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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2013****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2013 calendar year, or tax year beginning July 1, 2013, and ending June 30, 2014	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Casa de Esperanza</b>
	Doing Business As
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
	P. O. Box 56
	City or town, state or province, country, and ZIP or foreign postal code
	<b>D</b> Employer identification number 94-2415741
	<b>E</b> Telephone number (530) 674-5400
	<b>G</b> Gross receipts \$
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶	<b>L</b> Year of formation 1977 <b>M</b> State of legal domicile CA
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Providing services for victims of domestic violence, sexual assault and child assault</u>			
<b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 6		
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		
<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b> 33		
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 3		
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,026,906	1,006,226
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,037,877	1,080,961	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-10,971	-74,735	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	741,874	703,306
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	31,520	67,687
		710,354	635,619

**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.

<b>Sign Here</b>	<u>Beth Nelson</u>	Date <u>2-11-15</u>			
	Signature of officer				
	<u>Beth Nelson Deputy Director</u>				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

917-19

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Casa de Esperanza is a refuge, providing protection and education for people caught in the cycles of domestic violence, sexual assault and child assault. Casa is a healing community where victims can receive the nurturing and support necessary to their efforts in gathering control of their own lives.

**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 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 \$ 633,418 including grants of \$ 645,152) (Revenue \$ 0)

Assistance for victims of domestic violence. Services to include shelter, food, clothing, advocacy, accompaniment, counseling both individual and group, domestic violence orders. Client assistance provided 24 hrs a day 365 days a year at no cost to the victim. Assistance provided in Spanish, Hmong, Punjabi, American Sign Language. Other languages as needed.

**4b** (Code: ) (Expenses \$ 267,870 including grants of \$ 267,870) (Revenue \$ 0)

Sexual Assault services to include counseling, housing, food, clothing, groups, advocacy, accompaniment, community education, self defense, education in the schools on sexual assault, rape prevention and how to keep yourself safe. Client assistance provided 24hrs a day 365 days a year at no cost to the victim. Assistance provided in Spanish, Hmong, Punjabi, American Sign Language. Other languages as needed

**4c** (Code: ) (Expenses \$ 65,100 including grants of \$ 62,000) (Revenue \$ 0)

Child Assault Prevention, Intervention and Treatment for children and non offending parents, 1 on 1 counseling, group, education in the community and schools on ways that children can protect themselves against assault.

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

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

**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> 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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	✓
<b>22</b> Did the organization report more than \$5,000 of grants or 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>	<b>22</b>	✓
<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>	<b>23</b>	✓
<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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	✓
<b>c</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>24c</b>	✓
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	✓
<b>25a 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>	<b>25a</b>	✓
<b>b</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>	<b>25b</b>	✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II . . . . .</i>	<b>26</b>	✓
<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>	<b>27</b>	✓
<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>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	✓
<b>c</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>	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	✓
<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>	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	✓
<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>	<b>32</b>	✓
<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>	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>	✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</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>35b</b>	✓
<b>36 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>	<b>36</b>	✓
<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>	<b>37</b>	✓
<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 . . . . .	<b>38</b>	✓

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓
<b>2a</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	<b>2a</b>	33
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	✓
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	✓
<b>4a</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)? . . . . .	<b>4a</b>	✓
<b>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>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	✓
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	✓
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	✓
<b>6a</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? . . . . .	<b>6a</b>	✓
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	✓
<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? . . . . .	<b>7a</b>	✓
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	✓
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	✓
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<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>7h</b>	
<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? . . . . .	<b>8</b>	✓
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	✓
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	✓
<b>10 Section 501(c)(7) organizations. Enter:</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11 Section 501(c)(12) organizations. Enter:</b>		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>	
<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.) . . . . .	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	✓
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</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>13a</b>	✓
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<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 . . . . .	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	✓
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</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 or note to any line in this Part VI ☐

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 6		
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.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>		
<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>2</b>		✓
<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? . . . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		✓
<b>7a</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? . . . . .	<b>7a</b>		✓
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		✓
<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? . . . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9</b>		✓

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		✓
<b>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>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	✓	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	✓	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	✓	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	✓	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	✓	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	✓	
<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 . . . . .	<b>15a</b>	✓	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>		✓
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</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? . . . . .	<b>16a</b>		✓
<b>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 take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Betty Nelson P. O. Box 56, Yuba City, CA 95992 (530) 674-5400**

