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## Return of Organization Exempt From Income Tax

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

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

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 7/01, 2012, and ending 6/30, 2013

## B Check if applicable

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

C  
 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 \$ 4,120,646.

## 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>HUMAN OPTIONS PROVIDES SAFE HAVEN AND LIFE CHANGING PROGRAMS TO HELP ABUSED WOMEN, THEIR CHILDREN AND FAMILIES REBUILD THEIR LIVES, AND WORKS WITH THE COMMUNITY TO 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)	32	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	30	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	81	
	6	Total number of volunteers (estimate if necessary)	83	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,448,304.	3,375,974.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99,100.	88,480.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	189,123.	238,412.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-127,425.	-127,009.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,609,102.	3,575,857.
	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)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,741,070.	2,749,296.
	17	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 419,989.		
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,123,125.	988,030.
	19	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,864,195.	3,737,326.
20	Revenue less expenses Subtract line 18 from line 12	-255,093.	-161,469.	
Assets	21	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	22	Total liabilities (Part X, line 26)	9,539,779.	9,302,254.
	23	Net assets or fund balances Subtract line 21 from line 20	411,640.	335,584.
24		9,128,139.	8,966,670.	

## Part II Signature Block

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

Sign Here	Signature of officer	Date	2-10-14
	VIVIAN CLECAK	FOUNDING CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	LISA N. RYSSEL	LISA N. RYSSEL	2-7-14
	Firm's name	Firm's EIN	
	LISA N. RYSSEL, CPA		
	Firm's address	Phone no	
	1736 HOOVER PLACE	(714) 961-0519	
	PLACENTIA, CA 92870-5439		

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 12/18/12

Form 990 (2012)

617 24

**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

HUMAN OPTIONS PROVIDES SAFE HAVEN AND LIFE CHANGING PROGRAMS TO HELP ABUSED WOMEN, THEIR CHILDREN AND FAMILIES REBUILD THEIR LIVES, AND WORKS WITH THE COMMUNITY TO 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ 1,683,806. including grants of \$ ) (Revenue \$ 42,099.)

SEE SCHEDULE O

**4b** (Code ) (Expenses \$ 1,036,158. including grants of \$ ) (Revenue \$ 7,038.)

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, LAKE FORREST, 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 FAMILY MEMBERS WHEN APPROPRIATE. SERVICES INCLUDE, BUT ARE NOT LIMITED TO, LEGAL ADVOCACY, INDIVIDUAL, FAMILY AND CHILDREN'S COUNSELING, CASE MANAGEMENT, PERSONAL EMPOWERMENT PROGRAMS, TEEN DATING VIOLENCE PREVENTION AND SENIOR ADVOCACY. ALL CENTER FOR CHILDREN AND FAMILIES LOCATIONS ACCEPT WALK-INS.

**4c** (Code ) (Expenses \$ 175,593. including grants of \$ ) (Revenue \$ )

COMMUNITY EDUCATION - A COMMUNITY EDUCATION PROGRAM SPONSORED BY THE ORGANIZATION EDUCATES THE PUBLIC REGARDING DOMESTIC VIOLENCE. THE MAIN PROGRAMS ARE, "LOVE IS NOT SUPPOSED TO HURT" A DATE ABUSE EDUCATION FOR TEENS, AND "JASON'S STORY" GEARED FOR HIGH SCHOOL ATHLETIC PROGRAMS AND THE "EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN" GEARED FOR PARENTS AND CHILD CARE WORKERS. ON OCCASION, COMMUNITY EDUCATORS OFFER "HANDS ARE NOT FOR HITTING" FOR ELEMENTARY SCHOOL CHILDREN. THESE PROGRAMS SERVED OVER 17,000 YOUTH IN 2012-2013.

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 2,895,557.

