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Return of Organization Exempt From Income Tax

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

D Employer Identification Number **95-3667817**

E Telephone number **(949) 737-5242**

G Gross receipts \$ **6,105,518.**

F Name and address of principal officer
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes ☐ No ☒ **X**

H(b) Are all subordinates included? Yes ☐ No ☐ If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **WWW.HUMANOPTIONS.ORG**

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

L Year of formation **1980**

M State of legal domicile **CA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities HUMAN OPTIONS PROVIDES SAFE HAVEN AND LIFE CHANGING PROGRAMS TO HELP ABUSED WOMEN, THEIR CHILDREN AND FAMILIES REBUILD THEIR LIVES, AND WORKS WITH THE COMMUNITY TO BREAK THE CYCLE OF DOMESTIC VIOLENCE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) **3** **29**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **29**

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) **5** **91**

6 Total number of volunteers (estimate if necessary) **6** **100**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.**

b Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,375,974.	5,353,516.
9 Program service revenue (Part VIII, line 2g)	88,480.	95,022.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	238,412.	317,290.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-127,009.	-241,157.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,575,857.	5,524,671.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,749,296.	2,648,606.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 417,671.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	988,030.	940,309.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,737,326.	3,588,915.
19 Revenue less expenses Subtract line 18 from line 12	-161,469.	1,935,756.
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	9,302,254.	11,211,269.
22 Net assets or fund balances Subtract line 21 from line 20	335,584.	308,843.
	8,966,670.	10,902,426.

Part II Signature Block

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

Sign Here Signature of officer Vivian Clecak Date 2-5-15

VIVIAN CLECAK FOUNDING CEO
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name LISA N. RYSEL Preparer's signature LISA N. RYSEL Date 2/4/15 Check ☒ if self-employed PTIN P00643670

Firm's name ▶ LISA N. RYSEL, CPA Firm's EIN ▶ (714) 961-0519

Firm's address ▶ 1736 HOOVER PLACE Phone no (714) 961-0519

PLACENTIA, CA 92870-5439

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

BAA For Paperwork Reduction Act Notice, see the separate instructions. TE EA013L 11/08/13 Form **990** (2013)

SCANNED FEB 18 2015

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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

HUMAN OPTIONS PROVIDES SAFE HAVEN AND LIFE CHANGING PROGRAMS TO HELP ABUSED WOMEN, THEIR CHILDREN AND FAMILIES REBUILD THEIR LIVES, AND WORKS WITH THE COMMUNITY TO BREAK THE CYCLE OF DOMESTIC VIOLENCE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code:) (Expenses \$ 1,628,761. including grants of \$) (Revenue \$ 43,360.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,065,454. including grants of \$) (Revenue \$ 7,839.)

CENTER FOR CHILDREN AND FAMILIES - THE CENTER FOR CHILDREN AND FAMILIES INCLUDES THREE PROGRAMS: THE COMMUNITY RESOURCE CENTER LOCATED IN SANTA ANA; THE OUTREACH PROGRAMS LOCATED IN SANTA ANA, LAKE FOREST, AND TUSTIN; AND THE SAFE OPTIONS FOR SENIORS PROGRAM BASED IN THE ADMINISTRATIVE OFFICE IN IRVINE.

THESE PROGRAMS PROVIDE SERVICES FOR ADULT AND CHILD VICTIMS OF DOMESTIC VIOLENCE, AS WELL AS FAMILY MEMBERS WHEN APPROPRIATE. SERVICES INCLUDE, BUT ARE NOT LIMITED TO, LEGAL ADVOCACY, INDIVIDUAL, FAMILY AND CHILDREN'S COUNSELING, CASE MANAGEMENT, PERSONAL EMPOWERMENT PROGRAMS, TEEN DATING VIOLENCE PREVENTION AND SENIOR ADVOCACY. ALL CENTER FOR CHILDREN AND FAMILIES LOCATIONS ACCEPT WALK-INS.

4c (Code:) (Expenses \$ 177,893. including grants of \$) (Revenue \$)

COMMUNITY EDUCATION - A COMMUNITY EDUCATION PROGRAM SPONSORED BY THE ORGANIZATION EDUCATES THE PUBLIC REGARDING DOMESTIC VIOLENCE. THE MAIN PROGRAMS ARE, "LOVE IS NOT SUPPOSED TO HURT" A DATE ABUSE EDUCATION FOR TEENS, AND "JASON'S STORY" GEARED FOR HIGH SCHOOL ATHLETIC PROGRAMS AND THE "EFFECTS OF DOMESTIC VIOLENCE ON CHILDREN" GEARED FOR PARENTS AND CHILD CARE WORKERS. ON OCCASION, COMMUNITY EDUCATORS OFFER "HANDS ARE NOT FOR HITTING" FOR ELEMENTARY SCHOOL CHILDREN. THESE PROGRAMS SERVED OVER 7,800 YOUTH IN 2013-2014.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 2,872,108.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

BAA

Form 990 (2013)

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 25		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 91		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13 c	Enter the amount of reserves on hand.		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Check if Schedule O contains a response or note to any line in this Part VI

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

- 1 a** Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O
- 1 b** Enter the number of voting members included in line 1a, above, who are independent
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Did the organization have members or stockholders?
- 7 a** 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** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

	Yes	No
1 a		29
1 b		29
2		X
3		X
4		X
5		X
6		X
7 a		X
7 b		X
8 a		X
8 b		X
9		X

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

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

	Yes	No
10 a		X
10 b		
11 a		X
12 a	X	
12 b	X	
12 c	X	
13	X	
14	X	
15 a	X	
15 b		X
16 a		X
16 b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
- GREG GEBHARDT, FINANCE DIR. P.O. BOX 53745 IRVINE CA 92619-3745 (949) 737-5242

