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## Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

**A** For the 2010 calendar year, or tax year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>Pocket Sanctuary</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite  <b>HC 65 Box 278</b></p> <p>City or town, state or country, and ZIP + 4  <b>Tumacacori, AZ 85640</b></p>	<p><b>D</b> Employer identification number <b>68-0243504</b></p> <p><b>E</b> Telephone number <b>520.398.8073</b></p> <p><b>F</b> Group Exemption Number ▶</p>
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ \_\_\_\_\_

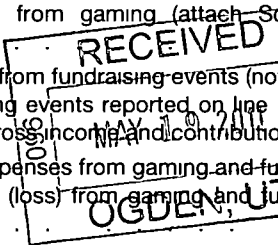
**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>60297</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>21492</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>81789</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>20101</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>2323</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>233</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>55211</b>
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>77868</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>3921</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>777546</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>781467</b>



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Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V . . . . .

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year? . . . . .		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .		
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
41	List the states with which a copy of this return is filed ▶ AZ		
42a	The organization's books are in care of ▶ Reid Findeisen Telephone no. ▶ 5203988073 Located at ▶ 33 Stone HBR, Alameda, CA 94502 ZIP + 4 ▶ 94502		
b	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)? . . . . .	Yes	No
42b	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.		✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
44d			

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		✓
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
49a Did the organization make any transfers to an exempt non-charitable related organization?		✓
b If "Yes," was the related organization a section 527 organization?		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 **NONE**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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

**Sign Here**  
 Signature of officer: *Barbara Findeisen, President* Date: *May 14, 2011*  
 Type or print name and title: **Barbara Findeisen, President**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **Marc Mauset** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **473603614**  
 Firm's name: **Law Firm of Marc Mauseth** Firm's EIN: **473603614**  
 Firm's address: **POB 2401 Tubac AZ 85646** Phone no: **5203989343**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization  
**Pocket Sanctuary**

Employer identification number  
**68 0243504**

**Part I 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 in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's 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 local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  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).
- f 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
- g 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) and (iii) below, the governing body of the supported organization? 

	Yes	No
<b>11g(i)</b>		
  - (ii) A family member of a person described in (i) above? 

	Yes	No
<b>11g(ii)</b>		
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
<b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	217500	80192	48270	7550	60297	413809
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	245269	245575	296755	313241	21492	1122332
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>6 Total.</b> Add lines 1 through 5	462769	325767	345025	320791	81789	1536141
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	50000	50000	0	0	0	100000
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	180000	50000	0	0	59597	289597
<b>c</b> Add lines 7a and 7b	230000	100000	0	0	59597	389597
<b>8 Public support</b> (Subtract line 7c from line 6.)						1146544

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	462769	325767	345025	320791	81789	1536141
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	417	499	206	0	0	1122
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	417	499	206	0	0	1122
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	463186	326266	345231	320791	81789	1537263

**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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	74.58 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	77.58 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.07 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	.06 %

**19a 33 1/3% support tests—2010.** 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 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—2009.** If the organization did not check a box on line 14 or line 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



### **Part III Statement of Program Service Accomplishments**

#### **What is the organization's primary exempt purpose?**

The purpose of Pocket Sanctuary is to conduct research, education and training in psychosocial development and treatment and to provide a safe and spiritually enriching environment for the purpose of enhancing individual spiritual, physical and emotional health.

#### **All organizations must describe their exempt purpose achievements in a clear and concise manner.**

##### *Total number of clients served:*

During the fiscal year ended December 31, 2010, Pocket Sanctuary provided direct service to approximately 87 individuals.