**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 <b>Section 501(c)(3) organizations</b> 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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, 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, and XII	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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
<b>22</b> 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 III</i>		X
<b>23</b> 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	
<b>24a</b> 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
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest 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
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
<b>28c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> If 'Yes' to line 35a, 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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2012)

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

	Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	37	
<b>1 b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1 c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2 a</b> 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	81	
<b>2 b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3 b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
<b>4 a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4 b</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.		
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b> 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 as charitable contributions?		X
<b>6 b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10 a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11 a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b	
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12 a	
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13 a	
<b>b</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 b	
<b>c</b> Enter the amount of reserves on hand	13 c	
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14 a	X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	

**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
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	32	
<b>1 b</b> Enter the number of voting members included in line 1a, above, who are independent	30	
<b>2</b> 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? <b>SEE SCHEDULE O</b>	X	
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7 a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7 b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?		X
<b>b</b> Each committee with authority to act on behalf of the governing body?		X
<b>9</b> 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
<b>10 a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>10 b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>11 b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 <b>SEE SCHEDULE O</b>		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
<b>12 b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12 c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done <b>SEE SCHEDULE O</b>	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16 a</b> 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
<b>16 b</b> If 'Yes,' did the organization follow 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 **NONE**

**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 ☐ Other (explain in Schedule O)

**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 during the tax year **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 Contractors**Check 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) LAURA BENZ DIRECTOR	2 0							0.	0.	0.
(2) SHERRY BRAGG DIRECTOR	2 0							0.	0.	0.
(3) CAROL CARLILE DIRECTOR	2 0							0.	0.	0.
(4) LAUREN FRIEDMAN DIRECTOR	2 0							0.	0.	0.
(5) WENDY PETERSON DIRECTOR	2 0							0.	0.	0.
(6) TAMIE RUS DIRECTOR	2 0							0.	0.	0.
(7) CHACE WARMINGTON DIRECTOR	2 0							0.	0.	0.
(8) EVE BARKER DIRECTOR	2 0	X						0.	0.	0.
(9) SCOTT ALLEN DIRECTOR	2 0	X						0.	0.	0.
(10) STEVE CHURM DIRECTOR	2 0	X						0.	0.	0.
(11) VICTORIA COLLINS, PH.D. DIRECTOR	2 0	X						0.	0.	0.
(12) NANCY W. DAHAN, ESQ. DIRECTOR	2 0	X						0.	0.	0.
(13) DIANE BIAGIANTI DIRECTOR	2 0	X						0.	0.	0.
(14) KATE DUCHENE DIRECTOR	2 0	X		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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) SCHARRELL JACKSON DIRECTOR	2 0	X						0.	0.	0.
(16) ARTYN GARDNER DIRECTOR	2 0	X						0.	0.	0.
(17) CELINA DOKA DIRECTOR	2 0	X						0.	0.	0.
(18) KAREN GREEN DIRECTOR	2 0	X						0.	0.	0.
(19) DAVID HENDRYX DIRECTOR	2 0	X						0.	0.	0.
(20) DAVE STRAUSS DIRECTOR	2 0	X						0.	0.	0.
(21) BUFFY ZWIRNER DIRECTOR	2 0	X						0.	0.	0.
(22) MARCIA JAGER DIRECTOR	2 0	X						0.	0.	0.
(23) MARY JO MURSA DIRECTOR	2 0	X						0.	0.	0.
(24) MICHELLE KHOURY DIRECTOR	2 0	X						0.	0.	0.
(25) SUSANNA VAKILI DIRECTOR	2 0	X						0.	0.	0.
<b>1 b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								358,611.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								358,611.	0.	0.

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

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. Report compensation for the calendar year ending with or within the organization's tax year

(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**

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns	1 a 80,366.			
	b Membership dues	1 b			
	c Fundraising events	1 c 660,469.			
	d Related organizations	1 d			
	e Government grants (contributions)	1 e 1,227,884.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 1,407,255.			
	g Noncash contributions included in lns 1a-1f \$				
	h Total. Add lines 1a-1f	3,375,974.			
<b>PROGRAM SERVICE REVENUE</b>	2 a <u>PROGRAM INCOME</u>	42,098.	42,098.		
	b <u>COURT ORDERED FINES</u>	39,344.	39,344.		
	c <u>CLIENT FEES</u>	7,038.	7,038.		
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	88,480.			
	<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)	229,280.		
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents		(i) Real (ii) Personal			
b Less. rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
b Less. cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)		9,132.	9,132.		
8 a Gross income from fundraising events (not including \$ 660,469. of contributions reported on line 1c)					
See Part IV, line 18		a 37,891.			
b Less: direct expenses		b 174,224.			
c Net income or (loss) from fundraising events		-136,333.			-136,333.
9 a Gross income from gaming activities See Part IV, line 19					
b Less: direct expenses					
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a <u>OTHER REVENUE</u>		9,324.	9,324.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		9,324.			
12 Total revenue. See instructions		3,575,857.	106,936.	0.	92,947.