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EVE BARKER DIRECTOR	2 0	X						0.	0.	0.
(2) SCOTT ALLEN DIRECTOR	2 0	X						0.	0.	0.
(3) ANDREW GRAY DIRECTOR	2 0	X						0.	0.	0.
(4) VICTORIA COLLINS, PH.D. DIRECTOR	2 0	X						0.	0.	0.
(5) LAURA BENZ DIRECTOR	2 0	X						0.	0.	0.
(6) NANCY W. DAHAN, ESQ. DIRECTOR	2 0	X						0.	0.	0.
(7) DIANE BIAGIANTI DIRECTOR	2 0	X						0.	0.	0.
(8) SHERRY BRAGG DIRECTOR	2 0	X						0.	0.	0.
(9) KATE DUCHENE DIRECTOR	2 0	X						0.	0.	0.
(10) CAROL CARLILE DIRECTOR	2 0	X						0.	0.	0.
(11) SCHARRELL JACKSON DIRECTOR	2 0	X						0.	0.	0.
(12) ARTYN GARDNER PRESIDENT	2 0	X						0.	0.	0.
(13) CELINA DOKA DIRECTOR	2 0	X						0.	0.	0.
(14) MICHAEL A. MORRIS DIRECTOR	2 0	X						0.	0.	0.

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) DAVID HENDRYX DIRECTOR	2 0	X						0.	0.	0.
(16) TERRY THEOLOGIDES DIRECTOR	2 0	X						0.	0.	0.
(17) BUFFY ZWIRNER DIRECTOR	2 0	X						0.	0.	0.
(18) MARCIA JAGER DIRECTOR	2 0	X						0.	0.	0.
(19) MARY JO MURSA DIRECTOR	2 0	X						0.	0.	0.
(20) MICHELLE KHOURY DIRECTOR	2 0	X						0.	0.	0.
(21) RAY WESTON, JR. DIRECTOR	2 0	X						0.	0.	0.
(22) SUSANNA VAKILI DIRECTOR	2 0	X						0.	0.	0.
(23) WENDY PETERSON DIRECTOR	2 0	X						0.	0.	0.
(24) TAMIE RUS DIRECTOR	2 0	X						0.	0.	0.
(25) MOUJAN WALKOW DIRECTOR	2 0	X						0.	0.	0.
1 b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								321,671.	0.	0.
d Total (add lines 1b and 1c)								321,671.	0.	0.

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

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

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

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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 **0**

Part VIII Statement of RevenueCheck 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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a 23,877.			
	b Membership dues	1 b			
	c Fundraising events	1 c 1,105,244.			
	d Related organizations	1 d			
	e Government grants (contributions)	1 e 1,075,844.			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 3,148,551.			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f	5,353,516.			
PROGRAM SERVICE REVENUE	Business Code				
	2 a COURT ORDERED FINES		43,823.	43,823.	
	b PROGRAM INCOME		43,360.	43,360.	
	c CLIENT FEES		7,839.	7,839.	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	95,022.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		299,990.		299,990.
	4 Income from investment of tax-exempt bond proceeds.				
	5 Royalties				
	6 a Gross rents	(i) Real (ii) Personal			
	b Less. rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory.	(i) Securities (ii) Other			
	b Less. cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)		17,300.	17,300.	
	8 a Gross income from fundraising events (not including \$ 1,105,244. of contributions reported on line 1c). See Part IV, line 18	a	47,113.		
	b Less. direct expenses	b	294,159.		
	c Net income or (loss) from fundraising events		-247,046.		-247,046.
	9 a Gross income from gaming activities See Part IV, line 19	a			
	b Less. direct expenses	b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue Business Code					
11 a OTHER REVENUE		5,889.	5,889.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		5,889.			
12 Total revenue. See instructions		5,524,671.	118,211.	0.	52,944.

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
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	358,532.	210,269.	25,818.	122,445.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	2,290,074.	1,951,631.	158,080.	180,363.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.	23,224.	15,962.	4,906.	2,356.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.				
13 Office expenses.	39,211.	28,568.	6,508.	4,135.
14 Information technology.	74,219.	56,112.	8,470.	9,637.
15 Royalties.				
16 Occupancy.	95,951.	87,865.	4,474.	3,612.
17 Travel.	27,380.	22,559.	1,848.	2,973.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	37,314.	12,092.	5,416.	19,806.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	151,323.	119,570.	30,609.	1,144.
23 Insurance.	31,909.	24,567.	3,497.	3,845.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	82,839.	64,578.	10,111.	8,150.
b REPAIRS & MAINTENANCE	71,078.	67,758.		3,320.
c CONSULTING	49,773.	31,440.	15,235.	3,098.
d TELEPHONE	49,179.	36,809.	6,122.	6,248.
e All other expenses	206,909.	142,328.	18,042.	46,539.
25 Total functional expenses. Add lines 1 through 24e.	3,588,915.	2,872,108.	299,136.	417,671.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	495,156.	2	1,221,350.
	3 Pledges and grants receivable, net	325,763.	3	1,214,323.
	4 Accounts receivable, net	41,692.	4	33,002.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	42,795.	9	121,479.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,721,832.		
	b Less: accumulated depreciation	10b 2,777,946.	4,024,269.	10c 3,943,886.
	11 Investments — publicly traded securities	1,011,747.	11	1,088,792.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,360,832.	15	3,588,437.
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,302,254.	16	11,211,269.	
LIABILITIES	17 Accounts payable and accrued expenses	236,284.	17	308,843.
	18 Grants payable		18	
	19 Deferred revenue	99,300.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	335,584.	26	308,843.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,609,237.	27	5,817,454.
	28 Temporarily restricted net assets	1,889,953.	28	3,388,039.
	29 Permanently restricted net assets	1,467,480.	29	1,696,933.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,966,670.	33	10,902,426.
	34 Total liabilities and net assets/fund balances	9,302,254.	34	11,211,269.

