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Form 990

OMB No 1545-0047

Return of Organization Exempt From Income Tax

2010

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

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

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

HUMAN OPTIONS, INC.
P.O. BOX 53745
IRVINE, CA 92619-3745

D Employer Identification Number

95-3667817

E Telephone number

(949) 737-5242

G Gross receipts \$ 4,590,975.

F Name and address of principal officer

SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included?
If 'No,' attach a list (see instructions) ☐ Yes ☒ NoI Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.HUMANOPTIONS.ORG

H(c) Group exemption number

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

L Year of Formation 1980

M State of legal domicile CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>TO HELP BATTERED WOMEN, THEIR FAMILIES, AND OUR COMMUNITY BREAK THE CYCLE OF DOMESTIC VIOLENCE.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 32
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 30
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 86
	6	Total number of volunteers (estimate if necessary)	6 172
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,838,164. Current Year 2,635,298.
	9	Program service revenue (Part VIII, line 2g)	298,327. 169,238.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	251,352. 518,352.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	529,196. 668,880.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,917,039. 3,991,768.
	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)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,702,628. 2,633,051.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 365,408.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,098,301. 1,154,912.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,800,929. 3,787,963.
	19	Revenue less expenses Subtract line 18 from line 12	116,110. 203,805.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 9,451,901. End of Year 9,892,269.
	21	Total liabilities (Part X, line 26)	272,474. 509,037.
	22	Net assets or fund balances Subtract line 21 from line 20	9,179,427. 9,383,232.

Part II Signature Block

Under penalties of perjury, I declare that I have prepared 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 agent) based on information which preparer has any knowledge

Sign Here	Signature of officer <u>Vivian Clecak</u>	Date <u>2/14/12</u>
	VIVIAN CLECAK Type or print name and title	FOUNDING CEO
Paid Preparer Use Only	Print/Type preparer's name LISA N. RYSEL	Preparer's signature <u>Lisa N. Ryssel</u>
	Firm's name ▶ LISA N. RYSEL, CPA	Date <u>2/14/12</u>
	Firm's address ▶ 1736 HOOVER PLACE PLACENTIA, CA 92870-5439	Check <input checked="" type="checkbox"/> if self-employed PTIN P00643670
	Firm's EIN ▶ [REDACTED]	Phone no (714) 961-0519

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

9-18

3

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒

- 1 Briefly describe the organization's mission.

TO HELP BATTERED WOMEN, THEIR FAMILIES, AND OUR COMMUNITY BREAK THE CYCLE OF DOMESTIC VIOLENCE.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: 4) (Expenses \$ 1,668,233. including grants of \$) (Revenue \$ 51,324.)
SEE SCHEDULE O

4b (Code: 4) (Expenses \$ 1,076,940. including grants of \$) (Revenue \$ 13,719.)
CENTER FOR CHILDREN AND FAMILIES - THE CENTER FOR CHILDREN AND FAMILIES INCLUDES
THREE PROGRAMS: THE COMMUNITY RESOURCE CENTER LOCATED IN SANTA ANA; THE OUTREACH
PROGRAMS LOCATED IN SANTA ANA, MISSION VIEJO, AND TUSTIN; AND THE SAFE OPTIONS FOR
SENIORS PROGRAM BASED IN THE ADMINISTRATIVE OFFICE IN IRVINE. THESE PROGRAMS PROVIDE
SERVICES FOR ADULT AND CHILD VICTIMS OF DOMESTIC VIOLENCE, AS WELL AS PERPETRATORS OF
DOMESTIC VIOLENCE. WALK-INS AND REFERRALS ARE ACCEPTED. SERVICES INCLUDE, BUT ARE
NOT LIMITED TO, LEGAL ADVOCACY, COUNSELING, CASE MANAGEMENT, PERSONAL EMPOWERMENT
PROGRAMS, AND SENIOR ADVOCACY.

4c (Code: 4) (Expenses \$ 175,371. including grants of \$) (Revenue \$)
COMMUNITY EDUCATION - A COMMUNITY EDUCATION PROGRAM SPONSORED BY THE ORGANIZATION
EDUCATES THE PUBLIC REGARDING DOMESTIC VIOLENCE. THE MAIN PROGRAMS ARE "HANDS ARE
NOT FOR HITTING" FOR ELEMENTARY SCHOOL CHILDREN, "LOVE IS NOT SUPPOSED TO HURT" A
DATE ABUSE EDUCATION FOR TEENS, AND "JASON'S STORY" GEARED FOR HIGH SCHOOL ATHLETIC
PROGRAMS. THESE PROGRAMS SERVE OVER 22,000 YOUTH EACH YEAR.