**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).

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

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 United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	360,073.	215,695.	21,027.	123,351.
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.	2,389,223.	1,966,207.	249,101.	173,915.
8 Pension plan accruals and 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.	23,069.	191.	22,852.	26.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O.)				
12 Advertising and promotion.				
13 Office expenses.	27,110.	18,969.	4,449.	3,692.
14 Information technology.	71,461.	51,400.	10,661.	9,400.
15 Royalties.				
16 Occupancy.	91,069.	80,501.	6,366.	4,202.
17 Travel.	26,711.	19,718.	3,710.	3,283.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	36,072.	9,682.	9,357.	17,033.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	154,552.	113,167.	30,609.	10,776.
23 Insurance.	34,310.	27,246.	3,292.	3,772.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	107,900.	89,352.	14,484.	4,064.
b UTILITIES	81,104.	64,674.	9,182.	7,248.
c CLIENT ASSISTANCE	72,084.	72,084.		
d CONSULTING	65,646.	46,106.	17,488.	2,052.
e All other expenses	196,942.	120,565.	19,202.	57,175.
25 Total functional expenses. Add lines 1 through 24e.	3,737,326.	2,895,557.	421,780.	419,989.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	665,867.	2	495,156.
	3 Pledges and grants receivable, net	515,858.	3	325,763.
	4 Accounts receivable, net	4,492.	4	41,692.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,203.	9	42,795.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 6,650,893.		
	b Less: accumulated depreciation.	10b 2,626,624.	10c 4,152,309.	4,024,269.
	11 Investments — publicly traded securities	1,156,273.	11	1,011,747.
	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	3,021,777.	15	3,360,832.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	9,539,779.	16	9,302,254.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	269,140.	17	236,284.
	18 Grants payable		18	
	19 Deferred revenue	142,500.	19	99,300.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	411,640.	26	335,584.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	5,891,019.	27	5,609,237.
	28 Temporarily restricted net assets	1,769,640.	28	1,889,953.
	29 Permanently restricted net assets	1,467,480.	29	1,467,480.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	9,128,139.	33	8,966,670.
	34 <b>Total liabilities and net assets/fund balances</b>	9,539,779.	34	9,302,254.

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Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check 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	3,575,857.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,737,326.
3	Revenue less expenses Subtract line 2 from line 1	3	-161,469.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,128,139.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,966,670.

**Part XII Financial Statements and Reporting**Check 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?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

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

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

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

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

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	

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Form 990 (2012)

**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

**2012**

**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 — Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (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 monetary 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) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a <b>33-1/3% support test – 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33-1/3% support test – 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)	3,767,512.	3,295,794.	3,293,891.	3,313,815.	3,239,641.	16,910,653.
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	352,029.	369,893.	179,525.	106,164.	97,804.	1,105,415.
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	4,119,541.	3,665,687.	3,473,416.	3,419,979.	3,337,445.	18,016,068.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	249,494.	234,385.	173,206.	165,828.	141,992.	964,905.
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	249,494.	234,385.	173,206.	165,828.	141,992.	964,905.
8 Public support (Subtract line 7c from line 6.)						17,051,163.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	4,119,541.	3,665,687.	3,473,416.	3,419,979.	3,337,445.	18,016,068.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-547,991.	251,352.	518,352.	189,123.	238,412.	649,248.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	-547,991.	251,352.	518,352.	189,123.	238,412.	649,248.
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.)	3,571,550.	3,917,039.	3,991,768.	3,609,102.	3,575,857.	18,665,316.
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 2012 (line 8, column (f) divided by line 13, column (f))	15	91.35 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	92.88 %

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	3.48 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1.49 %

- 19a **33-1/3% support tests – 2012.** 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 – 2011.** 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).

[illegible]

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

Name of the organization

**Supplemental Financial Statements**

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2012****Open to Public  
Inspection**

Employer identification number

HUMAN OPTIONS, INC.