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Form 990 (2013)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,524,671.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,588,915.
3	Revenue less expenses Subtract line 2 from line 1	3	1,935,756.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,966,670.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,902,426.

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

- 1 Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____
- If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
- ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
- ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
2a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
2b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
2c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
3a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Form 990 (2013)

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

HUMAN OPTIONS, INC.

Employer identification number

95-3667817

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

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2013

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	3,295,794.	3,293,891.	3,313,815.	3,239,641.	5,106,470.	18,249,611.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	369,893.	179,525.	106,164.	97,804.	100,911.	854,297.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	3,665,687.	3,473,416.	3,419,979.	3,337,445.	5,207,381.	19,103,908.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	234,385.	173,206.	165,828.	141,992.	160,473.	875,884.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	234,385.	173,206.	165,828.	141,992.	160,473.	875,884.
8 Public support. (Subtract line 7c from line 6.)						18,228,024.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	3,665,687.	3,473,416.	3,419,979.	3,337,445.	5,207,381.	19,103,908.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	251,352.	518,352.	189,123.	238,412.	317,290.	1,514,529.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	251,352.	518,352.	189,123.	238,412.	317,290.	1,514,529.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						0.
13 Total Support. (Add lines 9, 10c, 11 and 12.)	3,917,039.	3,991,768.	3,609,102.	3,575,857.	5,524,671.	20,618,437.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	88.41 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	91.35 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	7.35 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	3.48 %

- 19a 33-1/3% support tests – 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☒
- b 33-1/3% support tests – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV **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).

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

Name of the organization

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2013**Open to Public
Inspection**

Employer identification number

HUMAN OPTIONS, INC.

95-3667817

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

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

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

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

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	1,725,374.	1,422,711.	1,481,775.	972,950.	0.
b Contributions	154,053.	275,000.		294,480.	123,042.
c Net investment earnings, gains, and losses	236,904.	144,582.	-18,543.	227,526.	
d Grants or scholarships					
e Other expenditures for facilities and programs	63,853.	100,468.	25,000.	0.	10,445.
f Administrative expenses	19,363.	16,451.	15,521.	13,181.	972,950.
g End of year balance	2,033,115.	1,725,374.	1,422,711.	1,481,775.	972,950.

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

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Temporarily restricted endowment ▶ _____ %
 The percentages in lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		1,917,767.		1,917,767.
b Buildings		3,904,543.	2,083,069.	1,821,474.
c Leasehold improvements		210,450.	35,424.	175,026.
d Equipment		308,310.	291,140.	17,170.
e Other		380,762.	368,313.	12,449.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,943,886.

BAA

Schedule D (Form 990) 2013

Part VII Investments – Other Securities.

N/A

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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		

Part VIII Investments – Program Related.

N/A

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

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

Part IX Other Assets.

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) BEN. INTEREST IN CHARITABLE REM. TRUST	1,437,000.
(2) DEPOSIT WITH ORANGE COUNTY COMMUNITY FDN	2,033,115.
(3) REGULATED LIMITED PARTNERSHIP	118,322.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15)	3,588,437.

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

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

2. 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.

1	Total revenue, gains, and other support per audited financial statements	1	5,524,671.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,524,671.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,524,671.

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.

1	Total expenses and losses per audited financial statements	1	3,588,915.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,588,915.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	3,588,915.

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.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

HUMAN OPTIONS, INC.

Employer identification number

95-3667817

Part 15

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

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

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

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

☐ Yes ☒ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

REVENUE		(a) Event #1 SERIOUS FUN (event type)	(b) Event #2 FALL EVENT (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
1	Gross receipts	851,842.	300,515.		1,152,357.
2	Less Charitable contributions	825,242.	280,002.		1,105,244.
3	Gross income (line 1 minus line 2)	26,600.	20,513.		47,113.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes	16,048.		16,048.
	6	Rent/facility costs			
	7	Food and beverages	97,766.	36,566.	134,332.
	8	Entertainment	5,975.	10,000.	15,975.
	9	Other direct expenses	96,595.	31,209.	127,804.
	10	Direct expense summary Add lines 4 through 9 in column (d)			294,159.
	11	Net income summary Subtract line 10 from line 3, column (d)			-247,046.

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

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

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

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

☐ Yes ☐ No

b If 'No,' explain _____

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

☐ Yes ☐ No

b If 'Yes,' explain _____

11 Does the organization operate gaming activities with nonmembers?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

13a		%
------------	--	----------

b An outside facility

13b	%
-----	---

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

Name

Address ▶

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

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

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

Name

Address ▶

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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

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

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.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

HUMAN OPTIONS, INC.

Employer identification number

95-3667817

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

RESIDENTIAL SERVICES INCLUDE THE FOLLOWING 3 MAJOR PROGRAMS:

EMERGENCY SHELTER OFFERS 30-45 DAY EMERGENCY CARE, CASE MANAGEMENT, COUNSELING,
SHELTER, LEGAL ADVOCACY, FOOD/CLOTHING AND A 24 HOUR HOTLINE (BED SPACE OF 40
CLIENTS), AS WELL AS A 90-DAY TRANSITIONAL PROGRAM FOR UP TO 5 FAMILIES IN NEED OF
ADDITIONAL SUPPORT AND SAFE HAVEN PRIOR TO TRANSITIONING FROM THE EMERGENCY SHELTER'S
CONFIDENTIAL AND SECURE SETTING.

