16a)	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	ł	ı	1
	the organization's exempt status with respect to such arrangements?	16b		<u>] </u>
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed TX			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ►DIANE STANLEY 2210 WICHI PASADENA TX 77502 713-475-	148	0	

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's fivecurrent 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 per week		ি Institutional trustee o	eck Officer	Key employee	ম Highest compensated কু employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
RICK GUERRERO											
CHAIRMAN	20	Х		X				_ 0	0	0	
DIANE STANLEY											
BOARD TREASURE	30	Х		X			_	0	0	00	
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	 		}]	i		1		1		

P	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated											
(A)		(B)	(C)						(D)	(E) Reportable	(F)	
	Name and title	Average Position (check all that apply)							Reportable	Estimated		
		hours per	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation	compensation	amount of	
		week	Eg M	럁	हि	em	bles	l mer	from	from related	other	
			호호	ona	Ì	흥	8 8	`	the	organizations	compensation	
			Sur	1		yee	ਭ		organization	(W-2/1099-MISC)		
			tee	ıste			ens		(W-2/1099-MISC)		organization	
				ď			ate				and related	
		 	 	<u> </u>	 				ļ- 	<u> </u>	organizations	
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_	Total	not limited	to the	- Lot			· · · · · · ·		0	0		
2	Total number of individuals (including but from the organization ▶	not limited	to the	se iiste	eu at	ove	e) wno	rece	eived more than \$ 100	o,000 in reportable (compensation	
_	nom the organization P									· · · · · · · · · · · · · · · · · · ·	Yes No	
3	Did the organization list anyformer officer	, director o	r truste	e, ke	em/	yolq	ee, or	high	nest compensated			
	employee on line 1a? If "Yes," complete S						ŕ	Ŭ	·		3 X	
4	For any individual listed on line 1a, is the	sum of rep	ortable	comp	ens	atıor	n and o	othe	r compensation from		, , ,	
	the organization and related organizations	s greater th	an \$15	50,000)? If '	'Yes	s," com	plet	te Schedule J for suc	h		
	ındıvıdual										4 X	
5	Did any person listed on line 1a receive o		-				•		•		1 1 1	
_	services rendered to the organization? If	'Yes," com	olete S	chedu	ıle J	for s	such p	ersc	on		5 X	
	ction B. Independent Contractors					4-		414		£400,000 -£		
1	Complete this table for your five highest of compensation from the organization	ompensate	ea inae	penae	ent c	ontr	actors	tnat	received more than	\$100,000 of		
_	(A)							Т	(B)		(C)	
	Name and busine	ess address	3					ì	Description of	services	Compensation	
N	OT APPLIC					_		T			<u> </u>	
_												
								↓_				
_			_					<u> </u>				
2	Total number of independent contractors	(including l	out not	limite	d to	thos	se liste	d at	ove) who received n	nore than		

\$100,000 in compensation from the organization

Part IX Statement of Functional Expenses

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

Do no	of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8l	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	83847.	62885.	8385.	12577.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	_			
9	Other employee benefits			1000	
10	Payroll taxes	13711.	10283.	1371.	2057.
11	Fees for services (non-employees)				
а	Management				
b	Legal		600		100
C	Accounting	800.	600.	80.	120.
d	Lobbying	15004			15004
e	Professional fundraising services See Part IV, line 17	15994.			15994.
f	Investment management fees			<u> </u>	
g	Other				
12	Advertising and promotion	186.	140.	10	27
13	Office expenses	1374.	1031.	19. 137.	27. 206.
14	Information technology	13/4.	1031.	13/.	
15	Royalties				
16	Occupancy		<u> </u>		
17	Travel Payments of travel or entertainment expenses				
18	•		Ti		
40	for any federal, state, or local public officials	150.	113.	15.	22.
19	Conferences, conventions, and meetings		113.	13.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	F265	3040	E 2.7	700
23	Insurance	5265.	3949.	527.	789.
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	20400	Г		
a	SEE STMT	20408.			
b		5600.			
C		6945.			
d		653.			
е		1627.			
f	All other expenses	42596.	7.457.70	7.4400	27.500
25	Total functional expenses. Add lines 1 through 24f	199156.	147112.	14422.	37622.
26	Joint costs Check here ☐ If following		-		
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			L	Form 990 (2009)
BCA	Copyright form software only, 2009 Universal Tax Systems, Inc. All re	unis reserved	US990\$10 Rev 1		Form 990 (2009)