95-3667817

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<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 XIII, 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 XIII, 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

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

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

1 a 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 XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

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

b If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐ Yes ☐ No

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	1,422,711.	1,481,775.	972,950.	860,353.	350,000.
b Contributions	275,000.		294,480.		-49,840.
c Net investment earnings, gains, and losses	144,582.	-18,543.	227,526.	123,042.	
d Grants or scholarships					
e Other expenditures for facilities and programs	100,468.	25,000.		0.	6,420.
f Administrative expenses	16,451.	15,521.	13,181.	10,445.	860,353.
g End of year balance	1,725,374.	1,422,711.	1,481,775.	972,950.	860,353.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		1,917,767.		1,917,767.
b Buildings		3,890,662.	1,949,755.	1,940,907.
c Leasehold improvements		160,396.	29,269.	131,127.
d Equipment		301,306.	282,674.	18,632.
e Other		380,762.	364,926.	15,836.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 4,024,269.

BAA

Schedule D (Form 990) 2012

**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) -----		
<b>Total.</b> (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)		
<b>Total.</b> (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	1,478,000.
(2) DEPOSIT WITH ORANGE COUNTY COMMUNITY FDN	1,725,374.
(3) HEDGE FUND	157,458.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.)	3,360,832.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

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

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	3,575,857.
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 XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,575,857.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	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	3,575,857.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	3,737,326.
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 XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,737,326.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	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	3,737,326.

**Part XIII 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, lines 2d and 4b, and Part XII, 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.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No 1545-0047

**2012**

**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.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						0.

**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.

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**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 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>SERIOUS FUN</b> (event type)	(b) Event #2 <b>FALL EVENT</b> (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add column (a) through column (c))
<b>REVENUE</b>	<b>1</b> Gross receipts	411,015.	287,345.		698,360.
	<b>2</b> Less Charitable contributions	391,515.	268,954.		660,469.
	<b>3</b> Gross income (line 1 minus line 2)	19,500.	18,391.		37,891.
<b>DIRECT EXPENSES</b>	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes	3,393.	979.		4,372.
	<b>6</b> Rent/facility costs	22,211.	11,818.		34,029.
	<b>7</b> Food and beverages	48,590.	15,760.		64,350.
	<b>8</b> Entertainment	28,885.	6,226.		35,111.
	<b>9</b> Other direct expenses	21,183.	15,179.		36,362.
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d)				174,224.
	<b>11</b> Net income summary Combine line 3, column (d), and line 10				-136,333.

**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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
<b>REVENUE</b>	<b>1</b> Gross revenue				
<b>DIRECT EXPENSES</b>	<b>2</b> Cash prizes				
	<b>3</b> Non-cash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d)				
	<b>8</b> 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

13a	%
-----	---

**b** An outside facility

13b	%
-----	---

- 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

**2012**

**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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

PART III

- 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?

- 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

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

Schedule J (Form 990) 2012

**Part III 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
VIVIAN CLECAK	(i)						
1 FOUNDING CEO	(ii)						
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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

**PART I, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION**

HUMAN OPTIONS' AUDIT COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF THE CEO

ANNUALLY USING LOCAL AND INDUSTRY COMPENSATION STUDIES.

**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

**2012**

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, LEGAL ADVOCACY, 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 IN NEED OF ADDITIONAL SUPPORT AND SAFE HAVEN PRIOR TO TRANSITIONING FROM THE EMERGENCY SHELTER'S CONFIDENTIAL AND SECURE SETTING.

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). VOCATIONAL TRAINING AND EMPLOYMENT ASSISTANCE ARE KEY PROGRAM ACTIVITIES DESIGNED TO HELP CLIENTS REACH ECONOMIC SELF SUFFICIENCY. FOLLOW-UP SERVICES ARE OFFERED TO PROGRAM GRADUATES FOR A 6 MONTH PERIOD AFTER COMPLETING THE SECOND STEP PROGRAM.

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

**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.

Name of the organization

HUMAN OPTIONS, INC.