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

- 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) Courtney Gengler President	4			✓				0		
(2) Diana Garbett Vice President	2			✓				0		
(3) Maria Tiera Secretary	2			✓				0		
(4) Barbara Brandt Treasure	4			✓				0		
(5) Jackie Lee Member	2			✓				0		
(6) Karen Tabler Member	2			✓				0		
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



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

(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)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**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 ►

- 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
<b>3</b>		✓
<b>4</b>		✓
<b>5</b>		✓

**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 of compensation from the organization ►

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	793,249			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	212,977			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		1,006,226			
	<b>Program Service Revenue</b>				<b>Business Code</b>		
<b>2a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶					
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b>	Royalties . . . . . ▶					
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	(i) Securities	(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . . ▶					
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from fundraising events . ▶					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from gaming activities . . ▶					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
	<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from sales of inventory . . ▶					
	<b>Miscellaneous Revenue</b>			<b>Business Code</b>			
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶						

**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 or note to any line 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
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	639,977	601,578	38,399	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,319	13,460	859	
<b>9</b> Other employee benefits	162,229	152,495	9,734	
<b>10</b> Payroll taxes	62,162	58,432	3,730	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	4,815	3,250	1,565	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	1,264	1,213	51	
<b>13</b> Office expenses	12,690	8,275	4,415	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	128,015	123,304	4,711	
<b>17</b> Travel	11,948	12,499	-551	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	11,800		11,800	
<b>23</b> Insurance	16,410	10,831	5,579	
<b>24</b> 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.)				
<b>a</b> client cost, program costs,	5,520	5,515	5	
<b>b</b> memberships, acknowledgments, dues	5,615	2,935	2,680	
<b>c</b> misc labor	1,500	0	1,500	
<b>d</b> training material	298	298		
<b>e</b> All other expenses printing	2,399	996,388	84,573	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,080,961	996,388	84,573	
<b>26</b> 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 or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	253,597	<b>1</b>	254,533
	<b>2</b> Savings and temporary cash investments . . . . .	74,021	<b>2</b>	74,035
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	272,533	<b>4</b>	240,935
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	4,600	<b>7</b>	1,300
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	137,123	<b>15</b>	132,503
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	741,874	<b>16</b>	703,306	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,842	<b>17</b>	14,167
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	22,678	<b>25</b>	53,520
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	31,520	<b>26</b>	67,687
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	688,354	<b>27</b>	613,619
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .	22,000	<b>29</b>	22,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	710,354	<b>33</b>	635,619
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	741,874	<b>34</b>	703,306

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>1,006,226</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>1,080,961</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>-74,735</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	<b>710,354</b>
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	<b>635,619</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>b</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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> 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.	✓	
<b>3a</b> 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>b</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.		

**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.**  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

Casa de Esperanza

Employer identification number

94-2415741

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—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?
 

	Yes	No
(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? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	803,157	808,456	785,189	911,568	981,006	4,285,376
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	34,806	39,164	38,314	36,520	19,020	167,824
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	62,000	62,000	62,000	62,000	62,000	62,000
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .	899,963	909,620	885,503	1,009,788	1,006,226	4,711,100
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4. . . . .						4,711,100

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .	899,963	909,620	885,503	1,009,788	1,006,226	4,711,100
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	4,382	3,111	3,205	3,846	1,994	16,538
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						4,727,638
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <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**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.7 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.7 %
<b>16a</b> <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test—2013.</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</b> <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <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 year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ <input type="checkbox"/>		



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**Part IV** **Supplemental Information.** 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).

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**CASA DE ESPERANZA. INC.**  
**STATEMENT OF ACTIVITIES**  
**FOR THE YEAS ENDED JUNE 30, 2013**