Par	t X	Balance Sheet					
					(A)		(B)
					Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing		<u></u>	61137.	1	78033
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, dire	ectors	, trustees, key			
		employees, and highest compensated employees	s Cor	nplete Part II of Sch L		5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 495	8(c)(3	3)(B) Complete	1		
		Part II of Schedule L		6			
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
Ä	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	13148.	<u>, </u>		
	b	Less accumulated depreciation	10b		13148.	10c	13148.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line 1		12			
	13	Investments - program-related See Part IV, line	L	13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			15		
	16	Total assets Add lines 1 through 15 (must equal	74285.	16	91181		
	17	Accounts payable and accrued expenses	18880.	17	11014		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
v	21	Escrow or custodial account liability Complete P		21			
Liabilıties	22	Payables to current and former officers, directors	s, trusi	tees, key			
abil		employees, highest compensated employees, ar	nd disc	qualified	1		
ت		persons Complete Part II of Schedule L			L	22	
	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities Add lines 17 through 25			18880.	26	11014
		Organizations that follow SFAS 117, check her	e ▶	X and			
s		complete lines 27 through 29, and lines 33 and	I 34.	_			
Š	27	Unrestricted net assets			55405.	27	80167
alai	28	Temporarily restricted net assets				28	
ÖÖ TS	29	Permanently restricted net assets				29	
Ę		Organizations that do not follow SFAS 117, cho	eck h	ere 🕨 🗌			
ř		and complete lines 30 through 34.		<u> </u>			
ţŞ	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq	uipme	ent fund		31	
Ä	32	Retained earnings, endowment, accumulated inc				32	
ž	33	Total net assets or fund balances	,	·	55405.	33	80167
	34	Total liabilities and net assets/fund balances			74285.	34	91181

Form **990** (2009)

Form 990 (2009) SARAHS	HOUSE	76-0695546	Page 12

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization SARAHS HOUSE 76-0695546 **Reason for Public Charity Status** (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E) A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii) 3 A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii) Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part !!) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Sessection 509(a)(2) (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Sesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No Х and (iii) below, the governing body of the supported organization? 11g(i) Х (ii) A family member of a person described in (i) above? 11g(ii) X (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (vii) Amount of (ii) EIN (IV) Is the organ-(V) Did you (vi) Is the organization (described on lines 1-9 organization in ization in col notify the support above or IRC section (i) listed in your organization in col (i) (see instructions)) governing cot (i) of your organized document? support? in the US? Yes No Yes Yes

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			!			
	include any "unusual grants")	100523.	111475.	123187.	111255.	60244.	506684.
2	Gross receipts from admissions, merchan-		-	,			-
	dise sold or services performed, or facilities						
	furnished in any activity that is related to						
	the organization's tax-exempt purpose	18583.	57887.	33344.		160737.	270551.
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513				1200.	2937.	4137.
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	119106.	169362.	156531.	112455.	223918.	781372.
7 a	Amounts included on lines 1, 2, and 3		[
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified	Ì			Ì		
	persons that exceed the greater of						·
	\$5,000 or 1% of the amount on line		[
	13 for the year						
	Add lines 7a and 7b		<u>L</u>		<u> </u>		
8	Public support (Subtract line 7c from line 6)						781372.
	tion B. Total Support	() 0005	410000	4 2 0007	1,0000	4 > 0000	(0.T.)
	lendar year (or fiscal year beginning in)	(a) 2005 119106.	(b) 2006 169362.	(c) 2007 156531.	(d) 2008 112455.	(e) 2009 223918.	(f) Total 781372.
9	Amounts from line 6	119108.	109362.	136331.	112455.	223910.	701372.
10a	Gross income from interest, dividends,	İ					
	payments received on securities loans,	1	Ì			ļ	
	rents, royalties and income from similar					1	
	sources		 				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30,1975		 	<u> </u>			
	Add lines 10a and 10b		 -				
11	Net income from unrelated business						
	activities not included in line 10b, whether			1			
4.0	or not the business is regularly carried on		 		 	 	
12	Other income Do not include gain or loss from the sale of capital assets						1
	(Explain in Part IV)						
12	Total support. (Add lines 9, 10c, 11, & 12)	119106.	169362.	156531.	112455.	223918.	781372.
	First five years. If the Form 990 is for the org						701372.
'-	organization, check this box and stop here	anization 5 mot,	3000110, 111110, 101	artir, or mitritax y	cai as a scottori	001(0)(0)	▶ □
Sec	ction C. Computation of Public Supp	ort Percenta	ae				
15				nn (f))	····	15	100.00 %
16		* *	=	(.,,,		16	100.00 %
	ction D. Computation of Investment						
	Investment income percentage for2009 (line			column (f))		17	0.00 %
18						18	0.00 %
	a 33 1/3 % support tests - 2009. If the organiza			14, and line 15	is more than 33	<u></u>	
	not more than 33 1/3 %, check this box ands						▶ 🛛
ŧ	33 1/3 % support tests - 2008. If the organize				•		
	is not more than 33 1/3 %, check this box and						▶ □
20	Private foundation. If the organization did no						▶
_							<u>_</u>