Employer identification number

95-3667817

**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, 2013**

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Asset		Date Acquired	Deprec Method	Life	Asset Cost	Acc Dep 06/30/12	Annual	Acc Dep 06/30/13	Book Value 06/30/13
<b><u>FURNITURE &amp; FIXTURES</u></b>									
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	-
FURNITURE (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 FURNITURE	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	-
FURNITURE	SS	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	-
FURNITURE (BUSN OFFICE)	ADMIN	02/27/97	S/L	5	2,790 73	2,790 73	-	2,790 73	-
DESK - FUND DEVELOPMENT	ADMIN	03/20/97	S/L	5	241 36	241 36	-	241 36	-
AIR CONDITIONERS	SS	04/24/97	S/L	5	1,737 50	1,737 50	-	1,737 50	-
AIR CONDITIONERS	SS	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	CCF	08/15/97	S/L	5	3,867 59	3,867 59	-	3,867 59	-
FURNITURE	CCF	09/25/97	S/L	5	3,867 60	3,867 60	-	3,867 60	-
FURNITURE	CCF	09/24/97	S/L	5	4,900 00	4,900 00	-	4,900 00	-
FURNITURE	CCF	10/08/97	S/L	5	541 68	541 68	-	541 68	-
CHAIRS	CCF	10/24/97	S/L	5	646 50	646 50	-	646 50	-
FURNITURE	CCF	10/30/97	S/L	5	376 80	376 80	-	376 80	-
FURNITURE	CCF	11/06/97	S/L	5	632 50	632 50	-	632 50	-
FURNITURE	CCF	11/12/97	S/L	5	600 00	600 00	-	600 00	-
FURNITURE	CCF	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	SS	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	SS	10/02/03	S/L	5	7,000 00	7,000 00	-	7,000 00	-
FURNITURE	SS	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	CCF	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, 2013**

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Asset	Date Acquired	Deprec Method	Life	Asset Cost	Acc Dep 06/30/12	Annual	Acc Dep 06/30/13	Book Value 06/30/13
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	5,600 00	-	5,600 00	-
DONATED ART SHELTER	08/31/05	S/L	5	4,500 00	4,500 00	-	4,500 00	-
SOFAS & CHAIRS SHELTER	09/15/05	S/L	5	5,510 94	5,510 94	-	5,510 94	-
FILE CABINETS ADMIN	10/06/05	S/L	5	1,260 68	1,260 68	-	1,260 68	-
FURNITURE SS	12/31/05	S/L	5	5,550 00	5,550 00	-	5,550 00	-
REFRIGERATOR SS	11/10/05	S/L	5	547 55	547 55	-	547 55	-
MICRO, DISH, WASH & DRY SHELTER	03/08/07	S/L	5	5,618 09	5,618 09	-	5,618 09	-
REFRIDG & MICRO SHELTER	03/08/07	S/L	5	1,190 64	1,190 64	-	1,190 64	0 00
CABINETS & Light Fixtures SHELTER	02/27/13	S/L	5	1,230 00	-	102 50	102 50	1,127 50
Painting & Cabinets SHELTER	02/27/13	S/L	5	2,000 00	-	166 67	166 67	1,833 33
ART PIECES SHELTER	03/26/13	S/L	5	2,693 31	-	179 55	179 55	2,513 76
Trim & Light Fixtures SHELTER	04/08/13	S/L	5	4,920 00	-	246 00	246 00	4,674 00
Furniture SHELTER	03/20/13	S/L	5	6,093 64	-	406 24	406 24	5,687 40
				380,761 65	363,824 70	1,100 96	364,925 66	15,835 99

**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	SS	08/28/97	S/L	5	1,395 36	1,395 36	-	1,395 36	-
WASHER & DRYER	SS	09/23/97	S/L	5	4,500 00	4,500 00	-	4,500 00	-
COMPUTER	CCF	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	SS	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	SS	03/17/98	S/L	5	2,000 00	2,000 00	-	2,000 00	-
COMPUTER	CCF	07/15/98	S/L	5	1,572 72	1,572 72	-	1,572 72	-
COMPUTER	SS	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	CCF	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	CCF	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	CCF	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	CCF	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	CCF	05/01/00	S/L	5	140 00	140 00	-	140 00	-
COMPUTER	CCF	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	CCF	03/16/00	S/L	5	1,825 69	1,825 69	-	1,825 69	-
COMPUTER	CCF	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	SS	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	-