4d Other program services (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 112,475. including grants of \$) (Revenue \$ 66,678.)4e Total program service expenses ▶ 3,033,019.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b 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		X
c 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		X
d 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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
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		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part V Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
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? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	28	
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	86	
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13 c	Enter the amount of reserves on hand.		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

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

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

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?		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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► GREG GEBHARDT, FINANCE DIR. P.O. BOX 53745 IRVINE CA 92619-3745 (949) 737-5242

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EVE BARKER DIRECTOR	2	X						0.	0.	0.
(2) SCOTT ALLEN DIRECTOR	2	X						0.	0.	0.
(3) STEVE CHURM DIRECTOR	2	X						0.	0.	0.
(4) VICTORIA COLLINS, PH.D. PRESIDENT	2	X		X				0.	0.	0.
(5) ANGIE MANNING DIRECTOR	2	X						0.	0.	0.
(6) NANCY W. DAHAN, ESQ. DIRECTOR	2	X						0.	0.	0.
(7) DIANE BIAGIANTI DIRECTOR	2	X						0.	0.	0.
(8) BRIAN GOODMAN DIRECTOR	2	X						0.	0.	0.
(9) KATE DUCHENE PRESIDENT ELECT	2	X						0.	0.	0.
(10) JENNIFER BOJORQUEZ DIRECTOR	2	X						0.	0.	0.
(11) SCHARRELL JACKSON DIRECTOR	2	X						0.	0.	0.
(12) ARTYN GARDNER DIRECTOR	2	X						0.	0.	0.
(13) DENISE GIAMBALVO DIRECTOR	2	X						0.	0.	0.
(14) DARLYNN MORGAN DIRECTOR	2	X						0.	0.	0.
(15) DAVID HENDRYX DIRECTOR	2	X						0.	0.	0.
(16) DAVE STRAUSS DIRECTOR	2	X						0.	0.	0.
(17) BUFFY ZWIRNER DIRECTOR	2	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARCIA JAGER DIRECTOR	2	X						0.	0.	0.
(19) ANDREW LERNER DIRECTOR	2	X						0.	0.	0.
(20) MICHELLE KHOURY DIRECTOR	2	X						0.	0.	0.
(21) MARGI MURRAY DIRECTOR	2	X						0.	0.	0.
(22) SUSANNA OPENSHAW DIRECTOR	2	X						0.	0.	0.
(23) AMY LONGO DIRECTOR	2	X						0.	0.	0.
(24) MARCOS RAMIREZ DIRECTOR	2	X						0.	0.	0.
(25) BARBARA ROBERTS DIRECTOR	2	X						0.	0.	0.
(26) ELLEN K. SHOCKRO, PH.D. DIRECTOR	2	X						0.	0.	0.
(27) DANIEL SONENSHINE DIRECTOR	2	X						0.	0.	0.
(28) KERRI SONENSHINE DIRECTOR	2	X						0.	0.	0.
(29) KELLY LAM DIRECTOR	2	X						0.	0.	0.
1 b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								343,581.	0.	0.
d Total (add lines 1b and 1c)								343,581.	0.	0.

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

2010

Name of the Organization

HUMAN OPTIONS, INC.

Employer Identification number

95-3667817

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a 55,944.			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 1,482,576.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,096,778.			
	g Noncash contributions included in lns 1a-1f \$	12,000.			
	h Total. Add lines 1a-1f	2,635,298.			
PROGRAM SERVICE REVENUE	2a THRIFT STORE SALES	Business Code	66,675.		66,675.
	b RENTAL FEES		51,325.	51,325.	
	c COURT ORDERED FINES		37,419.	37,419.	
	d CLIENT FEES		13,819.	13,819.	
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	169,238.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		515,682.		515,682.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross Rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	406,417.		
	b Less: cost or other basis and sales expenses		403,747.		
	c Gain or (loss)		2,670.		
	d Net gain or (loss)		2,670.	2,670.	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	854,053.		
	b Less: direct expenses	b	195,460.		
	c Net income or (loss) from fundraising events		658,593.		658,593.
	9a Gross income from gaming activities See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11a OTHER REVENUE		10,287.	10,287.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		10,287.			
12 Total revenue. See instructions		3,991,768.	115,520.	0.	1,240,950.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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	359,954.	208,904.	21,000.	130,050.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	2,273,097.	1,935,562.	197,078.	140,457.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	37,600.		37,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	50,076.	29,784.	11,504.	8,788.
14 Information technology				
15 Royalties				
16 Occupancy	129,765.	116,129.	7,615.	6,021.
17 Travel	19,486.	14,678.	1,682.	3,126.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,915.	9,503.	5,169.	11,243.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	153,100.	111,801.	31,024.	10,275.
23 Insurance	30,869.	24,541.	3,241.	3,087.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>REPAIRS & MAINTENANCE</u>	188,193.	155,965.	21,023.	11,205.
b <u>CONSULTING</u>	153,636.	131,691.	21,824.	121.
c <u>CLIENT ASSISTANCE</u>	110,935.	110,935.		
d <u>UTILITIES</u>	73,229.	53,753.	11,137.	8,339.
e <u>TELEPHONE</u>	48,464.	35,052.	10,208.	3,204.
f All other expenses	133,644.	94,721.	9,431.	29,492.
25 Total functional expenses. Add lines 1 through 24f	3,787,963.	3,033,019.	389,536.	365,408.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form 990 (2010)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	999,082.	2	789,186.
	3 Pledges and grants receivable, net	923,434.	3	770,626.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,462.	9	50,410.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,558,261.		
	b Less accumulated depreciation	10b 2,320,870.	4,372,658.	10c 4,237,391.
	11 Investments — publicly traded securities	958,279.	11	1,167,842.
	12 Investments — other securities See Part IV, line 11		12	
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,174,986.	15	2,876,814.
16 Total assets Add lines 1 through 15 (must equal line 34)	9,451,901.	16	9,892,269.	
LIABILITIES	17 Accounts payable and accrued expenses	272,474.	17	274,037.
	18 Grants payable		18	
	19 Deferred revenue		19	235,000.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities Add lines 17 through 25	272,474.	26	509,037.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	6,440,139.	27	6,292,972.
	28 Temporarily restricted net assets	1,341,288.	28	1,622,780.
	29 Permanently restricted net assets	1,398,000.	29	1,467,480.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,179,427.	33	9,383,232.
	34 Total liabilities and net assets/fund balances	9,451,901.	34	9,892,269.

