

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Human Options, Inc.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. Box 53745</b> City or town, state or province, country, and ZIP or foreign postal code <b>Irvine, CA 92619</b> <b>F</b> Name and address of principal officer: <b>Maricela Rios Faust</b> <b>same as C above</b>	<b>D</b> Employer identification number <b>95-3667817</b> <b>E</b> Telephone number <b>(949) 737-5242</b> <b>G</b> Gross receipts \$ <b>5,019,642.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>www.humanoptions.org</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1980</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Human Options vision is a future in which every person and family in Orange County experiences safe,</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>23</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>23</b> <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> <b>91</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>54</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>4,891,763.</b> <b>Prior Year</b> <b>4,640,676.</b> <b>Current Year</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>126,171.</b> <b>105,698.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>211,817.</b> <b>59,287.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>8,422.</b> <b>27,726.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>5,238,173.</b> <b>4,833,387.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>414,351.</b> <b>653,882.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>3,313,629.</b> <b>3,249,814.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>557,597.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,916,429.</b> <b>1,729,018.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>5,644,409.</b> <b>5,632,714.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-406,236.</b> <b>-799,327.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>11,070,759.</b> <b>Beginning of Current Year</b> <b>10,676,328.</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>400,548.</b> <b>516,264.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>10,670,211.</b> <b>10,160,064.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>Maricela Rios Faust, CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Sean E. Cain, CPA</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P01612986</b>
	Firm's name ▶ <b>Harrington Group, CPAs, LLP</b> Firm's address ▶ <b>234 East Colorado Blvd., Suite M150</b> <b>Pasadena, CA 91101</b>	Firm's EIN ▶ <b>95-4557617</b> Phone no. (626) <b>403-6801</b>

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: Human Options ignites social change by educating Orange County to recognize violence as an issue that threatens everyone, advocating for those affected by abuse, extending a safe place for victims and empowering survivors on their journey of healing.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,426,053. including grants of \$ 428,703.) (Revenue \$ 51,255.) Center for Children and Families - CCF includes three programs: The Center for Children and Families located in Newport Beach; Family Resource Centers located in Santa Ana, Lake Forest, Costa Mesa and San Juan Capistrano; 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.

4b (Code: ) (Expenses \$ 1,974,005. including grants of \$ 217,929.) (Revenue \$ 54,443.) Human Options' residential services offer a continuum of care which encompasses the 24 hour crisis hotline, 45 day emergency shelter (with on-site 90 day Family Healing Center), and transitional housing programs - both 6-month and longer term. Our clients are adult and child victims of domestic violence of all ages, ethnicities, orientations, and come from all over Orange County. They are considered homeless as they are fleeing abuse in their home, typically have had severe trauma experiences, usually have minimal income and are striving to achieve safety and emotional and financial self-sufficiency.

Second Step provides housing for up to 6 months, offers counseling, case management, legal advocacy, parenting and life skills education as

4c (Code: ) (Expenses \$ 278,121. including grants of \$ 7,250.) (Revenue \$ ) Community Education - A community education program sponsored by the Organization educates the public regarding domestic violence. Primary programming for community education includes prevention education for youth and intervention education for first responder professionals. The youth program known as "Love Shouldn't Hurt" educates youth on healthy dating habits and highlights red flags of abuse, while first responder programming educats professionals (human resources, healthcare, law enforcement, social service professionals) on how to appropriately respond to those experiencing domestic violence. On occasion, community educators offer "Hands Are Not For Hitting" for elementary school children. These programs served over 10,000 individuals in 2018/2019.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,678,179.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 91		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	N/A		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
	N/A		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	N/A		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
	N/A		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand		
	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	<b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, 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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
**Finance Manager - ext. 218 - (949) 737-5242**  
**P.O. Box 53745, Irvine, CA 92619**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) Diane W. Biagianti Board President	5.00	X		X				0.	0.	0.
(2) Celina Doka Board Vice President	5.00	X		X				0.	0.	0.
(3) Michael A. Morris Secretary	5.00	X		X				0.	0.	0.
(4) Scott Allen Treasurer	5.00	X		X				0.	0.	0.
(5) Ashley Allyn Board Member	2.00	X						0.	0.	0.
(6) Anderee Berengian Board Member	2.00	X						0.	0.	0.
(7) Joe Ferrentino Board Member	2.00	X						0.	0.	0.
(8) Kerri Sonenshine Board Member	2.00	X						0.	0.	0.
(9) Andrew Gray Board Member	2.00	X						0.	0.	0.
(10) Susan L. Heller Board Member	2.00	X						0.	0.	0.
(11) Lisa Hummelberg Board Member	2.00	X						0.	0.	0.
(12) Douglas Jackson Board Member	2.00	X						0.	0.	0.
(13) Rochelle Karr Board Member	2.00	X						0.	0.	0.
(14) Michele I. Khoury Board Member	2.00	X						0.	0.	0.
(15) Vina Leite Board Member	2.00	X						0.	0.	0.
(16) Mary Jo Mursa Board Member	2.00	X						0.	0.	0.
(17) Wendy Peterson Board Member	2.00	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 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			
(18) Diana Robertson Board Member	2.00	X					0.	0.	0.	
(19) Linda Schilling Board Member	2.00	X					0.	0.	0.	
(20) Olga Smirnova Board Member	2.00	X					0.	0.	0.	
(21) Kerri Summers Board Member	2.00	X					0.	0.	0.	
(22) Les Thomas Board Member	2.00	X					0.	0.	0.	
(23) Ryan Wilkinson Board Member	2.00	X					0.	0.	0.	
(24) Maricela Rios-Faust Chief Executive Officer	40.00			X			149,808.	0.	646.	
(25) Judith Ann Rose Chief Program Officer	40.00			X			109,373.	0.	4,491.	
(26) Anna Duncan-Levy Chief Development Officer	40.00			X			103,060.	0.	0.	
<b>1b Sub-total</b>							362,241.	0.	5,137.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							362,241.	0.	5,137.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