SECOND STEP PROVIDES LOW COST APARTMENT RENTAL FOR 12 TO 18 MONTHS AND OFFERS
COUNSELING AND CASE MANAGEMENT, LEGAL ADVOCACY, PARENTING AND LIFE SKILLS EDUCATION
AS WELL AS ASSISTANCE WITH PERMANENT HOUSING FOR UP TO 14 FAMILIES AT A TIME
(APPROXIMATELY 40 CLIENTS). VOCATIONAL TRAINING AND EMPLOYMENT ASSISTANCE ARE KEY
PROGRAM ACTIVITIES DESIGNED TO HELP CLIENTS REACH ECONOMIC SELF SUFFICIENCY.
FOLLOW-UP SERVICES ARE OFFERED TO PROGRAM GRADUATES FOR A 6 MONTH PERIOD AFTER
COMPLETING THE SECOND STEP PROGRAM.

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

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

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

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

EACH BOARD MEMBER AND STAFF MEMBER COMPLETES A CONFLICT OF INTEREST DOCUMENT STATING
AFFILIATIONS OUTSIDE OF HUMAN OPTIONS. THE AFFILIATIONS DECLARATIONS ARE REVIEWED
BY THE BOARD PRESIDENT FOR BOARD MEMBERS AND BY STAFF SUPERVISORS FOR STAFF.

Name of the organization

HUMAN OPTIONS, INC.

Employer identification number

95-3667817

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

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

2013

Name of the Organization

HUMAN OPTIONS, INC.

Employer Identification number

95-3667817

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

[illegible]

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No 1545-1709

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Enter filer's identifying number, see instructions**

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	HUMAN OPTIONS, INC.	95-3667817
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	P.O. BOX 53745	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	IRVINE, CA 92619-3745	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► GREG GEBHARDT, FINANCE DIR.Telephone No ► (949) 737-5242 Fax No ► _____• If the organization does not have an office or place of business in the United States, check this box ☐• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 15, to file the exempt organization return for the organization named above.
The extension is for the organization's return for► ☐ calendar year 20 ____ or► ☒ tax year beginning 7/01, 20 13, and ending 6/30, 20 142 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2014)