BAA

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,991,768.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,787,963.
3	Revenue less expenses Subtract line 2 from line 1	3	203,805.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,179,427.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,383,232.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

- b Were the organization's financial statements audited by an independent accountant?

- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

BAA

Form 990 (2010)

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

HUMAN OPTIONS, INC.

Employer identification number

95-3667817

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 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 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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. 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
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

BAA

Schedule A (Form 990 or 990-EZ) 2010

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 yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	4,110,781.	4,428,638.	3,767,512.	3,295,794.	3,293,891.	18,896,616.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	489,847.	415,625.	352,029.	369,893.	179,525.	1,806,919.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	4,600,628.	4,844,263.	4,119,541.	3,665,687.	3,473,416.	20,703,535.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	617,841.	294,015.	249,494.	234,385.	173,206.	1,568,941.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	617,841.	294,015.	249,494.	234,385.	173,206.	1,568,941.
8 Public support. (Subtract line 7c from line 6.)						19,134,594.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	4,600,628.	4,844,263.	4,119,541.	3,665,687.	3,473,416.	20,703,535.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	127,955.	-115,972.	-547,991.	251,352.	518,352.	233,696.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	127,955.	-115,972.	-547,991.	251,352.	518,352.	233,696.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,728,583.	4,728,291.	3,571,550.	3,917,039.	3,991,768.	20,937,231.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	91.4 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	88.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	1.1 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.8 %

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 IV

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the entire width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the paper.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

HUMAN OPTIONS, INC.

95-3667817

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	972,950.	860,353.	566,613.		
b Contributions	294,480.		350,000.		
c Net investment earnings, gains, and losses	227,526.	123,042.	-49,840.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	13,181.	10,445.	6,420.		
g End of year balance	1,481,775.	972,950.	860,353.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
b Permanent endowment ☒ 100.00 %
c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds SEE PART XIV

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,917,767.		1,917,767.
b Buildings		3,890,662.	1,690,377.	2,200,285.
c Leasehold improvements		105,116.	19,301.	85,815.
d Equipment		280,891.	248,275.	32,616.
e Other		363,825.	362,917.	908.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,237,391.

BAA

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1) BEN. INTEREST IN CHARITABLE REM. TRUST	1,240,000.
(2) DEPOSIT WITH ORANGE COUNTY COMMUNITY FDN	1,481,775.
(3) HEDGE FUND	155,039.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	2,876,814.

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	3,991,768.
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,787,963.
3	Excess or (deficit) for the year Subtract line 2 from line 1	203,805.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	203,805.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,991,768.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,991,768.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,991,768.

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

1	Total expenses and losses per audited financial statements	1	3,787,963.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,787,963.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,787,963.

Part XIV Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ENDOWMENT FUNDS ARE HELD IN PERPETUITY. THEY ARE INVESTED AND THE EARNINGS, GAINS AND LOSSES, WHICH ARE UNRESTRICTED AS TO USE, ARE DISTRIBUTED TO THE ORGANIZATION, AND CAN BE USED AS ANY OTHER UNRESTRICTED FUNDS. HOLDING THE ENDOWMENT FUNDS AIDS IN THE STABILITY OF FUTURE GROWTH AND PROGRAMS.

Part XIV Supplemental Information *(continued)*

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization

HUMAN OPTIONS, INC.

Employer identification number

95-3667817

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

- 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

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

[illegible]

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>SERIOUS FUN</u> (event type)	(b) Event #2 <u>FALL EVENT</u> (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	620,598.	228,469.		849,067.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	620,598.	228,469.		849,067.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	40,010.			40,010.
	7 Food and beverages	88,461.	26,691.		115,152.
	8 Entertainment	5,880.	5,000.		10,880.
	9 Other direct expenses	18,331.	8,803.		27,134.
	10 Direct expense summary Add lines 4- through 9 in column (d)				193,176.
	11 Net income summary Combine line 3, column (d), and line 10				655,891.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If 'Yes,' explain _____

11	Does the organization operate gaming activities with nonmembers?	Yes	No
----	--	-----	----

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ►

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees**

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

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

HUMAN OPTIONS, INC.

Employer identification number

95-3667817

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No**1 b****2****4 a****4 b****4 c****5 a****5 b****6 a****6 b****7****8****9**

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
VIVIAN CLECAK	(i)	156,576.	0.	0.	0.	0.	156,576.	0.
1	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the entire width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

HUMAN OPTIONS, INC.