**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 Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>						
	<b>c</b> Fundraising events	<b>1c</b>	584,163.					
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,686,465.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,370,048.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$							
	<b>h Total.</b> Add lines 1a-1f							4,640,676.
<b>Program Service Revenue</b>	<b>2 a</b> Program income	<b>Business Code</b>	900099	54,443.	54,443.			
	<b>b</b> Court ordered fines		900099	36,969.	36,969.			
	<b>c</b> Client fees		900099	14,286.	14,286.			
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			105,698.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			59,287.			59,287.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses						
		<b>c</b> Rental income or (loss)						
		<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
		<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ 584,163. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		186,255.				
		<b>b</b> Less: direct expenses		186,255.				
		<b>c</b> Net income or (loss) from fundraising events			0.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses								
<b>c</b> Net income or (loss) from gaming activities								
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less: cost of goods sold							
	<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue			<b>Business Code</b>					
<b>11 a</b> Other income			900099	27,726.			27,726.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d				27,726.			
<b>12 Total revenue.</b> See instructions				4,833,387.	105,698.	0.	87,013.	

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	653,882.	653,882.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	390,757.	335,174.	20,028.	35,555.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,390,284.	2,050,281.	122,509.	217,494.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	237,766.	199,247.	17,447.	21,072.
<b>10</b> Payroll taxes	231,007.	198,148.	11,840.	21,019.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	61,708.	48,052.	8,182.	5,474.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	4,748.		4,748.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	296,158.	133,138.	17,188.	145,832.
<b>12</b> Advertising and promotion	95,847.	9,679.	64,969.	21,199.
<b>13</b> Office expenses	185,700.	156,458.	14,339.	14,903.
<b>14</b> Information technology	109,682.	82,439.	5,305.	21,938.
<b>15</b> Royalties				
<b>16</b> Occupancy	293,220.	278,695.	6,684.	7,841.
<b>17</b> Travel	50,357.	46,612.	2,649.	1,096.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	42,898.	29,105.	8,232.	5,561.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	201,805.	144,205.	57,600.	
<b>23</b> Insurance	36,178.	28,099.	4,573.	3,506.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Program supplies	92,070.	61,033.	1,126.	29,911.
<b>b</b> Other subcontractors	77,370.	77,370.		
<b>c</b> Client assistance	69,762.	69,662.	100.	
<b>d</b> Equipment leasing	40,224.	37,397.	1,652.	1,175.
<b>e</b> All other expenses	71,291.	39,503.	27,767.	4,021.
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,632,714.	4,678,179.	396,938.	557,597.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	<b>1</b> Cash - non-interest-bearing .....	385,742.	<b>1</b>	409,847.	
	<b>2</b> Savings and temporary cash investments .....	96,117.	<b>2</b>	228,841.	
	<b>3</b> Pledges and grants receivable, net .....	1,147,984.	<b>3</b>	676,168.	
	<b>4</b> Accounts receivable, net .....	2,446.	<b>4</b>	0.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	102,059.	<b>9</b>	138,023.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,242,501.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,691,039.			
	<b>11</b> Investments - publicly traded securities .....	3,674,586.	<b>10c</b>	3,551,462.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,395,339.	<b>11</b>	725,860.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>		
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	4,266,486.	<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	11,070,759.	<b>15</b>	4,946,127.		
		<b>16</b>	10,676,328.		
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	393,110.	<b>17</b>	505,046.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	7,438.	<b>25</b>	11,218.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	400,548.	<b>26</b>	516,264.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	5,703,021.	<b>27</b>	5,031,188.	
	<b>28</b> Temporarily restricted net assets .....	2,441,546.	<b>28</b>	2,603,232.	
	<b>29</b> Permanently restricted net assets .....	2,525,644.	<b>29</b>	2,525,644.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	10,670,211.	<b>33</b>	10,160,064.	
<b>34</b> Total liabilities and net assets/fund balances .....	11,070,759.	<b>34</b>	10,676,328.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,833,387.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,632,714.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-799,327.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	10,670,211.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	106,180.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	183,000.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	10,160,064.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,430,667.	5,392,932.	4,638,840.	4,891,763.	4,640,676.	22,994,878.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,430,667.	5,392,932.	4,638,840.	4,891,763.	4,640,676.	22,994,878.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						395,758.
<b>6 Public support.</b> Subtract line 5 from line 4.						22,599,120.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	3,430,667.	5,392,932.	4,638,840.	4,891,763.	4,640,676.	22,994,878.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	80,637.	56,259.	321,160.	126,171.	59,287.	643,514.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	20,940.	23,652.	36,896.	8,422.	27,726.	117,636.
<b>11 Total support.</b> Add lines 7 through 10						23,756,028.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	614,781.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	95.13 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	94.53 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			