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number SARAHS HOUSE 76-0695546 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

Sched	dule D (Form 990) 2009	SARAHS HOUS				6-069		Pag	ge 2
Par		ations Maintaining (Collections of Art, I	Historical Treasures	s, or Other Sim	ilar Ass	ets		
	(continued)	<u> </u>							
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply)								
а	Public exhibition			d Loan or exchang	e programs				
b	Scholarly research			e Other					
С	Preservation for fut	-				_			
	•	f the organization's collec-	•	•			XIV		
5	During the year, did the	e organization solicit or re	eceive donations of art, h	istorical treasures, or oth	er sımılar assets to	be sold			
_		an to be maintained as pa					Yes	$\perp \!\!\! \perp$	No
Par	t IV Escrow	and Custodial Arrai	ngements. Compl	ete if organization answe	ered ``Yes" to Form	990, Par	t IV, line 9	•	
		l an amount on Form 990		_					
1a	Is the organization an a	agent, trustee, custodian	or other intermediary for	contributions or other as	sets not included				
	on Form 990, Part X?						Yes		No
b	b If "Yes," explain the arrangement in Part XIV and complete the following table								
							Amou	<u>nt</u>	
С	Beginning balance					1c			
d	Additions during the ye	ar				1d			
е	Distributions during the	year .				1e			
		•				1f			
	-	clude an amount on Forn	n 990, Part X, line 21?		-		Yes	X	No
	If "Yes," explain the arr						_		
			ete if organization answe	ered "Yes" to Form 990.	Part IV. line 10				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years t	back (e) Four ye	ars b	ack
1a	Beginning of year	(,,	37 / 32		(4)		, , , ,		
	balance								
h	Contributions		· · · · · · · · · · · · · · · · · · ·						
	i						· · · · · · · · · · · · · · · · · · ·		
C	Net investment earn-								
_	ings, gains, and losses								
	Grants or scholarships			· · · · · · · · · · · · · · · · · · ·					
е	Other expenditures	!							
	for facilities and								
	programs								
f	Administrative								
	expenses		 						
g	End of year balance			<u></u> .					
2	Provide the estimated	percentage of the year e							
а	Board designated or quasi-endowment ▶ 0.00 %								
b	Permanent endowmen	ıt ▶ 0.00 %							
С	Term endowment ▶	0.00%							
3a	Are there endowment t	funds not in the possessi	on of the organization the	at are held and administe	ered for the organiz	ation by		Yes	No
	(i) unrelated organiza				-	,	3a(i)		
	(ii) related organization						3a(ii)	$\neg \uparrow$	
h	• •	e related organizations li	sted as required on Sche	edule R?			3b	$\neg \uparrow$	
4		ne intended uses of the o					1 00 1		
		ents - Land, Buildir			Part Y line 10				
ra			(a) Cost or other		(c) Accumulat	tod	(d) Book	. val	
	Description of	mvesument	' '	(b) Cost or other	` '		(a) Bool	valu	E
			basis (investment)	basis (other)	Depreciation	- -			-
	Land				 				
	Buildings								
	Leasehold improveme	ents	<u> </u>		<u> </u>	$-\!$			
	Equipment		13,148.				13,	, 14	8.
е	Other			{					

Schedule D (Form 990) 2009

13,148.

Total. Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ.