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues:				
Grants:				
- Domestic Violence		\$ 403,665		\$ 403,665
- Sexual Assault		162,337		162,337
		62,000		62,000
Emergency Food and Shelter		41,228		41,228
		37,789		37,789
		34,207		34,207
		33,003		33,003
		19,020		19,020
Net Assts Released from Restrictions:				
Satisfaction of Program Restrictions	<u>793,249</u>	<u>(793,249)</u>	<u>-</u>	<u>-</u>
Total Grants	<u>793,249</u>	<u>-</u>	<u>-</u>	<u>793,249</u>
Other:				
	73,424			73,424
Donated Facilities (Note 1)	62,000			62,000
Event Fundraisers & Donations	67,486			67,486
Reimbursed Expenses	4,034			4,034
	3,955			3,955
Interest	1,994			1,994
	<u>84</u>	<u>-</u>	<u>-</u>	<u>84</u>
Total Other	<u>212,977</u>	<u>-</u>	<u>-</u>	<u>212,977</u>
Total Revenue	<u>1,006,226</u>	<u>-</u>	<u>-</u>	<u>1,006,226</u> 12
General Purpose Expenses:				
Domestic Violence	623,021			623,021
Sexual Assault	267,870			267,870
Children's Program	105,497			105,497
Operations	<u>84,573</u>	<u>-</u>	<u>-</u>	<u>84,573</u>
Total Expenses	<u>1,080,961</u>	<u>-</u>	<u>-</u>	<u>1,080,961</u> 18
Change in Net Assets	( 74,735)	-	-	( 74,735) 19
Net Assets at Beginning of Year -	<u>688,354</u>	<u>-</u>	<u>22,000</u>	<u>710,354</u>
Net Assets at End of Year	<u>\$ 613,619</u>	<u>\$ 0</u>	<u>\$ 22,000</u>	<u>\$ 635,619</u>

See accountant's audit report and notes to the financial statement.

**CASA DE ESPERANZA. INC.**  
**STATEMENT OF ACTIVITIES**  
**FOR THE YEAS ENDED JUNE 30, 2012**

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues:				
Grants:				
- Domestic Violence		\$ 403,665		\$ 403,665
- Sexual Assault		155,688		155,688
		64,000		64,000
Emergency Food and Shelter		41,228		41,228
		40,910		40,910
		39,808		39,808
		36,255		36,255
		35,334		35,334
Net Assts Released from Restrictions:				
Satisfaction of Program Restrictions	816,888	(816,888)	-	-
Total Grants	816,888	-	-	816,888
Other:				
	86,576			86,576
Donated Facilities (Note 1)	62,000			62,000
Event Fundraisers & Donations	41,943		2,000	43,943
	12,684			12,684
Interest	4,327			4,327
	488	-	-	488
Total Other	208,018	-	2,000	210,018
Total Revenue	1,024,906	-	2,000	1,026,906 <sup>12</sup>
General Purpose Expenses:				
Domestic Violence	590,333			590,333
Sexual Assault	224,788			224,788
Children's Program	152,131			152,131
Operations	70,625	-	-	70,625
Total Expenses	1,037,877	-	-	1,037,877 <sup>18</sup>
Change in Net Assets	( 12,971)	-	2,000	( 10,971) <sup>19</sup>
Net Assets at Beginning of Year -	701,325	-	20,000	721,325
Net Assets at End of Year	\$ 688,354	\$ 0	\$ 22,000	\$ 710,354

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

Name of the organization

Casa de Esperanza

**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Employer identification number

94-2415741

**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.	<b>Held at the End of the Tax Year</b>
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

1a 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 . . . . . ▶ \$	

## Schedule D (Form 990) 2013

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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)		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) State owned assets	81,698	
(2) workers comp deposit	6,905	
(3) prepaid expenses	4,318	
(4) prepaid insurance	7,460	
(5) Valic forfeiture account	32,122	
(6)		
(7)		
(8)		
(9)		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) State owned assets	81,698
(2) workers comp deposit	6,905
(3) prepaid expenses	4,318
(4) prepaid insurance	7,460
(5) Valic forfeiture account	32,122
(6)	
(7)	
(8)	
(9)	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) vacation pay payable	26,661
(3) payroll	6,859
(4) C of C payable	20,000
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	53,520

2. Liability for uncertain tax positions. 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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Casa de Esperanza

Employer identification number

94-2415741

Part VI section B 12 C - to the best of our ability every action entered into is reviewed by the entire board to

ensure that a conflict of interest has not occurred at the agency.

Part VI section B 15A - comparability information is used by the board to determine current compensation for the Executive Director.

Part VI section C 19 - when the public makes a request in writing arrangements are made to make the information available to them.

Part VII section A - our organization does not provide any compensation to any board member or officer of the board.

