Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

AI	For the	2013 calenda	ar year, or tax year beginning January 1 , 2013, and ending	December	31 , 20 13
В	Check if ap	pplicable	C Name of organization	D Employer id	entification number
	Address o	change	Casita Copan	4	6-1412135
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telephone n	umber
=	Initial retui		2916 Shady Avenue	(41	12) 521-3164
H	Terminate Amended		City or town, state or province, country, and ZIP or foreign postal code	F Group Exe	mption
Ħ		n pending	Pittsburgh, PA 15217	Number •	•
		ting Method	☐ Cash 🗸 Accrual Other (specify) ► H. C	Check ▶ □ı	f the organization is not
	Nebsite	•			ach Schedule B
J T	ax-exen	npt status (che	ck only one) — ✓ 501(c)(3)	Form 990, 990	0-EZ, or 990-PF)
		organization	✓ Corporation ☐ Trust ☐ Association ☐ Other		
LA	Add line:	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets	
(Pa	rt II, col	umn (B) belov	y) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► s	62829
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instructions	for Part I)
			the organization used Schedule O to respond to any question in this Part I		
₹	1		ns, gifts, grants, and similar amounts received		62394
3	2		ervice revenue including government fees and contracts	2	435
#	3	-	p dues and assessments	3	0
→	4	Investment		. 4	
_	5a		unt from sale of assets other than inventory 5a	0 11	
MAT	b		or other basis and sales expenses	0	
≥ ~	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
2	6	•	d fundraising events		
2	a	_	ome from gaming (attach Schedule G if greater than		
Z 9	-			o 🔪	
SCANNED	ь	-	me from fundraising events (not including \$ 2295 of contributions		
<u>60</u>			aising events reported on line 1) (attach Schedule G if the		
· Œ			h gross income and contributions exceeds \$15,000) 6b	o - **	
	c		t expenses from gaming and fundraising events 6c	0 * *	
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract	
	-	line 6c) .		6d	0
	7a	•	s of inventory, less returns and allowances 7a	0 3 4	
	b		of goods sold	- d 🔊 🖠	
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	0
	8	-	nue (describe in Schedule O)	8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	62829
_	10		ormilor amounts paid (list in Schodula O)	- 10	
	111		ud to or for members	S. 11	
s	12	•	her compensation, and employee benefits	Ö 12	14814
an an	13		al fees and other payments to independent contractors.	SZ. 13	6458
Expense	14		rent, utilities, and maintenance	[¹⁶] 10	6139
ĔŽ	15		iblications, postage, and shipping	15	358
_	16		nses (describe in Schedule O)	16	18302
	17		nses. Add lines 10 through 16	. > 17	46071
_	18		deficit) for the year (Subtract line 17 from line 9)	18	16758
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree		
SSI			r figure reported on prior year's return)	19	5874
Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O)	20	0
ž			or fund balances at end of year. Combine lines 18 through 20	. b 21	22632
				· - - 1	Form 990-EZ (2013)
FOR	rapen	MOIN MEGUCI	ion Act Notice, see the separate instructions. Cat No 10642		. S.III 000 LE (2013)