**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2018**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
Hoag Memorial Hospital	721,000.	245,879.
Rosemary L. Ruiz Trust	625,000.	149,879.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		395,758.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**Human Options, Inc.**

Employer identification number

**95-3667817**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>Human Options, Inc.</b>	Employer identification number <b>95-3667817</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	California Office of Emergency Management 3650 Schreiver Ave. Mather, CA 95655	\$ 991,504.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	County of Orange Social Services Agency 500 N. State College Blvd., Suite 100 Orange, CA 92868	\$ 889,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Rescare Workforce Services 100 S. Anaheim Blvd., Suite 220 Anaheim, CA 92805	\$ 118,596.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Sisters of St. Joseph Healthcare Foundation 440 S. Batavia St. Orange, CA 92868	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Sonenshine, Justice Sheila and Ygal 2437 Monaco Dr. Laguna Beach, CA 92651-1006	\$ 190,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	U.S. Department of Justice 950 Pennsylvania Ave., NW Washington, DC 20530	\$ 269,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Human Options, Inc.</b>	Employer identification number  <b>95-3667817</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	



Name of organization <b>Human Options, Inc.</b>	Employer identification number <b>95-3667817</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: Human Options, Inc. Employer identification number: 95-3667817

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

**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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,777,204.	2,645,805.	2,240,015.	2,204,014.	2,033,115.
b Contributions	209,355.	100,000.	147,936.	130,926.	188,266.
c Net investment earnings, gains, and losses	140,416.	208,331.	282,241.	-1,596.	4,789.
d Grants or scholarships					
e Other expenditures for facilities and programs	100,000.	149,171.		70,077.	
f Administrative expenses	28,021.	27,761.	24,387.	23,252.	22,156.
g End of year balance	2,998,954.	2,777,204.	2,645,805.	2,240,015.	2,204,014.

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  80.78 %
- c Temporarily restricted endowment  19.22 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

b If "Yes" on line 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.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on 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
1a Land		2,836,026.		2,836,026.
b Buildings		3,478,353.	2,848,257.	630,096.
c Leasehold improvements				
d Equipment		928,122.	842,782.	85,340.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,551,462.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) Beneficial interest Charitable Remainder Trust	1,609,000.
(2) Beneficial interest/assets held by OCCF	2,998,954.
(3) Deposits	8,293.
(4) Real estate ETF	329,880.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,946,127.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Security deposits	11,218.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,218.

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" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	5,117,819.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	106,180.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	183,000.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	289,180.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	4,828,639.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	4,748.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	4,748.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	4,833,387.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	5,627,966.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	5,627,966.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	4,748.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	4,748.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	5,632,714.

**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:**

Permanently restricted net assets represent contributions which the donor has stipulated that the principal is to be kept intact in perpetuity and only the interest and dividends therefrom may be expended for unrestricted purposes. Accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization.

**Part X, Line 2:**

**Part XIII** Supplemental Information (continued)

The Organization is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by the Organization in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination. the Organization's returns are subject to examination by federal and state taxing authorities, generally for three and four years, respectively, after they are filed.

Part XI, Line 2d - Other Adjustments:

Change in Value CRT 183,000.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**Human Options, Inc.**

Employer identification number

**95-3667817**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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.
 

<ul style="list-style-type: none"> <li>a <input type="checkbox"/> Mail solicitations</li> <li>b <input type="checkbox"/> Internet and email solicitations</li> <li>c <input type="checkbox"/> Phone solicitations</li> <li>d <input type="checkbox"/> In-person solicitations</li> </ul>	<ul style="list-style-type: none"> <li>e <input type="checkbox"/> Solicitation of non-government grants</li> <li>f <input type="checkbox"/> Solicitation of government grants</li> <li>g <input type="checkbox"/> Special fundraising events</li> </ul>
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- 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 10 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 col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

**Total** .....

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		None	None	None	
Revenue		None	None	None	
		None	None	None	
		None	None	None	
	<b>1</b> Gross receipts .....	518,037.	252,381.		770,418.
	<b>2</b> Less: Contributions .....	411,013.	173,150.		584,163.
	<b>3</b> Gross income (line 1 minus line 2) .....	107,024.	79,231.		186,255.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	70,453.	52,905.		123,358.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....	28,483.	24,027.		52,510.
	<b>9</b> Other direct expenses .....	8,088.	2,299.		10,387.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				186,255.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted 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 contract 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.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **Human Options, Inc.** Employer identification number **95-3667817**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Child Guidance Center 525 N. Cabrillo Park Dr. Santa Ana, CA 92701	95-2546170	501(c)(3)	69,743.	0.			General
Children's Bureau 1910 Magnolia Ave. Los Angeles, CA 90007	95-1690975	501(c)(3)	55,045.	0.			General
Cambodian Family 1626 E. Fourth St. Santa Ana, CA 92701	95-3854831	501(c)(3)	29,955.	0.			General
Girls Incorporated of OC 150 Paularino Ave. Costa Mesa, CA 92626	95-1810150	501(c)(3)	19,447.	0.			General
The Raise Foundation 2900 Bristol St., J201 Costa Mesa, CA 92626	33-0240178	501(c)(3)	149,917.	0.			General
Abrazar 7101 Wyoming St. Westminster, CA 92683	33-0301538	501(c)(3)	26,258.	0.			General