Part XII - We are required to perform a program audit, our agency selects to perform a full agency audit every year



**CASA DE ESPERANZA, INC.**  
**SCHEDULE OF REVENUES AND FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2013**

	<u>Domestic Violence</u>	<u>Sexual Assault</u>	<u>Children's Program</u>	<u>Operations</u>	<u>Total</u>
<b>Revenues:</b>					
Cal EMA - Domestic Violence	\$ 403,665	\$ -	\$ -	-	\$ 403,665
Cal EMA - Sexual Assault	-	162,337	-	-	162,337
Blue Shield Foundation	-	-	73,424	-	73,424
Event Fundraisers & Donations	-	-	-	67,486	67,486
Donated Facilities (Note 1)	43,400	12,400	3,100	3,100	62,000
CAPIT	-	-	62,000	-	62,000
Emergency Food and Shelter	28,860	12,368	-	-	41,228
CSBG - Yuba and Sutter Counties	37,789	-	-	-	37,789
MCH RPE	-	34,207	-	-	34,207
Presley Bill	33,003	-	-	-	33,003
EHAP	19,020	-	-	-	19,020
Reimbursed Expenses	-	-	-	4,034	4,034
United Way	3,955	-	-	-	3,955
Interest	1,994	-	-	-	1,994
Alta Funding	42	42	-	-	84
<b>Total Revenues</b>	<b>571,728</b>	<b>221,354</b>	<b>138,524</b>	<b>74,620</b>	<b>1,006,226</b>

<b>Expenses:</b>	
Salaries	371,187
Health Benefits	76,171
Rent (Note 1)	45,829
Payroll Taxes	36,054
Workers' Compensation	17,921
Retirement Plan	8,305
Utilities	13,715
Insurance	3,610
	371,187
	76,171
	45,829
	36,054
	17,921
	8,305
	13,715
	3,610
	63,998
	13,133
	6,944
	6,216
	3,090
	1,432
	2,078
	3,610
	38,399
	7,880
	2,778
	3,730
	1,854
	859
	831
	5,579
	639,977
	131,330
	69,438
	62,162
	30,899
	14,319
	20,781
	16,410