Par	t II Balance Sheets (see the instructions t	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		<u> </u>
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			5874	22	19329
23	Land and buildings			0_	23	0
24	Other assets (describe in Schedule O)			0	24	3303
25	Total assets		[5874	25	22632
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	5874	27	22632
Parl				Part III)		Evanges
	Check if the organization used Schedule				(Rec	Expenses quired for section
What	t is the organization's primary exempt purpose?	Children's home	_ 			(c)(3) and 501(c)(4)
	ribe the organization's program service accompli	shments for each o	f its three largest o	rogram services		anizations and section
as m perso	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	services provided			7(a)(1) trusts; optional others.)
28	Children's Center - Casita Copan's Children's Center is a home					
	moms trying to work their way out of poverty. Casita Copán					
	to meet the unique physical, social, and developmental nee			<u>. </u>		20.703
	(Grants \$ 1,615) If this amount			<u> ▶ ⊔</u>	28a	28,783
29	Women's Literacy and Well-Being Program - Our women's p	**				
	mothers and supporting them as they work to improve their			the		
	Children's Center participate in classes on literacy, health, pa					
	(Grants \$ 4,000) If this amount			▶ 🗌	29a	8,088
30	Children's Scholarships - Casita Copan provided school scho	larships to three childre	n last year. These			
	allowed two children to attend high school and one child to	attend elementary sch	ool to get better suppor	t		
	ın readıng	**				
	(Grants \$ 340) If this amount	ıncludes foreign gra	ints, check here .	▶ 🗆	30a	875
31	Other program services (describe in Schedule O)				1	
	(County f)	includes foreign gra	inte check here	▶ □	31a	0
				<u>· · · </u>		
32	Total program service expenses (add lines 28a				32	
32 Par	Total program service expenses (add lines 28a	through 31a)			32	37746
	Total program service expenses (add lines 28a	hrough 31a) Employees (list each	n one even if not com	pensated-see the i	32	37746
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each	n one even if not com	pensated—see the in Part IV	32 nstru 	37746 ctions for Part IV)
Part	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	through 31a) / Employees (list each O to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ii Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstru 	and the street and th
Part	Total program service expenses (add lines 28a to IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a) Femployees (list each of to respond to an (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the interpretation (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstru 	and the street and th
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	r	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	NU
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name- Otherwise, explain the change on Schedule O (see instructions)	24		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	 	✓
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	_	1
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a 0		r Magi	the C
b	Did the organization file Form 1120-POL for this year?	37b	¥ 39/	√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u> </u>	*************************************
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		N.E.	64
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		1.00 7	11 2 2 3
b	Gross receipts, included on line 9, for public use of club facilities	100	I William	1.44
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		z E	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	*	ΣŽ.	3.
	organization managers or disqualified persons during the year under sections 4912,	. 256 A		Ser 1
	4955, and 4958		er r	3. 1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		4 %	* 3
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	,	
41	List the states with which a copy of this return is filed ▶ Pennsylvania		L	<u> </u>
42a	The digamentation of books are in early one.	412) 52		4
	Located at ▶ 2916 Shady Avenue, Pittsburgh, PA ZIP + 4 ▶	152		1
Ь	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)?	42b	Yes	No /
	If "Yes," enter the name of the foreign country: ▶	*	· A	▼
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	***	. / %	
	and Financial Accounts.		64	<u> </u>
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	✓	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			0
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a	-	1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			
С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		1
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1		V
_	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)	45h		

Form 99	10-EZ (2	013)						F	Page 4
						_		Yes	No
46	Did t	he organization engage, directly or ir	ndirectly, in political c	ampaign activities o	n behalf of o	r ın opposit	tion	6 2	Š
	to ca	ndidates for public office? If "Yes," o	complete Schedule C	, Part I			. 46	1	1
Part	VI	Section 501(c)(3) organizations	only					-	
	_	All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	mplete the	e tables	for lin	es
		50 and 51.	·			·			
		Check if the organization used Scl	nedule O to respond	I to any question in	this Part VI				. 🗆
								Yes	No
47		he organization engage in lobbying		section 501(h) electi	on in effect	during the	tax		
	-	If "Yes," complete Schedule C, Par					. 47		✓
48		organization a school as described in		•			. 48		✓
49a		ne organization make any transfers to			ization?		. 49a		✓
b		es," was the related organization a se					. 49b		
50		plete this table for the organization's							
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the orga	anızatıon. If t	here is non	e, enter "I	None."	,
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health contributions benefit plans,	to employee and deferred	(e) Estimat other cor		
		 		`	compe	nsation			
None									
					}				
			_						
				l					
f		number of other employees paid over							
51	Comp	olete this table for the organization'	s five highest compe	ensated independen	t contractors	who each	received	more	than
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter ivone.					
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	rvice	(c)	Compensat	ion	
None									
				-					
				·					
				-					
			 	 					