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **10.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Women Helping Women 1800 East McFadden Ave., Suite 1A Santa Ana, CA 92705	33-0576900	501(c)(3)	28,438.	0.			General
Families Forward 8 Thomas Irvine, CA 92618	33-0086043	501(c)(3)	138,726.	0.			General
Santa Ana Police Department 60 Civic Center Plaza Santa Ana, CA 92701			98,831.	0.			General
Legal Aid Society of Orange County 2101 N. Tustin Ave. Santa Ana, CA 92705	95-1994337	501(c)(3)	37,522.	0.			General

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

Human Options, Inc.

Employer identification number

95-3667817

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Maricela Rios-Faust Chief Executive Officer	(i)	149,808.	0.	0.	0.	646.	150,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

(This area is intentionally left blank for supplemental information.)



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

Human Options, Inc.

Employer identification number

95-3667817

Form 990, Part I, Line 1, Description of Organization Mission:

healthy relationships and lives free from fear.

Form 990, Part III, Line 4b, Program Service Accomplishments:

well as assistance with permanent housing for up to 14 families at a  
time. 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 second step program completion.

Third step is an extended transitional housing program providing  
low-cost rents for up to one year, with case management and counseling  
as needed for six low income families.

Form 990, Part VI, Section B, line 11b:

The CEO and Finance Manager review the tax returns prior to submission.

Form 990, Part VI, Section B, Line 12c:

Each Board Member and staff member completes a conflict of interest  
document stating affiliations outside of Human Options. The affiliates  
declarations are reviewed by the Board President and by staff supervisors  
for staff.

Form 990, Part VI, Section B, Line 15a:

Compensation is determined using local and industry compensation schedules  
which is reviewed and approved by Human Options' Finance Committee.

Name of the organization <b>Human Options, Inc.</b>	Employer identification number <b>95-3667817</b>
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Form 990, Part VI, Section C, Line 19:

Upon request to the administrative offices, financial statements and policies will be made available as deemed appropriate.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Value of CRT	183,000.
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2018

# California Exempt Organization Annual Information Return

199

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) **07/01/2018**, and ending (mm/dd/yyyy) **06/30/2019**

Corporation/Organization name <b>HUMAN OPTIONS, INC.</b>		California corporation number <b>0984090</b>
Additional information. See instructions.		FEIN <b>95-3667817</b>
Street address (suite or room) <b>P.O. BOX 53745</b>		PMB no.
City <b>IRVINE</b>	State <b>CA</b>	ZIP code <b>92619</b>
Foreign country name	Foreign province/state/country	Foreign postal code

<p><b>A</b> First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final Information Return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy)</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p><b>L</b> If organization is a public charity exempt under R&amp;TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input checked="" type="checkbox"/></p> <p><b>M</b> Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>P</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	378,966	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <span style="float: right;">STMT 1</span>	3	4,640,676	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	5,019,642	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	5,019,642	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	5,818,969	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-799,327	00
<b>Filing Fee</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16	Penalties and Interest. See General Information J	16		00
	17	<b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Title <b>CEO</b>	Date	• Telephone
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• PTIN <b>P01612986</b>
	Firm's name (or yours, if self-employed) and address <b>HARRINGTON GROUP, CPAS, LLP 234 EAST COLORADO BLVD., SUITE M150 PASADENA, CA 91101</b>			• Firm's FEIN <b>95-4557617</b>
				• Telephone <b>(626) 403-6801</b>

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

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951 12-12-18

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	186,255	00	
	2	Interest	•	2	23,237	00	
	3	Dividends	•	3	36,050	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income	•	7	133,424	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	378,966	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	653,882	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	390,757	00	
	12	Other salaries and wages	•	12	2,390,284	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	231,007	00
		15	Rents	•	15	293,220	00
		16	Depreciation and depletion (See instructions)	•	16	201,805	00
		17	Other Expenses and Disbursements	•	17	1,658,014	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	5,818,969	00

	Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	(e)	(f)
<b>Assets</b>						
1 Cash		481,859		•	638,688	
2 Net accounts receivable		2,446		•		
3 Net notes receivable				•		
4 Inventories				•		
5 Federal and state government obligations				•		
6 Investments in other bonds				•		
7 Investments in stock				•		
8 Mortgage loans				•		
9 Other investments <b>STMT 5</b>		1,395,339		•	725,860	
10 a Depreciable assets	4,206,475		4,406,475			
b Less accumulated depreciation	( 3,489,234)	717,241	( 3,691,039)		715,436	
11 Land		2,957,345		•	2,836,026	
12 Other assets <b>STMT 6</b>		5,516,529		•	5,760,318	
13 <b>Total assets</b>		11,070,759			10,676,328	
<b>Liabilities and net worth</b>						
14 Accounts payable		393,110		•	505,046	
15 Contributions, gifts, or grants payable				•		
16 Bonds and notes payable				•		
17 Mortgages payable				•		
18 Other liabilities <b>STMT 7</b>		7,438			11,218	
19 Capital stock or principal fund				•		
20 Paid-in or capital surplus. Attach reconciliation				•		
21 Retained earnings or income fund		10,670,211		•	10,160,064	
22 <b>Total liabilities and net worth</b>		11,070,759			10,676,328	