Employer identification number

95-3667817

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

RESIDENTIAL SERVICES INCLUDE THE FOLLOWING 3 MAJOR PROGRAMS:

EMERGENCY SHELTER OFFERS 30-45 DAY EMERGENCY CARE, CASE MANAGEMENT, COUNSELING,
SHELTER, FOOD/CLOTHING AND A 24 HOUR HOTLINE (BED SPACE OF 40 CLIENTS), AS WELL AS A
90-DAY TRANSITIONAL PROGRAM FOR UP TO 5 FAMILIES TRANSITIONING FROM THE EMERGENCY
SHELTER.

SECOND STEP PROVIDES LOW COST APARTMENT RENTAL FOR 12 TO 18 MONTHS AND OFFERS
COUNSELING AND CASE MANAGEMENT, LEGAL ADVOCACY, PARENTING AND LIFE SKILLS EDUCATION
AS WELL AS ASSISTANCE WITH PERMANENT HOUSING FOR UP TO 14 FAMILIES AT A TIME
(APPROXIMATELY 40 CLIENTS).

THIRD STEP IS AN EXTENDED TRANSITIONAL HOUSING PROGRAM PROVIDING LOW-COST CONDO
RENTAL FOR UP TO 3 YEARS WITH CASE MANAGEMENT AND COUNSELING FOR 6 FAMILIES
(APPROXIMATELY 15-20 CLIENTS).

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

THRIFT SHOP - A THRIFT SHOP, "CLASSY SECONDS", OPERATED IN COSTA MESA TO AUGMENT
OPERATING FUNDS AND PROVIDE CLOTHING FOR CLIENTS. CLIENTS FROM RESIDENTIAL PROGRAMS
ALSO RECEIVE ON THE JOB TRAINING WHEN APPROPRIATE. SALES AT THE THRIFT SHOP DECLINED
AS A RESULT OF THE ECONOMY, WHICH RESULTED IN THE DECISION TO CEASE OPERATIONS IN
JANUARY 2011. AFTER CAREFUL CONSIDERATION, HUMAN OPTIONS MADE A DECISION TO PARTNER
WITH GOODWILL INDUSTRIES. CLASSY SECONDS WILL CONTINUE VIA THIS PARTNERSHIP AND
COLLECTION OF DONATIONS WILL CONTINUE THROUGH DONOR HOSTED "CLASSY COFFEES". HUMAN
OPTIONS WILL RECEIVE 50% OF THE FUNDS RAISED BY THE SALE OF CLASSY SECOND'S ITEMS AT
GOODWILL'S CLASSIC CLOSET.

Name of the organization

HUMAN OPTIONS, INC.

Employer identification number

95-3667817

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

THERE IS ONE MARRIED COUPLE ON THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

CEO AND ADMINISTRATIVE DIRECTOR REVIEW THE TAX RETURN AS PART OF THE SIGNING PROCESS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH BOARD MEMBER AND STAFF MEMBER SIGNS A CONFLICT OF INTEREST DOCUMENT THAT STATES THEIR AFFILIATIONS BOTH FOR PAY AND AS A VOLUNTEER. THEY ARE DISCUSSED WITH THE PRESIDENT OF THE BOARD FOR THE BOARD MEMBERS AND WITH THE SUPERVISORS FOR THE STAFF MEMBERS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST TO THE ADMINISTRATIVE OFFICES, FINANCIAL STATEMENTS AND POLICIES WILL BE MADE AVAILABLE AS DEEMED APPROPRIATE.