HUMAN OPTIONS, INC.
Depreciation Schedule

95-3667817

Asset		Date Acquired	Deprec. Method	Life	Asset Cost	Acc Dep 06/30/13	Annual	Acc Dep 06/30/14	Book Value 06/30/14
<u>FURNITURE & FIXTURES</u>									
PRIOR TO 1993	N/A- Fully Depreciated	Pre 1993	S/L	-	19,254.00	19,254.00	-	19,254.00	-
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	674.44	674.44	-	674.44	-
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	938.72	938.72	-	938.72	-
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	170.00	170.00	-	170.00	-
FURNITURE	N/A- Fully Depreciated	1993	S/L	5	471.95	471.95	-	471.95	-
FURNITURE	N/A- Fully Depreciated	1993	S/L	5	228.30	228.30	-	228.30	-
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	813.65	813.65	-	813.65	-
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	490.48	490.48	-	490.48	-
FURNITURE	N/A- Fully Depreciated	1993	S/L	5	100.00	100.00	-	100.00	-
SECURITY GATE	N/A- Fully Depreciated	1993	S/L	5	1,543.04	1,543.04	-	1,543.04	-
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	396.63	396.63	-	396.63	-
REFRIGERATOR	N/A- Fully Depreciated	1993	S/L	5	427.77	427.77	-	427.77	-
SECURITY GATE	N/A- Fully Depreciated	1993	S/L	5	1,785.00	1,785.00	-	1,785.00	-
REFRIGERATOR	N/A- Fully Depreciated	1994	S/L	5	855.54	855.54	-	855.54	-
FURNITURE	N/A- Fully Depreciated	1994	S/L	5	1,223.07	1,223.07	-	1,223.07	-
REFRIGERATOR	N/A- Fully Depreciated	1994	S/L	5	427.77	427.77	-	427.77	-
REFRIGERATOR	N/A- Fully Depreciated	1995	S/L	5	461.64	461.64	-	461.64	-
AIR CONDITIONER	N/A- Fully Depreciated	04/15/96	S/L	5	1,377.77	1,377.77	-	1,377.77	-
TELEVISION	N/A- Fully Depreciated	04/22/96	S/L	5	484.80	484.80	-	484.80	-
OFFICE FURNITURE	N/A- Fully Depreciated	05/16/96	S/L	5	2,183.00	2,183.00	-	2,183.00	-
OFFICE FURNITURE	N/A- Fully Depreciated	06/27/96	S/L	5	241.36	241.36	-	241.36	-
FURNITURE (DONATED)	SHELTER	06/30/96	S/L	5	2,625.00	2,625.00	-	2,625.00	-
OFFICE FURNITURE	ADMIN	07/12/96	S/L	5	2,183.00	2,183.00	-	2,183.00	-
DESKS	SHELTER	07/01/96	S/L	5	3,884.67	3,884.67	-	3,884.67	-
VARIOUS FURNITURE	SHELTER	07/01/96	S/L	5	128,256.57	128,256.57	-	128,256.57	-
OFFICE PICTURES	ADMIN	08/14/96	S/L	5	1,058.30	1,058.30	-	1,058.30	-
OFFICE PICTURES	ADMIN	09/10/96	S/L	5	3,283.95	3,283.95	-	3,283.95	-
MIRROR	N/A- Fully Depreciated	10/09/96	S/L	5	550.00	550.00	-	550.00	-
COUCH	N/A- Fully Depreciated	10/21/96	S/L	5	1,500.00	1,500.00	-	1,500.00	-
SAFE HOUSE FURNISHINGS	SHELTER	11/12/96	S/L	5	6,289.95	6,289.95	-	6,289.95	-
FURNITURE	SS	01/29/97	S/L	5	5,435.00	5,435.00	-	5,435.00	-
OFFICE CHAIR	ADMIN	01/29/97	S/L	5	500.00	500.00	-	500.00	-
OFFICE DESKS, CHAIR	ADMIN	01/24/97	S/L	5	969.65	969.65	-	969.65	-
FURNITURE (BUSN OFFICE)	ADMIN	02/27/97	S/L	5	2,790.73	2,790.73	-	2,790.73	-
DESK - FUND DEVELOPMENT	ADMIN	03/20/97	S/L	5	241.36	241.36	-	241.36	-
AIR CONDITIONERS	SS	04/24/97	S/L	5	1,737.50	1,737.50	-	1,737.50	-
AIR CONDITIONERS	SS	05/15/97	S/L	5	1,737.50	1,737.50	-	1,737.50	-
DESK	ADMIN	07/01/97	S/L	5	250.00	250.00	-	250.00	-
FURNITURE	CCF	08/15/97	S/L	5	3,867.59	3,867.59	-	3,867.59	-
FURNITURE	CCF	09/25/97	S/L	5	3,867.60	3,867.60	-	3,867.60	-
FURNITURE	CCF	09/24/97	S/L	5	4,900.00	4,900.00	-	4,900.00	-
FURNITURE	CCF	10/08/97	S/L	5	541.68	541.68	-	541.68	-
CHAIRS	CCF	10/24/97	S/L	5	646.50	646.50	-	646.50	-
FURNITURE	CCF	10/30/97	S/L	5	376.80	376.80	-	376.80	-
FURNITURE	CCF	11/06/97	S/L	5	632.50	632.50	-	632.50	-
FURNITURE	CCF	11/12/97	S/L	5	600.00	600.00	-	600.00	-
FURNITURE	CCF	02/25/99	S/L	5	1,075.24	1,075.24	-	1,075.24	-
COUCH	SHELTER	03/11/99	S/L	5	743.44	743.44	-	743.44	-
REFRIGERATOR	SS	06/14/99	S/L	5	888.25	888.25	-	888.25	-
FURNITURE & FIXTURES (O	ADMIN	06/01/02	S/L	5	66,625.00	66,625.00	-	66,625.00	-
LOCKING DOOR	ADMIN	08/14/02	S/L	5	1,552.00	1,552.00	-	1,552.00	-
FURNITURE	SHELTER	08/28/02	S/L	5	1,718.20	1,718.20	-	1,718.20	-
FIXTURES & ARTWORK	ADMIN	07/01/02	S/L	5	20,000.00	20,000.00	-	20,000.00	-
FURNITURE & FIX	ADMIN	08/01/03	S/L	5	3,026.85	3,026.85	-	3,026.85	-
TABLES, CHAIRS & SOFAS	SS	10/02/03	S/L	5	7,000.00	7,000.00	-	7,000.00	-
FURNITURE	SS	03/21/05	S/L	5	1,604.00	1,604.00	-	1,604.00	-
DESKS & CABINET	PCIT	05/12/05	S/L	5	1,982.95	1,982.95	-	1,982.95	-
REFRIGERATOR	CCF	06/07/05	S/L	5	517.19	517.19	-	517.19	-
CABINETS	SHELTER	06/30/05	S/L	5	6,550.00	6,550.00	-	6,550.00	-
DINING ROOM FURNITURE	SHELTER	06/30/05	S/L	5	4,892.90	4,892.90	-	4,892.90	-
CELLULAR SHADES	SHELTER	06/30/05	S/L	5	2,596.00	2,596.00	-	2,596.00	-
SOFA & CHAIRS	SHELTER	08/18/05	S/L	5	5,600.00	5,600.00	-	5,600.00	-

HUMAN OPTIONS, INC
Depreciation Schedule

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Asset		Date Acquired	Deprec Method	Life	Asset Cost	Acc Dep 06/30/13	Annual	Acc Dep 06/30/14	Book Value 06/30/14
DONATED ART	SHELTER	08/31/05	S/L	5	4,500.00	4,500.00	-	4,500.00	-
SOFAS & CHAIRS	SHELTER	09/15/05	S/L	5	5,510.94	5,510.94	-	5,510.94	-
FILE CABINETS	ADMIN	10/06/05	S/L	5	1,260.68	1,260.68	-	1,260.68	-
FURNITURE	SS	12/31/05	S/L	5	5,550.00	5,550.00	-	5,550.00	-
REFRIGERATOR	SS	11/10/05	S/L	5	547.55	547.55	-	547.55	-
MICRO, DISH, WASH & DRY	SHELTER	03/08/07	S/L	5	5,618.09	5,618.09	-	5,618.09	-
REFRIDG & MICRO	SHELTER	03/08/07	S/L	5	1,190.64	1,190.64	-	1,190.64	0.00
CABINETS & Light Fixtures	SHELTER	02/27/13	S/L	5	1,230.00	102.50	246.00	348.50	881.50
Painting & Cabinets	SHELTER	02/27/13	S/L	5	2,000.00	166.67	400.00	566.67	1,433.33
ART PIECES	SHELTER	03/26/13	S/L	5	2,693.31	179.55	538.66	718.21	1,975.10
Trim & Light Fixtures	SHELTER	04/08/13	S/L	5	4,920.00	246.00	984.00	1,230.00	3,690.00
Furniture	SHELTER	03/20/13	S/L	5	6,093.64	406.24	1,218.73	1,624.97	4,468.67
					380,761.65	364,925.66	3,387.39	368,313.05	12,448.60