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-510,147
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5	•	-510,147
7	Income recorded on books this year not included in this return <b>STMT 8</b>	•	289,180
8	Deductions in this return not charged against book income this year	•	
9	<b>Total.</b> Add line 7 and line 8	•	289,180
10	<b>Net income per return.</b> Subtract line 9 from line 6	•	-799,327

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CA 199	Cash Contributions Included on Part I, Line 3	Statement	1
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<u>Contributor's Name</u>	<u>Contributor's Address</u>	<u>Date of Gift</u>	<u>Amount</u>
Abate, Tom and Bonnie	14 Old Ranch Rd. Laguna Niguel, CA 92677-9221	05/23/19	10,000.
Allen Charitable Lead Annuity Trust	907 Emerald Bay Laguna Beach, CA 92651	11/23/18	5,000.
Allen, Ginger & Anthony	4615 Gorham Dr. Corona Del Mar, CA 92625-3112	03/04/19	5,000.
Arbonne Charitable Foundation	9400 Jeronimo Rd. Irvine, CA 92618-1907	07/05/18	5,000.
Bartholomew, Robert and Ali	23 Tide Watch Newport Coast, CA 92657-1909	12/20/18	5,000.
Benevity Community Impact Fund	P.O. Box 1010 Safety Harbor, FL 34695-1010	12/24/18	19,271.
Brad Moll	20041 Bushard St. Huntington Beach, CA 92646	05/11/19	6,200.
California Office of Emergency Management	3650 Schreiver Ave. Mather, CA 95655	06/30/19	991,504.
Call & Jensen	610 Newport Center Dr., Suite 700 Newport Beach, CA 92660-6450	06/30/19	5,000.
Carol & Finbar O'Neill	3 Carmel Valley Coto de Caza, CA 92679	08/07/18	5,250.
Carol & Jeff Carlile	1910 Tahuna Terrace Corona Del Mar, CA 92625-1824	03/07/19	5,000.
Carothers DiSante & Freudenberger LLP	2600 Michelson Dr., Suite 800 Irvine, CA 92612-6522	04/29/19	5,000.
Cashion, John & Marcia	1927 Bayside Dr. Corona Del Mar, CA 92625-1846	07/30/18	5,000.
Change A Life Foundation	158 N. Glassell St., Suite 204 Orange, CA 92866-1463	12/10/18	25,000.
Charitable Flex Fund	6 Forest Ave. Paramus, NJ 07652-5241	05/01/19	7,500.

<u>Human Options, Inc.</u>			<u>95-3667817</u>
Charitable Ventures of OC/OC Womens Health Project	1505 E. 17th St., Suite 101 Santa Ana, CA 92705-8520	08/03/18	40,000.
County of Orange Social Services Agency	500 N. State College Blvd., Suite 100 Orange, CA 92868	06/30/19	889,657.
Crevier Family Foundation	4041 MacArthur Blvd., Suite 510 Newport Beach, CA 92660-2503	03/19/19	5,000.
Danny & Jeri McKenna	10850 Firestone Blvd. Norwalk, CA 90650	02/27/19	5,000.
Deena Mc Rae	8 Fern Canyon Laguna Niguel, CA 92677	05/21/19	10,000.
Diana & Peter Robertson	601 Via Lido Nord Newport Beach, CA 92663	02/19/19	20,000.
Doka, Celina	5 Oak Tree Dr. Newport Beach, CA 92660	05/01/19	7,500.
Dominic Petrucci	4343 Von Karman Ave. Newport Beach, CA 92660	05/11/19	5,700.
Doug & Lynne McLeish	101 Monarch Bay Dr. Dana Point, CA 92629	03/18/19	10,000.
Driven to Care	20225 North Scottsdale Rd. Scottsdale, AZ 85255	07/23/18	40,000.
Edwards Lifesciences	1 Edwards Way Irvine, CA 92614-5688	10/11/18	20,000.
Exchange Club of Newport Harbor	P.O. Box 1022 Newport Beach, CA 92659-0022	08/31/18	5,000.
Fermol Inc.	7431 Lampson Ave. Garden Grove, CA 92841	03/18/19	5,000.
Fluor Corporation	3 Polaris Way Aliso Viejo, CA 92656-5338	07/24/18	5,000.
Frome Family Foundation	151 Kalmus Dr., Suite F2 Costa Mesa, CA 92626-5965	03/06/19	5,000.
Gary Borquez	34 Parkcrest Newport Coast, CA 92657	04/30/19	5,000.
George Schreyer	21 Pelican Hill Cir. Newport Coast, CA 92657-1714	09/25/18	10,000.