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.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization Employer identification number 76-0695546 SARAHS HOUSE Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply e X Solicitation of non-government grants Mail solicitations b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in X No Form 990, Part VII) or entity in connection with professional fundraising services? 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 (i) Name of individual (iii) Did fund-(iv) Gross receipts (V) Amount paid to (or (vi) Amount paid to (ii) Activity ráiser have or entity (fundraiser) from activity retained by) fundraiser (or retained by) custody or control of listed in col (i) organization contributions? Yes 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 TX

Part II Fundraising Events Complete if the or

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

Revenue			(a) Event #1 GOLF TOURN	(b) Event #2 VEGAS NIGHT	(c) Other Events	(d) Total Events (add col (a) through		
			(event type)	(event type)	(total number)	col (c)		
	1	Gross receipts	90,592.	32,935.	5,435.	128,962.		
	2	Less Charitable contributions	90,592.	32,935.	5,435.	128,962.		
_	3	Gross income (line 1 minus line 2)						
Direct Expenses	4	Cash prizes						
	5	Noncash prizes						
	6	Rent/facility costs						
	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses						
	10		Add lines 4 through 9 in colui		•			
	11		ombine line 3, column (d), and		<u> </u>			
Pa	rt III	Gaming, Completine 6a	ete if the organization answere	d ``Yes" to Form 990, Part IV, li	ne 19, or reported more than	\$15,000 on Form 990-EZ		
		inie oa	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue			(4) 511195	bingo/progressive bingo	(c) Outer gaining	col (a) through col (c))		
eve				3. 1. 3		(-//_		
∝ _—	1	Gross revenue						
sesue	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Dre	4	Rent/facility costs						
	5	Other direct expenses	0.00	0.00		 _		
	6 7	Volunteer labor Direct expense summary	Yes 0.0% No Add lines 2 through 5 in colu	No	Yes 0.0 %			
	8	Net gaming income sum						
						Yes No		
9			e organization operates gamin	· —				
a Is the organization licensed to operate gaming activities in each of these states? 9a								
	ייע	No," Explain.						
	_				· · · · · · · · · · · · · · · · · · ·			
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain						10a		
	_							
11		es the organization opera	11					
12		the organization a grantor minister charitable gaming		st or a member of a partnership	or other entity formed to	12		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public
Inspection

Name of the organization SARAHS HOUSE

Employer identification number 76 - 0695546

THE BOARD OF DIRECTORS OF SARAHS HOUSE ARE VOLUNTEERS THEY LIVE IN THE

COMMUNITY AND WORK IN THEIR RESPECTIVE PROFESSIONS THE DIRECTORS

ARE NOT COMPENSATED FOR THEIR TIME SPENT FOR SARAHS HOUSE DUTIES OF

THE DIRECTORS ARE DIVIDED UP AND RANGE FROM ADMINISTRATION TO FINANCIAL

TO PROGRAM ADMINISTRATION TO FUND RAISING TO FACILITY MANAGEMENT

PART VI SECTION B LINE 11A

THE RETURN WAS REVIEWED WITH THE BOARD CHAIR AND A BOARD SECRETARY

TREASURER OVERSEEING THE FINANCIAL COMPILATION AND REPORTING

THE RETURN WAS REVIEWED IN DETAIL ONCE ALL QUESTIONS AND CONCERNS

WERE CLARIFIED THE RETURN WAS THEN FILED WITH INTERNAL REVENUE SERVICE

PART VI SECTION B LINE 12, 13 AND 14

LAST YEAR, THE BOARD CHAIR AND THE BOARD SECRETARY/TREASURER HAD TAKEN

UNDER ADVISEMENT THAT WRITTEN POLICIES SHOULD BE DRAFTED WITH RESPECT

TO THE CONFLICT OF INTEREST, WHISTLEBLOWER AND DOCUMENTATION RETENTION

AND DESTRUCTION THESE POLICIES HAVE BEEN DRAFTED AND ARE CURRENTLY

UNDER REVIEW BARING ANY UNFORESEEN CIRCUMSTANCES THESE POLICIES SHOULD

BE FINALIZED AND APPROVED IN NEAR FUTURE

PART VI SECTION B LINE 15

AT PRESENT THE POSITION OF THE EXECUTIVE DIRECTOR IS VACANT AND IS

BEING HELD VACANT FOR LACK OF FUNDS IF AND WHEN THIS POSITION IS

FILLED THE COMPENSATION WILL BE BASED UPON THE PERSONS QUALIFICATION

AND FUNDS AVAILABILITY

Schedule O (Form 990) 2009	Page 2
Name of the organization SARAHS HOUSE	Employer identification number 76-0695546
PART VI SECTION C LINE 19	
UPON REQUEST SARAHS HOUSE GOVERNING DOCUMENTS CONFLICT O	F INTEREST
POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPEC	TION
ORIGINAL EXTENSION FORM 8868 WAS MAILED ON OR BEFORE FEB	RUARY 15, 2011
	*