**Human Options, Inc.**  
**Depreciation Schedule**  
**June 30, 2013**

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Asset		Date Acquired	Deprec Method	Life	Asset Cost	Acc Dep 06/30/12	Annual	Acc Dep 06/30/13	Book Value 06/30/13
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	CCF	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	-
TELEPHONE SYSTEM	CCF	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	CCF	01/10/02	S/L	5	967 49	967 49	-	967 49	-
COMPUTER	SS	01/10/02	S/L	5	967 49	967 49	-	967 49	-
COMPUTER	SS	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	CCF	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	CCF	06/01/04	S/L	5	5,940 28	5,940 28	-	5,940 28	-
COMPUTERS	SS	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	1,900 25	-	1,900 25	-
PRINTER	SHELTER	08/04/05	S/L	5	300 75	300 75	-	300 75	-
PRINTER	ADMIN	08/04/05	S/L	5	300 50	300 50	-	300 50	-
COMPUTERS	ADMIN	08/04/05	S/L	5	1,905 94	1,905 94	-	1,905 94	-
COMPUTER	CCF/PCIT	08/04/05	S/L	5	1,931 50	1,931 50	-	1,931 50	-
COMPUTER	CCF	08/04/05	S/L	5	952 96	952 96	-	952 96	-
COMPUTER	OUTREACH	08/04/05	S/L	5	952 97	952 97	-	952 97	-
COMPUTERS	PCIT	08/04/05	S/L	5	2,858 90	2,858 90	-	2,858 90	-
COMPUTER	SS	08/04/05	S/L	5	952 97	952 97	-	952 97	-
COMPUTER	SS	09/15/05	S/L	5	975 72	975 72	-	975 72	-
COMPUTER	PCIT	06/01/06	S/L	5	3,764 45	3,764 45	-	3,764 45	-
COMPUTER	ADMIN	06/01/06	S/L	5	1,721 24	1,721 24	-	1,721 24	-
COMPUTER	SHELTER	06/01/06	S/L	5	1,883 35	1,883 35	-	1,883 35	-
COMPUTER	SS	12/20/06	S/L	5	1,363 49	1,363 49	-	1,363 49	-
COMPUTER	CCF OUT REACH	03/08/07	S/L	5	2,717 28	2,717 28	-	2,717 28	-
COMPUTER	SS	03/26/07	S/L	5	1,133 45	1,133 45	-	1,133 45	-
COMPUTER	CCF OUT REACH	04/04/07	S/L	5	1,740 81	1,740 81	-	1,740 81	-
2 FLAT SCREENS	SS	05/04/07	S/L	5	380 20	380 20	-	380 20	-
LAPTOP & SOFTWARE	SS	06/04/07	S/L	5	2,625 55	2,625 55	-	2,625 55	-
COPY MACHINE	CCF OUT REACH	06/15/07	S/L	5	2,082 56	2,082 56	-	2,082 56	-
COMPUTER	CCF OUT REACH	06/29/07	S/L	5	647 43	647 43	-	647 43	-
COMPUTER	SS	10/02/07	S/L	5	1,494 82	1,345 30	149 52	1,494 82	-
SECURITY SYSTEM	SS	10/08/07	S/L	5	4,531 92	4,305 31	226 61	4,531 92	-
COMPUTER	CCF OUT REACH	05/23/08	S/L	5	1,643 17	1,369 29	273 88	1,643 17	-
VOLUNTEER SOFTWARE	FUND DEVELOPMENT	10/07/09	S/L	3	1,220 00	1,118 34	101 66	1,220 00	-
AUCTION TRACKER SOFTWARE	FUND DEVELOPMENT	12/08/09	S/L	3	1,734 56	1,493 66	240 90	1,734 56	-
ALARM SYSTEM	SHELTER	06/24/10	S/L	5	9,665 00	4,027 08	1,933 00	5,960 08	3,704 92
DONOR SOFTWARE	FUND DEVELOPMENT		S/L	3	24,581 00	16,387 34	8,193 66	24,581 00	-
SOFTWARE - Heritage	FUND DEVELOPMENT	07/06/10	S/L	3	2,192 50	1,461 66	730 84	2,192 50	-
SOFTWARE - Heritage	FUND DEVELOPMENT	01/15/11	S/L	3	2,192 50	1,096 25	730 83	1,827 08	365 42
SOFTWARE - Heritage	FUND DEVELOPMENT	05/02/12	S/L	3	2,335 00	129 72	778 33	908 05	1,426 95
TELEPHONE SYSTEM	SHELTER	05/01/12	S/L	5	5,552 68	185 09	1,110 54	1,295 63	4,257 05
SECURITY SYSTEM	SECOND STEP	06/13/12	S/L	3	9,185 85	255 16	3,061 95	3,317 11	5,868 74
SECURITY SYSTEM	SHELTER	11/07/12	S/L	3	1,285 32	-	285 63	285 63	999 69