<u>Human Options, Inc.</u>			<u>95-3667817</u>
Gibson, Dunn & Crutcher LLP	3161 Michelson Dr., Suite 1200 Irvine, CA 92612-4412	08/03/18	5,250.
Goodwin, Donald and Ellen	16492 Somerset Ln. Huntington Beach, CA 92649-2835	03/01/19	25,000.
Goodwin, Gary	P.O. Box 497 Surfside, CA 90743-0497	12/24/18	5,000.
Greenberg Traurig	3161 Michelson Dr., Suite 1000 Irvine, CA 92612-4410	01/18/19	10,000.
Hansen, Donna	18565 Jamboree Rd., Unit 400 Irvine, CA 92612	06/30/19	5,000.
Heller, Susan	425 Fernleaf Ave. Corona Del Mar, CA 92625-2112	01/18/19	6,750.
Hoag Memorial Hospital Presbyterian	1 Hoag Dr. Newport Beach, CA 92663-4162	01/18/19	50,000.
Hsu Hwa Chao Foundation	c/o Bank of America, 333 S. Hope St., Suite 2300 Los Angeles, CA 90071	09/04/18	8,000.
In-N-Out Burger Foundation	4199 Campus Dr., Fl. 9th Irvine, CA 92612-8604	12/01/18	10,000.
Insurance Industry Charitable Foundation	1999 Ave. of the Stars, Suite 1100 Los Angeles, CA 90067	01/18/19	8,000.
Jackson, Douglas & Sandi Bernhagen	59 Augusta Coto de Caza, CA 92679	03/13/19	5,000.
Jaffe Family Foundation	WELLS FARGO WEALTH MANAGEMENT, One West Fourth Street D-4000-062 Winston-Sal	09/04/18	20,000.
Joanne & Dennis Keith	14 Barrier Reef Dr. Corona Del Mar, CA 92625-1410	11/16/18	5,000.
Kaiser Permanente	1851 E. 1st St., Suite 1140 Santa Ana, CA 92705-4076	09/12/18	5,250.
Khoury, Michele & Abdo	8 Swimmer's Point Newport Coast, CA 92657	05/15/19	15,000.
Knobbe, Martens, Olson & Bear	2040 Main St., Fl. 14 Irvine, CA 92614-8214	02/28/19	5,000.
KPMG LLP	20 Pacifica, Suite 700 Irvine, CA 92618-3391	03/15/19	25,000.

<u>Human Options, Inc.</u>			<u>95-3667817</u>
Leaf Communicaiton Consulting, Inc.	944 Calle Amanecer, Suite E San Clemente, CA 92673	10/03/18	25,000.
Levin, Anita (DECEASED)	1607 Parkway Dr. Rohnert Park, CA 94928-4749	05/29/19	19,430.
Lon V. Smith Foundation	9440 Santa Monica Blvd., Suite 300 Beverly Hills, CA 90210-4614	04/23/19	10,000.
Marisla Foundation	4041 MacArthur Blvd., Suite 510 Newport Beach, CA 92660-2503	03/18/19	25,000.
Mark & Sunnie Wang	5441 Osprey Isle Ln. Orlando, FL 32819-4073	03/15/19	12,500.
Michael Morris	1811 Quail St. Newport Beach, CA 92660	03/12/19	5,000.
Monson, Kristen	910 E. Balboa Blvd. Newport Beach, CA 92661-1310	05/10/19	10,000.
MRB Charitable Trust Foundation	31726 Rancho Viejo Rd., Suite 218 San Juan Capistrano, CA 92675-2735	12/11/18	20,000.
Murray, Mara and Keith	740 Corporate Center Dr., Suite 200 Pomona, CA 91768	03/14/19	15,250.
Nancy & Victor Dahan	19100 Von Karman, Suite 380 Irvine, CA 92612	05/01/19	5,000.
Nancy Handel	8 Sail Vis Newport Coast, CA 92657-1808	02/20/19	10,000.
Nancy M. & Alberto Manetta	91 Murasaki St. Irvine, CA 92617-4088	05/20/19	5,000.
National Charity League, Newport Chapter	1819 Port Manleigh Pl. Newport Beach, CA 92660-6627	10/15/18	34,500.
NOW CFO Newport Beach, LLC	5251S Green St., Suite 350 Murray, UT 84123	06/28/19	5,000.
O.L. Halsell Foundation	P.O. Box 6300 Santa Ana, CA 92706-0300	12/02/18	30,000.
Olga Smirnova	28 Sea Fair Newport Coast, CA 92657	03/07/19	15,000.
O'Melveny & Myers LLP	400 S. Hope St., Fl. 10 Los Angeles, CA 90071-2899	04/11/19	5,000.