Human Options, Inc.
Depreciation Schedule
June 30, 2011

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Asset	Date Acquired	Deprec Method	Life	Asset Cost	Acc Dep 06/30/10	Annual	Acc Dep 06/30/11	Book Value 06/30/11
<u>FURNITURE & FIXTURES</u>								
PRIOR TO 1993	N/A- Fully Depreciated	Pre 1993	S/L	-	19,254 00	19,254 00	-	19,254 00
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	674 44	674 44	-	674 44
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	938 72	938 72	-	938 72
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	170 00	170 00	-	170 00
FURNITURE	N/A- Fully Depreciated	1993	S/L	5	471 95	471 95	-	471.95
FURNITURE	N/A- Fully Depreciated	1993	S/L	5	228 30	228 30	-	228 30
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	813 65	813 65	-	813.65
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	490 48	490 48	-	490 48
FURNITURE	N/A- Fully Depreciated	1993	S/L	5	100 00	100 00	-	100 00
SECURITY GATE	N/A- Fully Depreciated	1993	S/L	5	1,543 04	1,543 04	-	1,543 04
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	396 63	396 63	-	396 63
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	427 77	427 77	-	427 77
SECURITY GATE	N/A- Fully Depreciated	1993	S/L	5	1,785 00	1,785 00	-	1,785 00
REFRIGERATOR	N/A- Fully Depreciated	1994	S/L	5	855 54	855 54	-	855 54
FURNITURE	N/A- Fully Depreciated	1994	S/L	5	1,223 07	1,223 07	-	1,223 07
REFRIGERATOR	N/A- Fully Depreciated	1994	S/L	5	427 77	427 77	-	427 77
REFRIGERATOR	N/A- Fully Depreciated	1995	S/L	5	461 64	461 64	-	461 64
AIR CONDITIONER	N/A- Fully Depreciated	04/15/96	S/L	5	1,377 77	1,377 77	-	1,377 77
TELEVISION	N/A- Fully Depreciated	04/22/96	S/L	5	484 80	484 80	-	484 80
OFFICE FURNITURE	N/A- Fully Depreciated	05/16/96	S/L	5	2,183 00	2,183 00	-	2,183 00
OFFICE FURNITURE	N/A- Fully Depreciated	06/27/96	S/L	5	241 36	241 36	-	241 36
FUNRITURE (DONATED)	SHELTER	06/30/96	S/L	5	2,625 00	2,625 00	-	2,625 00
OFFICE FURNITURE	ADMIN	07/12/96	S/L	5	2,183 00	2,183 00	-	2,183 00
DESKS	SHELTER	07/01/96	S/L	5	3,884 67	3,884 67	-	3,884 67
VARIOUS FUNRITURE	SHELTER	07/01/96	S/L	5	128,256 57	128,256 57	-	128,256 57
OFFICE PICTURES	ADMIN	08/14/96	S/L	5	1,058 30	1,058 30	-	1,058 30
OFFICE PICTURES	ADMIN	09/10/96	S/L	5	3,283 95	3,283 95	-	3,283 95
MIRROR	N/A- Fully Depreciated	10/09/96	S/L	5	550 00	550 00	-	550 00
COUCH	N/A- Fully Depreciated	10/21/96	S/L	5	1,500 00	1,500 00	-	1,500 00
SAFE HOUSE FURNISHINGS	SHELTER	11/12/96	S/L	5	6,289 95	6,289 95	-	6,289 95
FUNRITURE	2ND STEP	01/29/97	S/L	5	5,435 00	5,435 00	-	5,435 00
OFFICE CHAIR	ADMIN	01/29/97	S/L	5	500 00	500 00	-	500 00
OFFICE DESKS, CHAIR	ADMIN	01/24/97	S/L	5	969 65	969 65	-	969 65
FUNRITURE (BUSN OFFICE)	ADMIN	02/27/97	S/L	5	2,790 73	2,790 73	-	2,790 73
DESK - FUND DEVELOPMEN	ADMIN	03/20/97	S/L	5	241 36	241 36	-	241 36
AIR CONDITIONERS	2ND STEP	04/24/97	S/L	5	1,737 50	1,737 50	-	1,737 50
AIR CONDITIONERS	2ND STEP	05/15/97	S/L	5	1,737 50	1,737 50	-	1,737 50
DESK	ADMIN	07/01/97	S/L	5	250 00	250 00	-	250 00
FURNITURE	CRC	08/15/97	S/L	5	3,867 59	3,867 59	-	3,867 59
FURNITURE	CRC	09/25/97	S/L	5	3,867 60	3,867 60	-	3,867 60
FURNITURE	CRC	09/24/97	S/L	5	4,900 00	4,900 00	-	4,900.00
FURNITURE	CRC	10/08/97	S/L	5	541 68	541 68	-	541 68
CHAIRS	CRC	10/24/97	S/L	5	646 50	646 50	-	646 50
FURNITURE	CRC	10/30/97	S/L	5	376 80	376 80	-	376 80
FURNITURE	CRC	11/06/97	S/L	5	632 50	632 50	-	632 50
FURNITURE	CRC	11/12/97	S/L	5	600 00	600 00	-	600 00
FURNITURE	CRC	02/25/99	S/L	5	1,075 24	1,075 24	-	1,075 24
COUCH	SHELTER	03/11/99	S/L	5	743 44	743 44	-	743 44
REFRIGERATOR	2ND STEP	06/14/99	S/L	5	888 25	888 25	-	888 25
FURNITURE & FIXTURES (O	ADMIN	06/01/02	S/L	5	66,625 00	66,625 00	-	66,625 00
LOCKING DOOR	ADMIN	08/14/02	S/L	5	1,552 00	1,552 00	-	1,552.00
FURNITURE	SHELTER	08/28/02	S/L	5	1,718 20	1,718 20	-	1,718 20
FIXTURES & ARTWORK	ADMIN	07/01/02	S/L	5	20,000 00	20,000 00	-	20,000 00
FURNITURE & FIX	ADMIN	08/01/03	S/L	5	3,026 85	3,026 85	-	3,026 85
TABLES, CHAIRS & SOFAS	2ND STEP	10/02/03	S/L	5	7,000 00	7,000 00	-	7,000 00
FURNTURE	2ND STEP	03/21/05	S/L	5	1,604 00	1,604 00	-	1,604 00
DESKS & CABINET	PCIT	05/12/05	S/L	5	1,982 95	1,982 95	-	1,982.95
REFREIGERATOR	CRC	06/07/05	S/L	5	517 19	517 19	-	517 19
CABINETS	SHELTER	06/30/05	S/L	5	6,550 00	6,550 00	-	6,550.00