##### *Other Achievements:*

*Supported a variety workshops and seminars on such topics including:*

- Spirituality and empowerment
- Yoga and meditation
- Personal Growth
- Breath Work
- Birth Workshop
- Attachment Disorder Issues

##### *Training and Collaboration:*

- Individual Training – provided training to individuals in child, physical and sexual abuse, couples therapy, pre and peri-natal psychology and individual therapy
- Collaborated with other organizations and individual psychotherapists to enhance their therapeutic skills (in dealing with the issues listed above)
- Worked with individuals and professionals to further enhance their ability to function within various group dynamics and to provide effective training and counseling to those in need of therapy

##### *Charitable:*

- Provided therapy and counseling via email and telephone pro bono to individuals in crisis

##### *Research:*

- Engaged in research relating to the impact of brain development to later adult emotional problems (utilized in the therapeutic environment)
- Collaborated with and continued to develop relationships with other organizations involved in using various types of alternative therapies

##### *Intangibles:*

- Offered hope and empowered clients and others in their own abilities to transform their lives leading to improved psychological and social well being
- Provided clients and others served with a feeling of optimism allowing them to gain a sense of satisfaction through their contributions as a member of society

- Provided individuals with a greater understanding of the family dynamic and the importance parents play in each of our lives
- Provided a spiritually enriching environment in which individuals were able to deal with their emotions while on the path to emotional, spiritual and physical healing and growth
- Pocket Sanctuary makes available a safe place for individuals to grow, recover or simply revitalize when the pressures of daily life become overwhelming

Pocket Sanctuary 68-0243504  
Other Expenses Line 16 Form 990 EZ

Advertising	4620
Bank Charges	462
Education	2444
Insurance	11821
Interest	9813
Depreciation	15148
Supplies	7225
Dues, memberships, licenses	
Travel and Vehicle expense	2685
Misc other expense	993
total other expenses	55211

**Pocket Sanctuary  
 Balance Sheet  
 As of December 31, 2010**

	<u>Dec 31, 10</u>	
<b>ASSETS</b>		
<b>Current Assets</b>		
<b>Checking/Savings</b>		
1000 1580 BofA Pocket	78,737 92	
1120 Petty Cash	<u>300 00</u>	<i>CASH</i>
<b>Total Checking/Savings</b>	79,037 92	
<b>Accounts Receivable</b>		
1200 Accounts Receivable	1,507 93	
<b>Total Accounts Receivable</b>	<u>1,507 93</u>	
<b>Other Current Assets</b>		
1300 Kenyon Ranch (Receivables)	3,192 90	
1490 Prepaid Insurance	<u>1,816 17</u>	<i>other</i>
<b>Total Other Current Assets</b>	5,009 07	
<b>Total Current Assets</b>	<u>85,554 92</u>	
<b>Fixed Assets</b>		
100 Kenyon Ranch - 36 44% Interest	971,832 35	
1500 Office Equipment	1,075 99	
1505 Accumulated Depreciation	<u>-34,756 59</u>	
<b>Total Fixed Assets</b>	<u>938,151 75</u>	
<b>TOTAL ASSETS</b>	<u><u>1,023,706 67</u></u>	
<b>LIABILITIES &amp; EQUITY</b>		
<b>Liabilities</b>		
<b>Current Liabilities</b>		
<b>Accounts Payable</b>		
2000 Accounts Payable	87 44	
<b>Total Accounts Payable</b>	<u>87 44</u>	
<b>Other Current Liabilities</b>		
2120 Loan from Charles Findeisen	242,151 91	
<b>Total Other Current Liabilities</b>	<u>242,151 91</u>	
<b>Total Current Liabilities</b>	<u>242,239 35</u>	
<b>Total Liabilities</b>	242,239 35	
<b>Equity</b>		
3000 Opening Bal Equity	-2,525 24	
3901 Retained Earnings	777,816 68	
Net Income	<u>6,175 88</u>	
<b>Total Equity</b>	<u>781,467 32</u>	
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>1,023,706 67</u></u>	

## Pocket Sanctuary Profit & Loss January through December 2010

Jan - Dec 10

**Ordinary Income/Expense**

**Income**

**4025 · General Fund**

4000 · Lodging Fee	7,847 96	P
4001 · Meals	3,295 40	P
4100 · Facilities	626 93	P
4101 · Reimbursed Expenses	170 00	P
4103 · Location Fee	0 00	
4108 · Other Resort Income	(20 00)	P
4109 · Therapy	1,620 00	P
4112 · Contributions	60,297 00	E
4200 · Workshops	7,882 15	P
4300 · Gift Shop Retail	70 00	P