MACHINERY & EQUIPMENT

SOFTWARE	N/A- Fully Depreciated	1995	S/L	5	8,005.00	8,005.00	-	8,005.00	-
STEREO SYSTEM	N/A- Fully Depreciated	03/10/96	S/L	5	398.66	398.66	-	398.66	-
CASSETTE RECORDER	N/A- Fully Depreciated	03/10/96	S/L	5	1,179.98	1,179.98	-	1,179.98	-
PRINTERS	N/A- Fully Depreciated	02/18/97	S/L	5	1,443.80	1,443.80	-	1,443.80	-
VOICE MAIL	SHELTER	07/03/97	S/L	5	7,369.31	7,369.31	-	7,369.31	-
VOICE MAIL	N/A- Fully Depreciated	07/03/97	S/L	5	9,423.85	9,423.85	-	9,423.85	-
COMPUTER	SS	08/28/97	S/L	5	1,395.36	1,395.36	-	1,395.36	-
WASHER & DRYER	SS	09/23/97	S/L	5	4,500.00	4,500.00	-	4,500.00	-
COMPUTER	CCF	10/09/97	S/L	5	4,202.25	4,202.25	-	4,202.25	-
COMPUTER	SHELTER	10/09/97	S/L	5	204.73	204.73	-	204.73	-
COMPUTER	SS	10/09/97	S/L	5	1,400.75	1,400.75	-	1,400.75	-
PRINTERS	N/A- Fully Depreciated	10/09/97	S/L	5	868.36	868.36	-	868.36	-
COMPUTER	N/A- Fully Depreciated	11/26/97	S/L	5	1,346.88	1,346.88	-	1,346.88	-
PRINTERS	N/A- Fully Depreciated	12/23/97	S/L	5	280.13	280.13	-	280.13	-
COMPUTER	N/A- Fully Depreciated	12/31/97	S/L	5	1,346.88	1,346.88	-	1,346.88	-
PRINTERS	N/A- Fully Depreciated	01/08/98	S/L	5	809.00	809.00	-	809.00	-
COMPUTER	N/A- Fully Depreciated	01/18/98	S/L	5	500.00	500.00	-	500.00	-
COMPUTER	N/A- Fully Depreciated	03/20/98	S/L	5	980.00	980.00	-	980.00	-
COMPUTER	SS	03/17/98	S/L	5	2,000.00	2,000.00	-	2,000.00	-
COMPUTER	CCF	07/15/98	S/L	5	1,572.72	1,572.72	-	1,572.72	-
COMPUTER	SS	07/15/98	S/L	5	1,572.72	1,572.72	-	1,572.72	-
COMPUTER	N/A- Fully Depreciated	07/15/98	S/L	5	4,152.91	4,152.91	-	4,152.91	-
COMPUTER	CCF	01/25/99	S/L	5	1,975.10	1,975.10	-	1,975.10	-
EQUIPMENT	N/A- Fully Depreciated	03/10/99	S/L	5	472.97	472.97	-	472.97	-
COMPUTER	CCF	04/27/99	S/L	5	807.04	807.04	-	807.04	-
COMPUTER	COUN CTR	06/23/99	S/L	5	1,678.75	1,678.75	-	1,678.75	-
COMPUTER	CCF	09/30/99	S/L	5	1,432.98	1,432.98	-	1,432.98	-
COMPUTER	N/A- Fully Depreciated	05/01/00	S/L	5	16,051.81	16,051.81	-	16,051.81	-
COMPUTER	CCF	05/01/00	S/L	5	2,908.58	2,908.58	-	2,908.58	-
COMPUTER	N/A- Fully Depreciated	05/01/00	S/L	5	1,608.46	1,608.46	-	1,608.46	-
COMPUTER	CCF	05/01/00	S/L	5	140.00	140.00	-	140.00	-
COMPUTER	CCF	05/01/00	S/L	5	5,601.00	5,601.00	-	5,601.00	-
COMPUTER	SHELTER	05/01/00	S/L	5	728.00	728.00	-	728.00	-
COMPUTER	SHELTER	05/01/00	S/L	5	3,170.00	3,170.00	-	3,170.00	-
COMPUTER	CCF	03/16/00	S/L	5	1,825.69	1,825.69	-	1,825.69	-
COMPUTER	CCF	03/31/00	S/L	5	1,503.04	1,503.04	-	1,503.04	-
COMPUTER	COMM ED	03/31/00	S/L	5	1,152.90	1,152.90	-	1,152.90	-
FAX MACHINE	N/A- Fully Depreciated	04/13/00	S/L	5	242.44	242.44	-	242.44	-
COMPUTERS	N/A- Fully Depreciated	08/31/00	S/L	5	2,641.96	2,641.96	-	2,641.96	-
COMPUTER	SHELTER	10/16/00	S/L	5	3,000.00	3,000.00	-	3,000.00	-
COMPUTER	SS	11/30/00	S/L	5	1,200.00	1,200.00	-	1,200.00	-
COMPUTER	N/A- Fully Depreciated	11/30/00	S/L	5	4,495.14	4,495.14	-	4,495.14	-
COMPUTER	SHELTER	11/30/00	S/L	5	600.00	600.00	-	600.00	-
COMPUTER	SHELTER	02/01/01	S/L	5	1,067.00	1,067.00	-	1,067.00	-
COMPUTER	CCF	02/15/01	S/L	5	645.00	645.00	-	645.00	-
COMPUTER	N/A- Fully Depreciated	02/15/01	S/L	5	1,424.34	1,424.34	-	1,424.34	-
COMPUTER	SHELTER	03/01/01	S/L	5	3,089.00	3,089.00	-	3,089.00	-
TELEPHONE SYSTEM	CCF	06/28/01	S/L	5	5,738.50	5,738.50	-	5,738.50	-