Human Options, Inc.
Depreciation Schedule
June 30, 2011

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Asset	Date Acquired	Deprec Method	Life	Asset Cost	Acc Dep 06/30/10	Annual	Acc Dep 06/30/11	Book Value 06/30/11
DINING ROOM FURNITURE SHELTER	06/30/05	S/L	5	4,892 90	4,892 90	-	4,892 90	-
CELLULAR SHADES SHELTER	06/30/05	S/L	5	2,596 00	2,596 00	-	2,596 00	-
SOFAS & CHAIRS SHELTER	08/18/05	S/L	5	5,600 00	5,507 00	93 00	5,600 00	-
DONATED ART SHELTER	08/31/05	S/L	5	4,500 00	4,425 00	75 00	4,500 00	-
SOFAS & CHAIRS SHELTER	09/15/05	S/L	5	5,510 94	5,326 76	184 18	5,510 94	-
FILE CABINETS ADMIN	10/06/05	S/L	5	1,260 68	1,197 56	63 12	1,260.68	-
FURNITURE 2ND STEP	12/31/05	S/L	5	5,550 00	4,995 00	555 00	5,550 00	-
REFRIGERATOR 2ND STEP	11/10/05	S/L	5	547 55	511 04	36 51	547 55	-
MICRO, DISH, WASH & DRY SHELTER	03/08/07	S/L	5	5,618 09	3,745 40	1,123 62	4,869 02	749 07
REFRIDG & MICRO SHELTER	03/08/07	S/L	5	1,190 64	793.77	238 13	1,031 90	158 74
				363,824 70	360,548 33	2,368 56	362,916 89	907 81

MACHINERY & EQUIPMENT

SOFTWARE	N/A- Fully Depreciated	1995	S/L	5	8,005 00	8,005 00	-	8,005 00	-
STEREO SYSTEM	N/A- Fully Depreciated	03/10/96	S/L	5	398 66	398 66	-	398 66	-
CASSETTE RECORDER	N/A- Fully Depreciated	03/10/96	S/L	5	1,179 98	1,179 98	-	1,179 98	-
PRINTERS	N/A- Fully Depreciated	02/18/97	S/L	5	1,443 80	1,443 80	-	1,443 80	-
VOICE MAIL	SHELTER	07/03/97	S/L	5	7,369 31	7,369 31	-	7,369 31	-
VOICE MAIL	N/A- Fully Depreciated	07/03/97	S/L	5	9,423 85	9,423 85	-	9,423 85	-
COMPUTER	2ND STEP	08/28/97	S/L	5	1,395 36	1,395 36	-	1,395 36	-
WASHER & DRYER	2ND STEP	09/23/97	S/L	5	4,500 00	4,500 00	-	4,500 00	-
COMPUTER	CRC	10/09/97	S/L	5	4,202 25	4,202 25	-	4,202 25	-
COMPUTER	SHELTER	10/09/97	S/L	5	204 73	204 73	-	204 73	-
COMPUTER	2ND STEP	10/09/97	S/L	5	1,400 75	1,400 75	-	1,400 75	-
PRINTERS	N/A- Fully Depreciated	10/09/97	S/L	5	868 36	868 36	-	868 36	-
COMPUTER	N/A- Fully Depreciated	11/26/97	S/L	5	1,346 88	1,346 88	-	1,346 88	-
PRINTERS	N/A- Fully Depreciated	12/23/97	S/L	5	280 13	280 13	-	280 13	-
COMPUTER	N/A- Fully Depreciated	12/31/97	S/L	5	1,346 88	1,346 88	-	1,346 88	-
PRINTERS	N/A- Fully Depreciated	01/08/98	S/L	5	809 00	809 00	-	809 00	-
COMPUTER	N/A- Fully Depreciated	01/18/98	S/L	5	500 00	500 00	-	500 00	-
COMPUTER	N/A- Fully Depreciated	03/20/98	S/L	5	980 00	980 00	-	980 00	-
COMPUTER	2ND STEP	03/17/98	S/L	5	2,000 00	2,000 00	-	2,000 00	-
COMPUTER	CRC	07/15/98	S/L	5	1,572 72	1,572 72	-	1,572 72	-
COMPUTER	2ND STEP	07/15/98	S/L	5	1,572 72	1,572 72	-	1,572 72	-
COMPUTER	N/A- Fully Depreciated	07/15/98	S/L	5	4,152 91	4,152 91	-	4,152 91	-
COMPUTER	CRC	01/25/99	S/L	5	1,975 10	1,975 10	-	1,975 10	-
EQUIPMENT	N/A- Fully Depreciated	03/10/99	S/L	5	472 97	472 97	-	472.97	-
COMPUTER	CRC	04/27/99	S/L	5	807 04	807 04	-	807 04	-
COMPUTER	COUN CTR	06/23/99	S/L	5	1,678 75	1,678 75	-	1,678 75	-
COMPUTER	CRC	09/30/99	S/L	5	1,432 98	1,432 98	-	1,432.98	-
COMPUTER	N/A- Fully Depreciated	05/01/00	S/L	5	16,051 81	16,051 81	-	16,051 81	-
COMPUTER	CRC	05/01/00	S/L	5	2,908 58	2,908 58	-	2,908.58	-
COMPUTER	N/A- Fully Depreciated	05/01/00	S/L	5	1,608 46	1,608 46	-	1,608 46	-
COMPUTER	CRC	05/01/00	S/L	5	140 00	140 00	-	140 00	-
COMPUTER	CRC	05/01/00	S/L	5	5,601 00	5,601 00	-	5,601 00	-
COMPUTER	SHELTER	05/01/00	S/L	5	728 00	728 00	-	728 00	-
COMPUTER	SHELTER	05/01/00	S/L	5	3,170 00	3,170 00	-	3,170 00	-
COMPUTER	CRC	03/16/00	S/L	5	1,825 69	1,825 69	-	1,825 69	-
COMPUTER	CRC	03/31/00	S/L	5	1,503 04	1,503 04	-	1,503 04	-
COMPUTER	COMM ED	03/31/00	S/L	5	1,152 90	1,152 90	-	1,152 90	-
FAX MACHINE	N/A- Fully Depreciated	04/13/00	S/L	5	242 44	242 44	-	242 44	-
COMPUTERS	N/A- Fully Depreciated	08/31/00	S/L	5	2,641 96	2,641 96	-	2,641 96	-
COMPUTER	SHELTER	10/16/00	S/L	5	3,000 00	3,000 00	-	3,000 00	-
COMPUTER	2ND STEP	11/30/00	S/L	5	1,200 00	1,200 00	-	1,200 00	-
COMPUTER	N/A- Fully Depreciated	11/30/00	S/L	5	4,495 14	4,495 14	-	4,495 14	-
COMPUTER	SHELTER	11/30/00	S/L	5	600 00	600 00	-	600 00	-
COMPUTER	SHELTER	02/01/01	S/L	5	1,067 00	1,067 00	-	1,067 00	-
COMPUTER	CRC	02/15/01	S/L	5	645 00	645 00	-	645 00	-
COMPUTER	N/A- Fully Depreciated	02/15/01	S/L	5	1,424 34	1,424 34	-	1,424 34	-
COMPUTER	SHELTER	03/01/01	S/L	5	3,089 00	3,089 00	-	3,089 00	-