**Human Options, Inc.**  
**Depreciation Schedule**  
**June 30, 2013**

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Asset		Date Acquired	Deprec Method	Life	Asset Cost	Acc Dep 06/30/12	Annual	Acc Dep 06/30/13	Book Value 06/30/13
SECURITY SYSTEM	SHELTER	06/26/13	S/L	5	975 00	-	16 25	16 25	958 75
SECURITY SYSTEM	SHELTER	06/28/13	S/L	3	1,080 36	-	30 01	30 01	1,050 35
					301,306 04	264,810 56	17,863 61	282,674 17	18,631 87
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	6,472 21	1,553 33	8,025 54	38,574 46
17 FURNACES	SECOND STEP	12/04/08	S/L	30	17,724 00	2,363 20	590 80	2,954 00	14,770 00
HEATING & A/C UNIT	SECOND STEP	04/19/10	S/L	30	3,690 00	276 75	123 00	399 75	3,290 25
APARTMENT REMODEL	SHELTER	09/27/10	S/L	30	1,200 00	80 00	40 00	120 00	1,080 00
REMODEL	SHELTER	10/27/10	S/L	30	3,710 30	247 38	123 68	371 06	3,339 24
CABINETS	SHELTER	11/30/10	S/L	30	4,200 00	280 00	140 00	420 00	3,780 00
REMODEL	SHELTER	01/18/11	S/L	30	4,340 00	289 67	144 67	434 34	3,905 66
DECK REPLACEMENT	SECOND STEP	12/08/11	S/L	25	33,700 00	786 33	1,348 00	2,134 33	31,565 67
FLOORING	SECOND STEP	06/13/12	S/L	12	7,672 75	53 28	639 40	692 68	6,980 07
FLOORING	THIRD STEP	06/29/12	S/L	12	7,672 75	53 28	639 40	692 68	6,980 07
BALANCE ADJUSTMENT	PER AUDIT	07/01/12	N/A	1	2 00	-	2 00	2 00	-
WALLS, PAINT	SHELTER	04/11/13	S/L	5	6,232 00	-	90 03	90 03	6,141 97
					146,513 62	20,671 92	5,434 31	26,106 23	120,407 39
BUILDING - IRVINE SHELTER	SHELTER	1996	S/L	30	2,014,398 04	1,074,346 81	67,146 60	1,141,493 41	872,904 63
BUILDING IMPROVEMENT	SHELTER	07/01/03	S/L	30	44,779 56	13,434 90	1,492 64	14,927 54	29,852 02
SHELTER - HVAC IMPROV	SHELTER	09/13/06	S/L	30	13,881 96	2,699 21	462 73	3,161 94	10,720 02
BUILDING - APARTMENTS	SHELTER	-	S/L	30	532,783 00	359,864 33	17,759 43	377,623 76	155,159 24
BUILDING - ADMIN/PRG	ADMIN	05/18/02	S/L	30	918,258 74	310,070 25	30,608 62	340,678 87	577,579 87
BUILDING - TUSTIN CONDO	THIRD STEP	Aug 2007	S/L	30	380,442 00	62,350 22	12,681 40	75,031 62	305,410 38
					3,904,543 30	1,822,765 72	130,151 42	1,952,917 14	1,951,626 16
LAND - APARTMENT BLDG		-			820,266 50	-	-	-	820,266 50
LAND - IRVINE SHELTER	SHELTER	1995			547,500 00	-	-	-	547,500 00
LAND - IRVINE ADMIN BLDG		05/18/02			550,000 00	-	-	-	550,000 00
					1,917,766 50	-	-	-	1,917,766 50
					6,650,891 11	2,472,072 89	154,550 30	2,626,623 19	4,024,267 92

**DEPRECIATION BY CLASS**

	FURN & FIX	COMP EQUIP	BLDG IMPROV	IRVINE ADMIN	APT/SHELTER	TOTALS
2ND STEP	-	3,438 08	4,254 53	-	-	7,692 61
ADMIN	-	-	-	30,608 62	-	30,608 62
FUND DEVELOPMENT	-	10,776 22	-	-	-	10,776 22
CCF OUTREACH	-	273 88	-	-	-	273 88
SHELTER	1,100 96	3,375 43	540 38	-	86,861 40	91,878 17
THIRD STEP	-	-	639 40	-	12,681 40	13,320 80
						1,100 96
						17,863 61
						5,434 31
						30,608 62
						99,542 80
						154,550 30

# 2012

Name of the Organization

HUMAN OPTIONS, INC.

Employer Identification number

95-3667817

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

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