HUMAN OPTIONS, INC.
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Asset		Date Acquired	Deprec. Method	Life	Asset Cost	Acc Dep 06/30/13	Annual	Acc Dep 06/30/14	Book Value 06/30/14
COMPUTER	SHELTER	09/06/01	S/L	5	2,149.98	2,149.98	-	2,149.98	-
COMPUTER	SHELTER	01/10/02	S/L	5	967.49	967.49	-	967.49	-
COMPUTER	CCF	01/10/02	S/L	5	967.49	967.49	-	967.49	-
COMPUTER	SS	01/10/02	S/L	5	967.49	967.49	-	967.49	-
COMPUTER	SS	04/17/02	S/L	5	2,000.00	2,000.00	-	2,000.00	-
COMPUTER	ADMIN	06/01/02	S/L	5	1,159.00	1,159.00	-	1,159.00	-
TELEPHONE SYSTEM	ADMIN	06/01/02	S/L	5	9,242.37	9,242.37	-	9,242.37	-
COMPUTERS	ADMIN	12/06/02	S/L	5	1,090.00	1,090.00	-	1,090.00	-
EQUIPMENT	CCF	08/01/03	S/L	5	7,213.32	7,213.32	-	7,213.32	-
COMPUTERS	SHELTER	06/01/04	S/L	5	5,940.28	5,940.28	-	5,940.28	-
COMPUTERS	CCF	06/01/04	S/L	5	5,940.28	5,940.28	-	5,940.28	-
COMPUTERS	SS	06/01/04	S/L	5	7,425.34	7,425.34	-	7,425.34	-
COMPUTERS	ADMIN	06/01/04	S/L	5	2,970.14	2,970.14	-	2,970.14	-
COMPUTERS	COMM ED	06/01/04	S/L	5	1,485.07	1,485.07	-	1,485.07	-
COMPUTERS	COMM ED	07/08/04	S/L	5	2,173.45	2,173.45	-	2,173.45	-
COMPUTERS	ADMIN	07/19/04	S/L	5	500.00	500.00	-	500.00	-
COMPUTERS	ADMIN	09/30/04	S/L	5	2,000.00	2,000.00	-	2,000.00	-
COMPUTERS	SHELTER	03/10/05	S/L	5	10,833.47	10,833.47	-	10,833.47	-
APPLIANCES	SHELTER	06/30/05	S/L	5	5,959.15	5,959.15	-	5,959.15	-
TELEPHONE SYSTEM	SHELTER	07/01/05	S/L	5	7,406.78	7,406.78	-	7,406.78	-
COMPUTER	ELDER ABUSE	08/04/05	S/L	5	1,900.25	1,900.25	-	1,900.25	-
PRINTER	SHELTER	08/04/05	S/L	5	300.75	300.75	-	300.75	-
PRINTER	ADMIN	08/04/05	S/L	5	300.50	300.50	-	300.50	-
COMPUTERS	ADMIN	08/04/05	S/L	5	1,905.94	1,905.94	-	1,905.94	-
COMPUTER	CCF/PCIT	08/04/05	S/L	5	1,931.50	1,931.50	-	1,931.50	-
COMPUTER	CCF	08/04/05	S/L	5	952.96	952.96	-	952.96	-
COMPUTER	OUTREACH	08/04/05	S/L	5	952.97	952.97	-	952.97	-
COMPUTERS	PCIT	08/04/05	S/L	5	2,858.90	2,858.90	-	2,858.90	-
COMPUTER	SS	08/04/05	S/L	5	952.97	952.97	-	952.97	-
COMPUTER	SS	09/15/05	S/L	5	975.72	975.72	-	975.72	-
COMPUTER	PCIT	06/01/06	S/L	5	3,764.45	3,764.45	-	3,764.45	-
COMPUTER	ADMIN	06/01/06	S/L	5	1,721.24	1,721.24	-	1,721.24	-
COMPUTER	SHELTER	06/01/06	S/L	5	1,883.35	1,883.35	-	1,883.35	-
COMPUTER	SS	12/20/06	S/L	5	1,363.49	1,363.49	-	1,363.49	-
COMPUTER	CCF OUT REACH	03/08/07	S/L	5	2,717.28	2,717.28	-	2,717.28	-
COMPUTER	SS	03/26/07	S/L	5	1,133.45	1,133.45	-	1,133.45	-
COMPUTER	CCF OUT REACH	04/04/07	S/L	5	1,740.81	1,740.81	-	1,740.81	-
2 FLAT SCREENS	SS	05/04/07	S/L	5	380.20	380.20	-	380.20	-
LAPTOP & SOFTWARE	SS	06/04/07	S/L	5	2,625.55	2,625.55	-	2,625.55	-
COPY MACHINE	CCF OUT REACH	06/15/07	S/L	5	2,082.56	2,082.56	-	2,082.56	-
COMPUTER	CCF OUT REACH	06/29/07	S/L	5	647.43	647.43	-	647.43	-
COMPUTER	SS	10/02/07	S/L	5	1,494.82	1,494.82	-	1,494.82	-
SECURITY SYSTEM	SS	10/08/07	S/L	5	4,531.92	4,531.92	-	4,531.92	-
COMPUTER	CCF OUT REACH	05/23/08	S/L	5	1,643.17	1,643.17	-	1,643.17	-
VOLUNTEER SOFTWARE	FUND DEVELOPMENT	10/07/09	S/L	3	1,220.00	1,220.00	-	1,220.00	-
AUCTION TRACKER SOFTWARE	FUND DEVELOPMENT	12/08/09	S/L	3	1,734.56	1,734.56	-	1,734.56	-
ALARM SYSTEM	SHELTER	06/24/10	S/L	5	9,665.00	5,960.08	1,933.00	7,893.08	1,771.92
DONOR SOFTWARE	FUND DEVELOPMENT		S/L	3	24,581.00	24,581.00	-	24,581.00	-
SOFTWARE - Heritage	FUND DEVELOPMENT	07/06/10	S/L	3	2,192.50	2,192.50	-	2,192.50	-
SOFTWARE - Heritage	FUND DEVELOPMENT	01/15/11	S/L	3	2,192.50	1,827.08	365.42	2,192.50	-
SOFTWARE - Heritage	FUND DEVELOPMENT	05/02/12	S/L	3	2,335.00	908.05	778.33	1,686.38	648.62
TELEPHONE SYSTEM	SHELTER	05/01/12	S/L	5	5,552.68	1,295.63	1,110.54	2,406.17	3,146.51
SECURITY SYSTEM	SECOND STEP	06/13/12	S/L	3	9,185.85	3,317.11	3,061.95	6,379.06	2,806.79
SECURITY SYSTEM	SHELTER	11/07/12	S/L	3	1,285.32	285.63	428.44	714.07	571.25
SECURITY SYSTEM	SHELTER	06/26/13	S/L	5	975.00	16.25	195.00	211.25	763.75
SECURITY SYSTEM	SHELTER	06/28/13	S/L	3	1,080.36	30.01	360.12	390.13	690.23
COMPUTER	CCF	05/09/14	S/L	5	7,004.19	-	233.47	233.47	6,770.72
					308,310.23	282,674.17	8,466.27	291,140.44	17,169.79
BUILDING IMPROVEMENT	N/A- Fully Depreciated	-	S/L	5	6,529.00	6,529.00	-	6,529.00	-
PAYGROUND RESURFACING	N/A- Fully Depreciated	1996	S/L	5	3,240.82	3,240.82	-	3,240.82	-
PLUMBING IMPROV	SECOND STEP	05/05/08	S/L	30	46,600.00	8,025.54	1,553.33	9,578.87	37,021.13
17 FURNACES	SECOND STEP	12/04/08	S/L	30	17,724.00	2,954.00	590.80	3,544.80	14,179.20