Human Options, Inc.
Depreciation Schedule
June 30, 2011

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		Date	Deprec		Asset	Acc Dep		Acc Dep	Book Value
Asset		Acquired	Method	Life	Cost	06/30/10	Annual	06/30/11	06/30/11
TELEPHONE SYSTEM	CRC	06/28/01	S/L	5	5,738 50	5,738 50	-	5,738 50	-
COMPUTER	SHELTER	09/06/01	S/L	5	2,149 98	2,149 98	-	2,149 98	-
COMPUTER	SHELTER	01/10/02	S/L	5	967 49	967 49	-	967 49	-
COMPUTER	CRC	01/10/02	S/L	5	967 49	967 49	-	967 49	-
COMPUTER	2ND STEP	01/10/02	S/L	5	967 49	967 49	-	967 49	-
COMPUTER	2ND STEP	04/17/02	S/L	5	2,000 00	2,000 00	-	2,000 00	-
COMPUTER	ADMIN	06/01/02	S/L	5	1,159 00	1,159 00	-	1,159 00	-
TELEPHONE SYSTEM	ADMIN	06/01/02	S/L	5	9,242 37	9,242 37	-	9,242 37	-
COMPUTERS	ADMIN	12/06/02	S/L	5	1,090 00	1,090 00	-	1,090 00	-
EQUIPMENT	CTR 4 CHILD & FAM	08/01/03	S/L	5	7,213 32	7,213 32	-	7,213 32	-
COMPUTERS	SHELTER	06/01/04	S/L	5	5,940 28	5,940 28	-	5,940 28	-
COMPUTERS	CRC	06/01/04	S/L	5	5,940 28	5,940 28	-	5,940 28	-
COMPUTERS	2ND STEP	06/01/04	S/L	5	7,425 34	7,425 34	-	7,425 34	-
COMPUTERS	ADMIN	06/01/04	S/L	5	2,970 14	2,970 14	-	2,970 14	-
COMPUTERS	COMM ED	06/01/04	S/L	5	1,485 07	1,485 07	-	1,485 07	-
COMPUTERS	COMM ED	07/08/04	S/L	5	2,173 45	2,173 45	-	2,173 45	-
COMPUTERS	ADMIN	07/19/04	S/L	5	500 00	500 00	-	500 00	-
COMPUTERS	ADMIN	09/30/04	S/L	5	2,000 00	2,000 00	-	2,000 00	-
COMPUTERS	SHELTER	03/10/05	S/L	5	10,833 47	10,833 47	-	10,833 47	-
APPLIANCES	SHELTER	06/30/05	S/L	5	5,959 15	5,959 15	-	5,959 15	-
TELEPHONE SYSTEM	SHELTER	07/01/05	S/L	5	7,406 78	7,406 78	-	7,406 78	-
COMPUTER	ELDER ABUSE	08/04/05	S/L	5	1,900 25	1,868 20	32 05	1,900 25	-
PRINTER	SHELTER	08/04/05	S/L	5	300 75	295 60	5 15	300 75	-
PRINTER	ADMIN	08/04/05	S/L	5	300 50	295 40	5 10	300 50	-
COMPUTERS	ADMIN	08/04/05	S/L	5	1,905 94	1,873 76	32 18	1,905 94	-
COMPUTER	CRC/PCIT	08/04/05	S/L	5	1,931 50	1,899 20	32 30	1,931 50	-
COMPUTER	CRC	08/04/05	S/L	5	952 96	937 36	15 60	952 96	-
COMPUTER	OUTREACH	08/04/05	S/L	5	952 97	937 36	15 61	952 97	-
COMPUTERS	PCIT	08/04/05	S/L	5	2,858 90	2,811 12	47 78	2,858 90	-
COMPUTER	2ND STEP	08/04/05	S/L	5	952 97	937 36	15 61	952 97	-
COMPUTER	2ND STEP	09/15/05	S/L	5	975 72	943 56	32 16	975 72	-
COMPUTER	PCIT	06/01/06	S/L	5	3,764 45	3,074 56	689 89	3,764 45	-
COMPUTER	ADMIN	06/01/06	S/L	5	1,721 24	1,406 00	315 24	1,721 24	-
COMPUTER	SHELTER	06/01/06	S/L	5	1,883 35	1,537 67	345 68	1,883 35	-
COMPUTER	2ND STEP	12/20/06	S/L	5	1,363 49	977 18	272 70	1,249 88	113 62