<u>Human Options, Inc.</u>			<u>95-3667817</u>
Orange County Bar Association Charitable Fund	P.O. Box 6130 Newport Beach, CA 92658-6130	02/06/19	10,000.
Orange County Community Foundation	4041 MacArthur Blvd., Suite 510 Newport Beach, CA 92660-2503	07/02/18	15,000.
Orange County United Way - Women's Philanthropy Fund	18012 Mitchell S. Irvine, CA 92614-6008	08/15/18	5,000.
Pacific Life Foundation	700 Newport Center Dr. Newport Beach, CA 92660-6307	01/29/19	10,000.
Passco	2050 Main St., Suite 650 Irvine, CA 92614-8265	11/13/18	5,000.
Plan A Foundation	3857 Birch St., Suite 40 Newport Beach, CA 92660	08/08/18	5,250.
Rescare Workforce Services	100 S. Anaheim Blvd., Suite 220 Anaheim, CA 92805	06/30/19	118,596.
Richard and Elizabeth Steele Fund	4041 MacArthur Blvd., Suite 510 Newport Beach, CA 92660-2503	10/09/18	5,000.
Richter Farms Trust	14 Monarch Bay Plaza, Suite 357 Monarch Beach, CA 92629	06/12/19	45,000.
Roberts, Barbara	207 N. Star Ln. Newport Beach, CA 92660-5715	08/29/18	20,000.
Rosemary L. Ruiz Trust	P.O. Box 9408 Newport Beach, CA 92658-9408	06/30/19	6,007.
Sam Dawson	2515 Kilo Way Laguna Beach, CA 92651	02/12/19	5,000.
Sarah & Joe Kiani	1 Point Catalina Laguna Niguel, CA 92677	08/10/18	5,250.
Scharrell Jackson	18500 Von Karman Ave. Irvine, CA 92612	03/13/19	5,000.
Schoellerman Foundation	2845 Cassia St. Newport Beach, CA 92660-3217	02/05/19	20,000.
Sharon & Terry Hartshorn	7969 Sunrise Loop Park City, UT 84098-6258	10/22/18	10,000.
Sisters of St. Joseph Healthcare Foundation	440 S. Batavia St. Orange, CA 92868	04/25/19	100,000.

<u>Human Options, Inc.</u>			<u>95-3667817</u>
Soccoro & Ernie Vasquez	475 El Camino Del Mar Laguna Beach, CA 92651-2550	05/11/19	6,500.
Sonenshine, Justice Sheila and Ygal	2437 Monaco Dr. Laguna Beach, CA 92651-1006	02/28/19	190,000.
Sonenshine, Kerri and Danny	1986 Port Edward Cir. Newport Beach, CA 92660	06/26/19	20,258.
Susie Wilson	7 Westridge Newport Beach, CA 92660-9006	07/09/18	10,000.
Terry & George Schreyer	21 Pelican Hill Cir. Newport Coast, CA 92657-1714	09/25/18	10,000.
Tessa & Dan Maas	1312 E. Warner Ave. Santa Ana, CA 92705	03/19/19	5,000.
The Capital Group Companies Charitable Foundation	400 S. Hope St. Los Angeles, CA 90071-2801	04/28/19	29,500.
The Dhont Family Foundation	2700 N. Main St., Suite 750 Santa Ana, CA 92705-6636	11/21/18	20,000.
The Green Foundation	225 S. Lake Ave., Suite 1410 Pasadena, CA 91101-4855	07/02/18	10,000.
The Keith and Judy Swayne Family Foundation	5576 Poola St. Honolulu, HI 96821-1565	12/11/18	20,000.
The PIMCO Foundation	650 Newport Center Dr., Suite 100 Newport Beach, CA 92660-6398	11/20/18	25,000.
Thomas, Les and Ellen	27511 Boothill Ct. Laguna Hills, CA 92653	03/18/19	5,000.
TJX Foundation	770 Cochituate Rd., Suite 1 Framingham, MA 01701-4698	01/30/19	7,500.
U.S. Department of Justice	950 Pennsylvania Ave., NW Washington, DC 20530	06/30/19	269,628.
Ueberroth Family Foundation	P.O. Box 37 Corona Del Mar, CA 92625	09/17/18	50,000.
Union Bank	530 B St., Suite 650 San Diego, CA 92101-4430	12/13/18	5,000.
Wells Fargo Foundation	301 S. College St. MAQC: D1053-251 Charlotte, NC 28202	11/13/18	31,500.

<u>Human Options, Inc.</u>			<u>95-3667817</u>
Wendy & Dale Peterson	40 Arbusto Irvine, CA 92606-7698	05/11/19	7,000.
White, Linda and Tod	4041 MacArthur Blvd., Suite 510 Newport Beach, CA 92660-2503	04/02/19	80,000.
Wohl, Greg and Sharon (The Wohl Family Fund)	3907 Topside Ln. Corona Del Mar, CA 92625-1629	11/01/18	5,000.
Total included on line 3			<u><u>3,854,501.</u></u>

CA 199	Other Income	Statement	2
<u>Description</u>			<u>Amount</u>
Other income			27,726.
Program income			54,443.
Client fees			14,286.
Court ordered fines			36,969.
Total to Form 199, Part II, line 7			<u><u>133,424.</u></u>

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CA 199                      Compensation of Officers, Directors and Trustees                      Statement                      3

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Name and Address	Title and Average Hrs Worked/Wk	Compensation
Diane W. Biagianti P.O. Box 53745 Irvine, CA 92619	Board President 5.00	0.
Celina Doka P.O. Box 53745 Irvine, CA 92619	Board Vice President 5.00	0.
Michael A. Morris P.O. Box 53745 Irvine, CA 92619	Secretary 5.00	0.
Scott Allen P.O. Box 53745 Irvine, CA 92619	Treasurer 5.00	0.
Ashley Allyn P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Anderee Berengian P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Joe Ferrentino P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Kerri Sonenshine P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Andrew Gray P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Susan L. Heller P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Lisa Hummelberg P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.