HUMAN OPTIONS, INC.
Depreciation Schedule

95-3667817

Asset		Date Acquired	Deprec. Method	Life	Asset Cost	Acc Dep 06/30/13	Annual	Acc Dep 06/30/14	Book Value 06/30/14
HEATING & A/C UNIT	SECOND STEP	04/19/10	S/L	30	3,690.00	399.75	123.00	522.75	3,167.25
APARTMENT REMODEL	SHELTER	09/27/10	S/L	30	1,200.00	120.00	40.00	160.00	1,040.00
REMODEL	SHELTER	10/27/10	S/L	30	3,710.30	371.06	123.68	494.74	3,215.56
CABINETS	SHELTER	11/30/10	S/L	30	4,200.00	420.00	140.00	560.00	3,640.00
REMODEL	SHELTER	01/18/11	S/L	30	4,340.00	434.34	144.67	579.01	3,760.99
DECK REPLACEMENT	SECOND STEP	12/08/11	S/L	25	33,700.00	2,134.33	1,348.00	3,482.33	30,217.67
FLOORING	SECOND STEP	06/13/12	S/L	12	7,672.75	692.68	639.40	1,332.08	6,340.67
FLOORING	THIRD STEP	06/29/12	S/L	12	7,672.75	692.68	639.40	1,332.08	6,340.67
BALANCE ADJUSTMENT	PER AUDIT	07/01/12	N/A	1	2.00	2.00	-	2.00	-
WALLS, PAINT	SHELTER	04/11/13	S/L	5	6,232.00	90.03	1,246.40	1,336.43	4,895.57
PLAYGROUND EQUIP	SECOND STEP	09/18/13	S/L	5	8,693.00	-	1,448.83	1,448.83	7,244.17
FLOORING	SECOND STEP	12/03/13	S/L	12	8,933.50	-	434.27	434.27	8,499.23
PLAYGROUND	SECOND STEP	12/16/13	S/L	5	6,300.00	-	735.00	735.00	5,565.00
WINDOWS & DOORS	SECOND STEP	06/09/14	S/L	30	40,009.41	-	111.14	111.14	39,898.27
					210,449.53	26,106.23	9,317.92	35,424.14	175,025.39
BUILDING - IRVINE SHELTER	SHELTER	1996	S/L	30	2,014,398.04	1,141,493.41	67,146.60	1,208,640.01	805,758.03
BUILDING IMPROVEMENT	SHELTER	07/01/03	S/L	30	44,779.56	14,927.54	1,492.65	16,420.19	28,359.37
SHELTER - HVAC IMPROV	SHELTER	09/13/06	S/L	30	13,881.96	3,161.94	462.73	3,624.67	10,257.29
BUILDING - APARTMENTS	SHELTER	-	S/L	30	532,783.00	377,623.76	17,759.43	395,383.19	137,399.81
BUILDING - ADMIN/PRG	ADMIN	05/18/02	S/L	30	918,258.74	340,678.87	30,608.62	371,287.49	546,971.25
BUILDING - TUSTIN CONDO	THIRD STEP	Aug. 2007	S/L	30	380,442.00	75,031.62	12,681.40	87,713.02	292,728.98
					3,904,543.30	1,952,917.14	130,151.43	2,083,068.57	1,821,474.73
LAND - APARTMENT BLDG		-			820,266.50	-	-	-	820,266.50
LAND - IRVINE SHELTER	SHELTER	1995			547,500.00	-	-	-	547,500.00
LAND - IRVINE ADMIN BLDG		05/18/02			550,000.00	-	-	-	550,000.00
					1,917,766.50	-	-	-	1,917,766.50
					6,721,831.21	2,626,623.19	151,323.01	2,777,946.20	3,943,885.01