				1					
				1					
				-					-
	Takal	number of other redesendent	otom cock recent	Over \$100,000			0		
		number of other independent contra	_		. F				
52		ne organization complete Schedule A xempt charitable trusts must attach a		· · · · ·	s and 4947 (a	I)(¹)	► [7] V		NI
		•	•			· · ·	Yes		No
		of perjury, I declare that I have examined this r d complete Declaration of preparer (other than					nowledge an	d belief,	ıt ıs
	1	1/1/			1		7. 1		
Sign		Signature of officer	<u></u>		i Dat	71.31	/4		
Here		Value of officer	C		Dat	-			
пеге		Type or print name and title	row In	casurer					
		Onet/Tupo property same	Preparer's signature	Ir	ate		T PTIN		
Paid		Print/Type preparer's name	cpai or o signature	ا		Check L	ıf		
Prepa		<u></u>	1		1_	self-employ	yeu		
Use (Only	Firm's name				n's EIN ▶			
May th	2 IRC	Firm's address ► discuss this return with the preparer	shown above? See :	instructions	j Pho	ne no			No.

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Open to Public

	al nevertue Service	- momidation abou	Oce illion) A sippelioc it	O1 550 EE	7 4114 165 111				377710001	ins	pection	<u> </u>
	of the organization ita Copan							Employer id		n numbe 112135	ar	
Pai	rt I Reason	for Public Cha	rity Status (All orga	ınızatıon	s must c	omplete	this pa	rt.) See ı	nstructio	ons.		
The	organization is no	ot a private founda	ation because it is: (Fo	or lines 1 t	through 1	1, check	only one	box.)				
1	A church, co	nvention of churc	hes, or association of	churches	s describ	ed in sec	tion 170	(b)(1)(A)(i).			
2	A school des	scribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3	•	•	spital service organiza									
4			on operated in conjund	ction with	n a hospit	al descri	bed in se	ction 170	D(b)(1)(A)	(iii). En	iter the	1
_		me, city, and state										
5		tion operated for (b)(1)(A)(iv). (Com	the benefit of a colleq plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernment	tal unit	: descri	ibed in
6			nment or government									
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governi	nental un	nit or fron	n the g	general	public
8	☐ A community	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	art II.)						
9	☐ An organizat	ion that normally	receives: (1) more that	an 33¹/₃%	6 of its si	apport fro	om contr	butions,	members	ship fe	es, and	gross
	•		d to its exempt funct		•							
			ent income and unrel						n 511 ta	x) fror	n busi	nesses
	_ ` `	•	ifter June 30, 1975. Se					•				
10		-	l operated exclusively		-	-						
11		•	nd operated exclusive	•							-	
			olicly supported organ									ection
			describes the type of	• •						•		
	a ☐ Type		_ ,,		•	_		Type III-N		•	_	
е	_ , .		that the organization			•				•	•	
	or section 50	•	ers and other than one	e or more	e publicly	supporte	ea organ	zations c	iescribeo	in sec	otion 50	J9(a)(1)
f		, ,, ,	 a written determinatio	on from	the IDS (that it is	a Type	I Type I	il or Tvr	50 III 6	upport	ina
•			· · · · · · · · ·		uie ins i	mai ii is	a Type	i, type i	ii, Oi Typ	Je III S	upport	"''y
g			he organization accer		aft or co	ontributio	n from a	ny of the		• •	•	. П
9	following per		ie organization accep	Jied any	giit or co	Jimbano	ii iioiii a	ily of the	•			
	• .		ndirectly controls, eith	her alone	or toget	her with	persons	describer	d in (ii) ai	nd	Yes	No
			ody of the supported of							119	am -	+
	, ,		on described in (i) abo	-							g(ii)	+
			a person described in		above?.					119		_
h			on about the supporte							[y1	
(i)	Name of supported	(u) EIN	(iii) Type of organization		organization		ou notify	(vi) I	s the	(vii) Am	ount of n	nonetary
-	organization		(described on lines 1–9		sted in your document?		nization in of your		tion in col zed in the	'	support	
			above or IRC section (see instructions))	governing	OCCUMENT		ort?		S?			
			·	Yes	No	Yes	No	Yes	No	1		
(A)												
				ļ								
(B)									}			
(C)												
(D)									-			
		+		-			<u> </u>					
(E)				<u> </u>								
		1	1	1	I	ł	1	I	i	I		