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FORM 990/590-PF

## FURNITURE AND FIXTURES

2	CHAIRS	6/02/93		407							407	407	S/L	5		0
3	FURNITURE	12/31/92		9,099							9,099	9,099	S/L	5		0
4	TABLES AND CHAIRS	11/25/92		1,690							1,690	1,690	S/L	5		0
5	FILE CABINET	6/30/93		391							391	391	S/L	5		0
6	DESK	12/15/93		617							617	617	S/L	7		0
7	2 OAK DESKS	3/15/94		268							268	268	S/L	7		0
8	CABINETS	1/14/94		2,082							2,082	2,082	S/L	7		0
9	OFFICE FURNITURE	6/23/95		742							742	742	S/L	7		0
10	OFFICE FURNITURE	10/01/94		1,991							1,991	1,991	S/L	5		0
11	CHAIRS	4/24/96		370							370	370	S/L	7		0
12	DESKS	3/26/96		320							320	320	S/L	7		0
13	OAK DESKS	3/30/96		479							479	479	S/L	7		0
14	DESKS	5/12/97		824							824	824	S/L	7		0
15	KITCHEN NOOK SET	5/17/97		1,115							1,115	1,115	S/L	7		0
16	BOOKCASES & FILE CABINETS	5/17/97		557							557	557	S/L	7		0
17	CHAIRS	5/19/97		1,007							1,007	1,007	S/L	7		0
18	2 TWO DRAWER FILE CAB	2/02/99		148							148	148	S/L	7		0
19	6 GUEST CHAIRS	2/02/99		508							508	508	S/L	7		0
20	4 DESKS	10/08/98		545							545	545	S/L	7		0
21	2 DESKS	10/08/98		300							300	300	S/L	7		0
22	WALNUT DESK	11/06/98		80							80	80	S/L	7		0
23	FIREPROOF FILE CABINET	10/08/98		482							482	482	S/L	7		0
24	3 PIECE TABLE	2/07/99		106							106	106	S/L	7		0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
25	3 DRAWER FIREPROOF FILE	3/01/99		250							250		S/L	7		0
26	FURNITURE	10/01/00		1,610							1,610		S/L	7		0
27	5 PEICE DINING SET	6/26/01		155							155		S/L	10		0
28	2 5 PIECE DINDIN SETS	6/26/01		342							342		S/L	10		0
29	6 SOFA NEWS STANDS	6/26/01		1,632							1,632		S/L	10		0
30	UPHOLSTERED MISSION SIDES	6/26/01		443							443		S/L	10		0
31	DRESSERS	8/17/04		6,627							6,627		S/L	10		663
32	MATTRESSES	2/10/05		6,390							6,390		S/L	10		639
33	24 BEDS ND 15 DRESSERS	6/30/04		6,622							6,622		S/L	7		0
34	5 DRAWER DESK SET	12/01/03		219							219		S/L	7		0
35	4 TABLES	8/19/02		107							107		S/L	5		0
36	2 SOFAS	3/10/03		1,131							1,131		S/L	5		0
52	2 GUEST CHAIRS	2/08/99		169							169		S/L	7		0
53	CHAIRS	2/02/99		102							102		S/L	7		0
TOTAL FURNITURE AND FIXTURE																
				49,927		0	0	0	0	0	49,927	48,144				1,302
IMPROVEMENTS																
1	CARPET	11/09/92		825							825		S/L	5		0
37	LEASEHOLD IMPROVEMENTS	1/15/93		214,354							214,354	214,354	S/L	5		0
38	PAVING	6/03/94		1,850							1,850	1,850	S/L	5		0
39	SPRINKLER SYSTEM	6/06/96		3,961							3,961	3,961	S/L	7		0
40	WHEEL CHAIR LIFT	8/01/00		9,000							9,000	5,813	S/L	20		450
41	LIGHTS AND LIGHT FIXTURES	4/23/01		4,860							4,860	3,942	S/L	15		324
42	REMODELING	6/27/05		17,282							17,282	6,912	S/L	20		864
43	FLOOR COVERING	1/14/05		9,413							9,413	7,999	S/L	10		941
44	WATER HEATER	6/19/01		5,283							5,283	5,283	S/L	10		0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
45	REMODEL DORMITORY RESTRM	7/29/05		24,986						12,500	12,486	4,940	S/L	20		624
46	SIDING REPLACEMENT	2/16/07		3,501							3,501	1,476	S/L	15		233
47	AIR CONDITIONER	8/09/06		2,414							2,414	1,567	S/L	10		241
48	TALL SHED	9/28/08		460							460	147	S/L	15		31
49	STAIRS & SIDEWALK	8/18/08		12,830							12,830	3,103	S/L	20		642
50	DECKING	2/16/08		35,040							35,040	9,344	S/L	20		1,752
51	REPLACE TOILET	6/30/10		1,384							1,384	414	S/L	10		138
TOTAL IMPROVEMENTS																
				347,443		0	0	0	0	12,500	334,943	272,030				6,240
MACHINERY AND EQUIPMENT																
54	STOVE	11/12/92		5,840							5,840	5,840	S/L	5		0
55	MOTION DETECTORS	1/14/94		795							795	795	S/L	5		0
56	2 NEC PRINTERS	3/01/99		1,716							1,716	1,716	S/L	5		0
57	17" MONITOR	3/01/99		349							349	349	S/L	5		0
58	COMPUTER SYSTEM/PRINTER	8/11/99		5,396							5,396	5,396	S/L	5		0
59	PLUMBING IMPROVEMENTS	4/22/00		2,437							2,437	2,133	S/L	15		162
60	COMPUTER PRINTER	9/01/00		365							365	365	S/L	5		0
61	COPPER	6/29/01		17,281						8,800	8,481	8,481	S/L	7		0
62	KAPLAN EQUIPMENT	4/01/02		12,912							12,912	12,912	S/L	10		0
63	QUICKBOOKS SOFTWARE	1/01/01		399							399	399	S/L	5		0
64	NOTEBOOK COMPUTER	10/08/01		3,843							3,843	3,843	S/L	5		0
65	WASHERS AND DRYERS	7/03/04		2,689							2,689	2,421	S/L	10		268
66	IBM TYPEWRITER	12/09/04		507							507	438	S/L	10		51
67	SOFTWARE	8/18/03		454							454	454	S/L	5		0
68	WASHERS AND DRYERS	6/30/04		3,043							3,043	3,043	S/L	7		0
69	2 SHEDS	6/01/04		697							697	697	S/L	7		0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
70	DIGITAL CAM/PRINTER	6/01/04		717							717	717	S/L	7		0
71	COMPUTER	3/01/04		1,757							1,757	1,757	S/L	5		0
72	TY & VCR	6/01/04		330							330	330	S/L	7		0
73	SOFTWARE	11/01/02		1,096							1,096	1,096	S/L	5		0
74	CORDLESS PHONE SYSTEM	3/10/03		912							912	912	S/L	10		0
75	2 LASER JET PRINTERS	11/02/02		1,616							1,616	1,616	S/L	5		0
76	MONITOR & NETWORK CARD	6/05/06		800							800	800	S/L	5		0
77	COMPUTER MONITOR	9/25/08		541							541	513	S/L	5		28
78	NEW COMPRESSOR	6/12/09		1,515							1,515	621	S/L	10		152
79	NEW COMPUTER	3/14/10		7,500							7,500	5,000	S/L	5		1,500
80	MICROSOFT AND WINDOWS 7	4/12/10		1,734							1,734	1,128	S/L	5		347
81	COMPUTERS	6/30/01		3,180							3,180	3,180	S/L	5		0
85	PHONE SYSTEM	8/30/10		7,480							7,480	2,119	S/L	10		748
86	RIVER CITY NETWORKS	2/17/13		5,522							5,522	368	S/L	5		1,104
87	EQUIPMENT	5/30/12		2,452							2,452	531	S/L	5		490
TOTAL MACHINERY AND EQUIPME																
	MISCELLANEOUS			95,875		0	0	0	0	8,800	87,075	69,970				4,850
82	WINDOWS XP UPGRADE	9/30/05		9,887							9,887					0
83	ENCLOSED WHEELCHAIR LIFT	9/28/05		19,379							19,379					0
84	NETWORK CABLES	6/23/05		1,145							1,145					0
TOTAL MISCELLANEOUS																
				30,411		0	0	0	0	0	30,411	0				0
TOTAL DEPRECIATION																
				523,656		0	0	0	0	21,300	502,356	390,144				12,392