Douglas Jackson P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Rochelle Karr P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Michele I. Khoury P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Vina Leite P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Mary Jo Mursa P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Wendy Peterson P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Diana Robertson P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Linda Schilling P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Olga Smirnova P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Kerri Summers P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Les Thomas P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Ryan Wilkinson P.O. Box 53745 Irvine, CA 92619	Board Member 2.00	0.
Maricela Rios-Faust P.O. Box 53745 Irvine, CA 92619	Chief Executive Officer 40.00	155,021.

<u>Human Options, Inc.</u>		<u>95-3667817</u>
Judith Ann Rose P.O. Box 53745 Irvine, CA 92619	Chief Program Officer 40.00	125,516.
Anna Duncan-Levy P.O. Box 53745 Irvine, CA 92619	Chief Development Officer 40.00	110,220.
Total to Form 199, Part II, line 11		<u>390,757.</u>

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CA 199	Other Expenses	Statement	4
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<u>Description</u>	<u>Amount</u>
Program supplies	92,070.
Other subcontractors	77,370.
Client assistance	69,762.
Equipment leasing	40,224.
Direct expenses of fundraising events	186,255.
Other employee benefits	237,766.
Accounting fees	61,708.
Investment management fees	4,748.
Other professional fees	296,158.
Advertising and promotion	95,847.
Office expenses	185,700.
Information technology	109,682.
Travel	50,357.
Conferences and conventions	42,898.
Insurance	36,178.
All other expenses	71,291.
Total to Form 199, Part II, line 17	<u>1,658,014.</u>

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CA 199	Other Investments	Statement	5
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<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
Other publicly traded securities	1,395,339.	725,860.
Total to Form 199, Schedule L, line 9	<u>1,395,339.</u>	<u>725,860.</u>

CA 199	Other Assets	Statement	6
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Pledges and Grants Receivable		1,147,984.	676,168.
Prepaid Expenses and Deferred Charges		102,059.	138,023.
Beneficial interest Charitable Remainder Trust		1,426,000.	1,609,000.
Beneficial interest/assets held by OCCF		2,777,204.	2,998,954.
Deposits		8,293.	8,293.
Real estate ETF		54,989.	329,880.
Total to Form 199, Schedule L, line 12		5,516,529.	5,760,318.

CA 199	Other Liabilities	Statement	7
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Security deposits		7,438.	11,218.
Total to Form 199, Schedule L, line 18		7,438.	11,218.

CA 199	Income Recorded on Books this Year Not Included in this Return	Statement	8
<u>Description</u>		<u>Amount</u>	
Change in Value of CRT		183,000.	
Unrealized gain		106,180.	
Total to Form 199, Schedule M-1, line 7		289,180.	

CA 199	Fund Balances	Statement	9
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Unrestricted Assets		5,703,021.	5,031,188.
Temporarily Restricted Assets		2,441,546.	2,603,232.
Permanently Restricted Assets		2,525,644.	2,525,644.
Total to Form 199, Schedule L, line 21		10,670,211.	10,160,064.

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**  
 Section 12586 and 12587, California Government Code  
 11 Cal. Code Regs. section 301-307, 311 and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>HUMAN OPTIONS, INC.</u>          Name of Organization</p> <p>List all DBAs and names the organization uses or has used</p> <p><u>P.O. BOX 53745</u>          Address (Number and Street)</p> <p><u>IRVINE, CA 92619</u>          City or Town, State, and ZIP Code</p> <p><u>(949) 737-5242</u>      <u>MRIOS@HUMANOPTIONS.COM</u>          Telephone Number      E-mail Address</p>	<p>Check if:  <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>CT040774</u></p> <p>Corporation or Organization No. <u>0984090</u></p> <p>Federal Employer ID No. <u>95-3667817</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2018 ending 06/30/2019 ) list:

Gross Annual Revenue \$ <u>4,833,387</u>	Noncash Contributions \$ <u>0</u>	Total Assets \$ <u>10,676,328</u>
Program Expenses \$ <u>4,678,179</u>	Total Expenses \$ <u>5,632,714</u>	

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? <span style="float: right;"><b>SEE STATEMENT 10</b></span>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

<b>MARICELA RIOS FAUST</b>	<b>CEO</b>
Signature of Authorized Agent	Title
Printed Name	Date



CA RRF-1

Information Regarding Governmental Funding  
Part B, Line 5

Statement 10

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County of Orange Social Services Agency  
500 N. State College Blvd., Ste. 100  
Orange, CA 92868  
Attn: Contracting

California Emergency Managment Agency  
3650 Schreiber Ave.  
Mather, CA 95655  
Attn: Contracting

City of Irvine  
1 Civic Center Plaza  
Irvine, CA 92606  
Attn: Contracting

City of Newport Beach  
100 Civic Center Drive  
Newport Beach, CA 92660  
Phone: 949-644-3309

City of Santa Ana  
20 Civic Center Plaza  
Santa Ana, CA 92701  
Phone: 714-647-5400

Rescare Workforce Services  
100 S. Anaheim Blvd., Suite 220  
Anaheim, CA 92805  
Attn: Contracting

OC Community Resources  
1770 N. Broadway, 4th floor, Room 406  
Santa Ana, CA 92706  
Attn: Contracting

US Department of Justice - Officer of Violence Against Women  
Office of Justice Programs  
810 7th Street, NW  
Washington, DC 20531