COMPUTER	CRC OUT REACH	03/08/07	S/L	5	2,717 28	1,811 53	543 46	2,354.99	362 29
COMPUTER	2ND STEP	03/26/07	S/L	5	1,133 45	755 63	226 69	982.32	151 13
COMPUTER	CRC OUT REACH	04/04/07	S/L	5	1,740 81	1,131 52	348 16	1,479 68	261 13
2 FLAT SCREENS	2ND STEP	05/04/07	S/L	5	380 20	240 79	76 04	316 83	63 37
LAPTOP & SOFTWARE	2ND STEP	06/04/07	S/L	5	2,625 55	1,619 09	525 11	2,144 20	481 35
COPY MACHINE	CRC OUT REACH	06/15/07	S/L	5	2,082 56	1,284 24	416 51	1,700 75	381 81
COMPUTER	CRC OUT REACH	06/29/07	S/L	5	647 43	399 26	129 49	528 75	118 68
COMPUTER	2ND STEP	10/02/07	S/L	5	1,494 82	822 14	298 96	1,121 10	373 72
SECURITY SYSTEM	2ND STEP	10/08/07	S/L	5	4,531 92	2,492 55	906 38	3,398 93	1,133 00
COMPUTER	CRC OUT REACH	05/23/08	S/L	5	1,643 17	712 03	328.63	1,040 66	602 51
VOLUNTEER SOFTWARE	FUND DEVELOPMENT	10/07/09	S/L	3	1,220.00	305 00	406 67	711 67	508 33
AUCTION TRACKER SOFTWARE	FUND DEVELOPMENT	12/08/09	S/L	3	1,734 56	337 28	578 19	915 47	819 09
ALARM SYSTEM	SHELTER	06/24/10	S/L	5	9,665 00	161 08	1,933 00	2,094 08	7,570 92
DONOR SOFTWARE	FUND DEVELOPMENT		S/L	3	24,581 00	-	8,193 67	8,193 67	16,387 33
SOFTWARE - Heritage	FUND DEVELOPMENT	07/06/10	S/L	3	2,192 50	-	730 83	730 83	1,461 67
SOFTWARE - Heritage	FUND DEVELOPMENT	01/15/11	S/L	3	2,192 50	-	365 42	365.42	1,827 09
					280,891 83	230,410 56	17,864 26	248,274 82	32,617 01
BUILDING IMPROVEMENT	N/A- Fully Depreciated	-	S/L	5	6,529 00	6,529 00	-	6,529 00	-
PAYGROUND RESURFACING	N/A- Fully Depreciated	1996	S/L	5	3,240 82	3,240 82	-	3,240 82	-
PLUMBING IMPROV	SECOND STEP	05/05/08	S/L	30	46,600 00	3,365 55	1,553 33	4,918 88	41,681 12
17 FURNACES	SECOND STEP	12/04/08	S/L	30	17,724 00	1,181 60	590 80	1,772 40	15,951 60
HEATING & A/C UNIT	SECOND STEP	04/19/10	S/L	30	3,690 00	30 75	123 00	153 75	3,536 25
APARTMENT REMODEL	SHELTER	09/27/10	S/L	30	1,200 00	-	40 00	40 00	1,160 00
REMODEL	SHELTER	10/27/10	S/L	30	3,710 30	-	123.70	123 70	3,586 60

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Depreciation for the year ended 06/30/11:

DEPRECIATION BY CLASS

<u>DEPRECIATION BY CLASS</u>	FURN & FIX	COMP EQUIP	BLDG IMPROV	IRVINE ADMIN	APT/SHELTER	TOTALS
2ND STEP	591 51	2,353 65	2,267 13	-	-	5,212 29
ADMIN	63 12	352 52	-	30,608 62	-	31,024 26
FUND DEVELOPMENT	-	10,274 78	-	-	-	10,274 78
CRC OUTREACH	-	2,567 43	-	-	-	2,567.43
ELDER ABUSE	-	32 05	-	-	-	32.05
SHELTER	1,713 93	2,283 83	448 70	-	86,861 40	91,307.86
3RD STEP	-	-	-	-	12,681 40	12,681 40
	2,368 56	17,864 26	2,715 83	30,608 62	99,542 80	153,100 07