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR	SALVAGE /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
GRAND TOTAL DEPRECIATION																
				523,656		0	0	0	0	21,300	502,356	390,144				12,392

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**CASA DE ESPERANZA, INC.**  
**SCHEDULE OF REVENUES AND FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2013**

	<u>Domestic Violence</u>	<u>Sexual Assault</u>	<u>Children's Program</u>	<u>Operations</u>	<u>Total</u>
Depreciation	-	-	-	11,800	11,800
Travel, Training, Mileage and Meals	8,852	2,967	680	( 551)	11,948
Telephone	9,459	2,866	1,433	573	14,332
Food and Household	6,672	2,859	-	-	9,531
Professional Fees	2,000	1,250	-	1,565	4,815
Equipment Rental	-	-	-	4,070	4,070
Office Supplies	4,893	1,483	741	297	7,414
Advertising and Promotion	834	253	126	51	1,264
Membership and Conference Fees	1,145	485	0	1,312	2,942
Client Costs	3,767	1,615	-	-	5,382
Books and Training Materials	-	-	298	0	298
Yard Maintenance	1,273	545	-	-	1,818
Repair and Maintenance	7,966	2,414	1,207	483	12,069
Printing	1,583	480	240	96	2,399
Contract Labor	-	-	-	1,500	1,500
Postage	796	241	121	48	1,206
Community Functions	897	272	136	54	1,359
Program Expense	91	28	14	6	138
Property Taxes	-	-	-	46	46
Acknowledgements	-	-	-	134	134
Dues, Subscriptions & Filing Fees	-	-	-	1,180	1,180
<b>Total Expenses</b>	<b>623,021</b>	<b>267,870</b>	<b>105,497</b>	<b>84,573</b>	<b>1,080,961</b>
<b>Change in Net Assets</b>	<b>\$ ( 51,294)</b>	<b>\$ ( 46,516)</b>	<b>\$ 33,027</b>	<b>\$ ( 9,953)</b>	<b>\$ ( 74,735)</b>

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Part 1

**Casa de Esperanza, Inc.**  
**Notes to Financial Statements**  
**JUNE 30, 2012 AND 2013**

**Income Tax**

Casa de Esperanza, Inc. is a nonprofit, public benefit corporation exempt from income taxes under Section 501 (c)(3) of the Internal Revenue Code and Section 23701 (d) of the California Revenue and Taxation Code. It has been classified as an organization that is not a private foundation.