**Total 4025 · General Fund** 81,789 44

**Total Income** 81,789 44

**Cost of Goods Sold**

4140 · Therapy Contract Labor	225 00
4145 · COS Retail Gift Shop	1,177 00

**Total COGS** 1,402 00

**Gross Profit** 80,387 44

**Expense**

**5000 · Administrative Expense**

5001 · Marketing	4,620 00	Att
5003 · Bank Charges	104 04	o
5004 · Credit Card Fees	358 00	o
5006 · Education	43 78	o
5023 · Property Insurance	3,003 39	o
5025 · Liability Insurance	7,572 66	o

**5026 · Interest Expense**

6220 · Loan Interest	7,080 29	o
5026 · Interest Expense - Other	2,733 11	o

**Total 5026 · Interest Expense** 9,813 40

5027 · Office support casual labor 372 00

5034 · Gift Shop 404 37

5036 · Internet 149 50

5037 · Postage 233 48

5039 · Supplies Office 588 52

**5040 · Professional Fees**

5046 · Consulting	1,613 00
5048 · Legal Expenses	5,189 00
5040 · Professional Fees - Other	400 00

**Total 5040 · Professional Fees** 7,202 00

5052 · Computer support 637 00

5053 · Web site hosting 300 00

5076 · Telephone 1,231 19

6150 · Depreciation Expense 2,140 00

**Total 5000 · Administrative Expense** 38,773 33

**5060 · Taxes**

5065 · State 40 00

**Total 5060 · Taxes** 40 00

**5070 · Utilities**

5078 · Dishnet 177 95

**Total 5070 · Utilities** 177 95

*Handwritten notes:*

- prob x
- ? supplies x
- Att
- misc x
- utills x
- prob x
- misc x
- utills x

**Pocket Sanctuary**  
**Profit & Loss**  
 January through December 2010

	Jan - Dec 10
5080 · Vehicle	
5082 · Gas	798 84
5088 · Auto M&R	946 88
<b>Total 5080 · Vehicle</b>	<b>1,745 72</b>
5100 · Garden	
5101 · Animals & Livestock	113 16
5104 · Garden	64 14
<b>Total 5100 · Garden</b>	<b>177 30</b>
5200 · Housekeeping	
5206 · Cleaning Supplies	279 16
5212 · Paper Goods	137 41
<b>Total 5200 · Housekeeping</b>	<b>416 57</b>
5300 · Kitchen	
5304 · Caterer	6,840 41
<b>Total 5300 · Kitchen</b>	<b>6,840 41</b>
5350 · Kitchen Commercial	
5354 · Food	4,167 35
5359 · Supplies	137 48
<b>Total 5350 · Kitchen Commercial</b>	<b>4,304 83</b>
5400 · Casitas	
5404 · Indoor Furnishings	109 60
5454 · Casitas Supplies	540 41
<b>Total 5400 · Casitas</b>	<b>650 01</b>
5500 · Maintenance	
5521 · Supplies	464 63
<b>Total 5500 · Maintenance</b>	<b>464 63</b>
5700 · Travel & Entertainment	
5720 · Travel	938 60
<b>Total 5700 · Travel &amp; Entertainment</b>	<b>938 60</b>
5800 · Workshops	2,400 00
5801 · Workshop professional staff	5,197 08
5810 · Art Supplies	86 84
6560 · Payroll Expenses	
6564 · Employee's Health	1,245 27
<b>Total 6560 · Payroll Expenses</b>	<b>1,245 27</b>
<b>Total Expense</b>	<b>63,458 54</b>
<b>Net Ordinary Income</b>	<b>16,928 90</b>
<b>Other Income/Expense</b>	
<b>Other Income</b>	
4150 · Income (Loss) from asset sales	(9,170 62)
9050 · Other Income	(1,582 40)
<b>Total Other Income</b>	<b>(10,753 02)</b>
<b>Net Other Income</b>	<b>(10,753 02)</b>
<b>Net Income</b>	<b>6,175.88</b>

vehicle X  
 misc X  
 supplies X  
 prob X  
 supplies X  
 misc X  
 Travel X  
 - 5800 - X  
 - prob X  
 - supplies X  
 insurance X

24688

63458