JS 990 Other F		enses: Page 10,	Management	2009
Description of the Asset	Total	Services	and General	Fundraising
CILITIES	20,408.	15,306.	2,041.	3,061
ENT EXPENSE	5,600.		560.	
	• • • • • • • • • • • • • • • • • • •	4,200.	l l	840
JILDING REPAIR & MAI	6,945.	5,209.	694.	1,042
CAFF DEVELOPMENT	653.	490.	65.	98
EHICLE REPAIRS	1,627.	1,220.	163.	244
JEL FOR VEHICLES	500.	375.	50.	75
JPPLIES	1,498.	1,124.	150.	224
EMBERSHIPS & DUES	1,355.	1,016.	136.	203
CHER EXPENSES	290.	218.	29.	4:
PRP UTILITIES	1,895.	1,895.		
PRP RENT	34,883.	34,883.		
PRP HMIS FEES	2,000.			
		2,000.		
PRP BANK FEES	175.	175.		
	77,829.	68,111.	3,888.	5,83
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Form **8868**

(Rev April 2009)

Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury	File a comment and the stient for each actions	}			
nternal Revenue Service	File a separate application for each return.				
 If you are filing for a 	an Automatic 3-Month Extension, complete only Part I and check this box		▶ 🛚		
, -	n Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)				
	unless you have already been granted an automatic 3-month extension on a previously filed Form	8868			
Part I Autom	Atic 3-Month Extension of Time. Only submit original (no copies needed)				
A corporation required	o file Form 990-T and requesting an automatic 6-month extension - check this box and complete Pa	art I only	▶ 🗌		
All other corporations (i	ncluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extens	sion of ti	me		
to file income tax return	S				
Electronic Fıling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of tim	e to file o	one of the returns		
noted below (6 months	for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if	(1) you v	vant the additional		
(not automatic) 3-montl	extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidate	ed Form	990-T Instead,		
you must submit the ful	y completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of tr	ıs form,	visit www irs gov/efile		
and click on e-file for C	narities & Nonprofits	_			
Type or Name of	· -		er identification number		
	AHS HOUSE 76	<u> </u>	95546		
Due date for	street, and room or suite no. If a P.O. box, see instructions				
return See	O WICHITA STREET				
instructions City, tow	n or post office, state, and ZIP code For a foreign address, see instructions				
	ADENA TX 77502				
_ ~ ~	be filed (file a separate application for each return)				
X Form 990		4720			
Form 990-BL	Form 990-T (sec 401(a) or 408(a) trust) Form	5227			
Form 990-EZ	Form 990-T (trust other than above)	6069			
Form 990-PF	Form 1041-A	8870			
	e care of DIANE STANLEY				
Telephone No 🕨	713-475-1480 FAX No ▶		<u></u>		
•	does not have an office or place of business in the United States, check this box		▶ ∐		
			e whole group,		
check this box	fit is for part of the group, check this box 🕨 📋 and attach a list with the names and EINs of all n	nembers	the extension		
will cover.					
 I request an autom 	atic 3-month (6 months for a corporation required to file Form 990-T) extension of time until				
	$\overline{ ext{MAY }15}$, 20 $\overline{ ext{11}}$, to file the exempt organization return for the organization named abo	ve The	extension is for the		
organization's retu	n for				
calendar ye					
► X tax year be	ginning OCT 01 , 20 09 , and ending	SE	2 30,20 10		
2 If this tax year is fo	r less than 12 months, check reason. 📗 Initial return 📗 Final return 📗 Change in acco	ounting p	period		
3a. If this application is	for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable				
credits See instru	•	12.	\$		
	s for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include		+		
• •	y prior year overpayment allowed as a credit				
	tract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD		o \$		
		١	c \$		
coupon or, ii requi	ed, by using EFTPS (Electronic Federal Tax Payment System) See instructions		□ ♥		
Caution. If you are go	ng to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E	O for pa	syment instructions		
For Privacy Act and P	aperwork Reduction Act Notice, see Instructions.	Forn	n 8868 (Rev 4-2009)		