**Bank Accounts**

The Emergency Food and Shelter Program (EFS) requires the funds be held in a bank account, separate from other funds. The Organization has a separate checking account for the Sutter and Yuba County Emergency Food and Shelter funds.

**Note 2 - Office Furniture and Equipment, Net**

Fixed Assets consists of the following:

	<u>2012</u>	<u>2013</u>
Office Furniture	\$ 49,926	\$ 49,926
Office Equipment	81,553	87,075
Leasehold Improvements	<u>334,941</u>	<u>334,941</u>
	466,420	471,942
Less Accumulated Depreciation	<u>( 378,444)</u>	<u>( 390,244)</u>
Furniture and Equipment, Net of Depreciation	<u>\$ 87,976</u>	<u>\$ 81,698</u>
State and Federally Owned Assets	<u>\$ 86,457</u>	<u>\$ 86,457</u>

**Note 3 - Insurance**

The insurance coverage maintained by Casa de Esperanza, Inc. for the year ended June 30, 2012 and 2013 is summarized as follows:

Comprehensive General Liability	\$ 2,000,000
Directors and Officer's Liability	2,000,000
Building, \$500 Deductible	300,000
Business Personal Property, \$500 Deductible	150,000
Loss for Use of Property	150,000
Flood Insurance	100,000
Commercial Crime	25,000
Workers Compensation	Statutory



**CASA DE ESPERANZA, INC.**  
**STATEMENT OF FINANCIAL POSITION**  
**JUNE 2012 AND 2013**

	<u>2012</u>	<u>2013</u>
<b>ASSETS</b>		
<b>Current Assets:</b>		
Cash:		
Savings	\$ 52,021 <sup>2</sup>	\$ 52,035
Cash - General	253,235 <sup>1</sup>	233,557
Emergency Food and Shelter	162 <sup>1</sup>	20,776
Restricted Building Cash Fund	22,000 <sup>2</sup>	22,000
Petty Cash	<u>200 <sup>1</sup></u>	<u>200</u>
Total Cash and Cash Equivalents	327,618	328,568
Employee Advances	4,600 <sup>7</sup>	1,300
Accounts and Grant Receivables	<u>272,533</u>	<u>240,935</u>
Total Current Assets	604,751	570,803
Office Furniture and Equipment, Net (Notes 1 and 2)	87,976	81,698
Prepaid Expenses	4,953	4,318
VALIC Forfeiture Account	30,142	32,122
Prepaid Insurance	7,147	7,460
Worker's Comp Deposits	<u>6,905</u>	<u>6,905</u>
Total Assets	<u>\$ 741,874 <sup>16</sup></u>	<u>\$ 703,306</u>

**LIABILITIES AND NET ASSETS**

<b>Current Liabilities:</b>		
Accounts Payable	\$ 8,842 <sup>17</sup>	\$ 14,167
Payroll Liabilities	5,973	6,859
C o C Payable	16,705	20,000
Vacation Pay Payable	<u>16,705</u>	<u>26,661</u>
Total Current Liabilities	<u>31,520 <sup>26</sup></u>	<u>67,687</u>
<b>Net Assets:</b>		
Unrestricted Net Assets	688,354 <sup>27</sup>	613,619
Restricted Net Assets	<u>22,000 <sup>29</sup></u>	<u>22,000</u>
Total Net Assets	<u>710,354 <sup>33</sup></u>	<u>635,619</u>
Total Current Liabilities and Net Assets	<u>\$ 741,874</u>	<u>\$ 703,306</u>

See accountant's audit report and notes to the financial statement.

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**CASA DE ESPERANZA, INC.**  
**SCHEDULE OF REVENUES AND FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2013**

	<u>Domestic Violence</u>	<u>Sexual Assault</u>	<u>Children's Program</u>	<u>Total Programs</u>	<u>Operations</u>	<u>Total</u>
Depreciation	-	-	-	0	11,800	11,800 <sup>22</sup>
Travel, Training, Mileage and Meals	8,852	2,967	680	12,499	( 551)	11,948 <sup>17</sup>
Telephone	9,459	2,866	1,433	13,759	573	14,332 <sup>16</sup>
Food and Household	6,672	2,859	-	9,531	-	9,531 <sup>16</sup>
Professional Fees	2,000	1,250	-	3,250	1,565	4,815 <sup>11c</sup>
Equipment Rental	-	-	-	0	4,070	4,070 <sup>13</sup>
Office Supplies	4,893	1,483	741	7,117	297	7,414 <sup>13</sup>
Advertising and Promotion	834	253	126	1,213	51	1,264 <sup>12</sup>
Membership and Conference Fees	1,145	485	0	1,630	1,312	2,942 <sup>24b</sup>
Client Costs	3,767	1,615	-	5,382	-	5,382 <sup>24c</sup>
Books and Training Materials	-	-	298	298	0	298 <sup>24d</sup>
Yard Maintenance	1,273	545	-	1,818	-	1,818 <sup>16</sup>
Repair and Maintenance	7,966	2,414	1,207	11,586	483	12,069 <sup>16</sup>
Printing	1,583	480	240	2,303	96	2,399 <sup>24e</sup>
Contract Labor	-	-	-	0	1,500	1,500 <sup>24c</sup>
Postage	796	241	121	1,158	48	1,206 <sup>13</sup>
Community Functions	897	272	136	1,305	54	1,359 <sup>24b</sup>
Program Expense	91	28	14	132	6	138 <sup>24c</sup>
Property Taxes	-	-	-	0	46	46 <sup>16</sup>
Acknowledgements	-	-	-	0	134	134 <sup>24b</sup>
Dues, Subscriptions & Filing Fees	-	-	-	0	1,180	1,180 <sup>24b</sup>
<b>Total Expenses</b>	<b>623,021</b>	<b>267,870</b>	<b>105,497</b>	<b>996,388</b>	<b>84,573</b>	<b>1,080,961</b>
<b>Change in Net Assets</b>	<b>\$ ( 51,294)</b>	<b>\$ ( 46,516)</b>	<b>\$ 33,027</b>	<b>\$ ( 9,953)</b>	<b>\$ ( 74,735)</b>	

**CASA DE ESPERANZA, INC.**  
**SCHEDULE OF REVENUES AND FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED JUNE 30, 2013**

	<u>Domestic Violence</u>	<u>Sexual Assault</u>	<u>Children's Program</u>	<i>Total</i> <u>Program</u>	<u>Operations</u>	<u>Total</u>
Revenues:						
Cal EMA - Domestic Violence	\$ 403,665	\$ -	-	-	\$ -	\$ 403,665
Cal EMA - Sexual Assault	-	162,337	-	-	-	162,337
Blue Shield Foundation	-	-	73,424	-	-	73,424
Event Fundraisers & Donations	-	-	-	-	67,486	67,486
Donated Facilities (Note 1)	43,400	12,400	3,100	-	3,100	62,000
CAPIT	-	-	62,000	-	-	62,000
Emergency Food and Shelter	28,860	12,368	-	-	-	41,228
CSBG - Yuba and Sutter Counties	37,789	-	-	-	-	37,789
MCH RPE	-	34,207	-	-	-	34,207
Presley Bill	33,003	-	-	-	-	33,003
EHAP	19,020	-	-	-	-	19,020
Reimbursed Expenses	-	-	-	-	4,034	4,034
United Way	3,955	-	-	-	-	3,955
Interest	1,994	-	-	-	-	1,994
Alta Funding	42	42	-	-	-	84
Total Revenues	571,728	221,354	138,524	-	74,620	1,006,226

Expenses:						
Salaries	371,187	166,394	63,998	601,578	38,399	✓ 639,977
Health Benefits	76,171	34,146	13,133	123,450	7,880	131,330
Rent (Note 1)	45,829	13,888	6,944	66,660	2,778	69,438
Payroll Taxes	36,054	16,162	6,216	58,432	3,730	62,162
Workers' Compensation	17,921	8,034	3,090	29,045	1,854	30,899
Retirement Plan	8,305	3,723	1,432	13,460	859	14,319
Utilities	13,715	4,156	2,078	19,950	831	20,781
Insurance	3,610	3,610	3,610	10,831	5,579	16,410

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