Total

Schedu	ile A (Form 990 or 990-EZ) 2013						Page 2
Part	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						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	(-) 0000	(1.) 0040	(-) 0044	(4) 0040	(*) 0010	(6 T-4-1
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not]	
	include any "unusual grants.")	NA NA	NA NA	NA NA	18,432	61,655	80,087
2	Tax revenues levied for the		.,,,		10,102		
2	organization's benefit and either paid						
	to or expended on its behalf					i	
3	The value of services or facilities		_				
ŭ	furnished by a governmental unit to the						
	organization without charge					İ	
4	Total. Add lines 1 through 3				18,432	61,655	80,087
5	The portion of total contributions by	110000	188		2014 P 1918	4 1000	
3	each person (other than a		L 20/2/400				
	governmental unit or publicly	4.7		Section 1			
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	3 149 4 15			David March		2,000
6	Public support. Subtract line 5 from line 4.	and south event	7. #		公 湖 (水) (美)(2	5.4 978	78,087
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4				18,432	60,629	79,061
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources					-	
9	Net income from unrelated business		•				
	activities, whether or not the business is regularly carried on						
40	-						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)					1,026	1,026
11	Total support. Add lines 7 through 10	3 44E W	. P. S.	25 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.4%.		80,087
12	Gross receipts from related activities, etc			<u> </u>		12	0
13	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he						▶ 🕝
Secti	on C. Computation of Public Suppo	-				•	
14	Public support percentage for 2013 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2012 Sc	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2013. If the organi						neck this
	box and stop here. The organization qua						▶ □
b	331/3% support test-2012. If the organ					15 is 331/3% (or more,
	check this box and stop here. The organ	nzation qualifie	s as a publicly	supported org	janization .		. ▶ □
17a	10%-facts-and-circumstances test-2	•					
	10% or more, and if the organization me						
	Part IV how the organization meets the "			-	·-		
	organization						. • 🗆
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization				•		•
	Explain in Part IV how the organization in				•	•	
10	supported organization						▶ ∐
18	instructions	io noi check a	DOX OF HIRE 13	, ισα, ισυ, 178	a, or tro, chec	n uno DUX anu :	. ▶ □

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

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

Calendar year (or fiscal year beginning in) Galls gents, combotions and membershy less and in control of the	Secti	on A. Public Support	ander the ter	oto notog box	ow, picaco o	sinploto i diti		_
1 Gits, grants, confrustions, and membership fees received, (Do not include any musual grants.¹) 2 Gross receipts from admissions, merchandles sold or severoes performed, or facilities furnished in any activity that is related to the organization's face-estimpt suppose. 3 Gross receipts from admissions, merchandles sold or severoes performed in the paid to or expended on ris behalf. 4 Tax revenues levied for the organization's benefit and either paid to or expended on ris behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 2, and 3 received from disqualified persons. 9 A Monutis included on lines 1. 2, and 3 received from disqualified persons in included on lines 2 and 3 received from disqualified persons. 9 A Monutis included on lines 1 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 C Add lines 7 and 7 b. 9 Public support (Subtract line 7c from line 6). 9 Amounts from line 6. 10a Gross income from interest, dividends, payments received on securities lance, line (a). 9 Amounts from line 6. 10b Unrelated business taxable income (less section 51) taxes) from businesses acquired after June 30, 1975. • Add lines 10a and 10b 1 Net income from unrelated business acquired after June 30, 1975. • Add lines 10a and 10b 1 Net income from unrelated business acquired after June 30, 1975. • Add lines 10a and 10b 1 Net income from unrelated business acquired after June 30, 1975. • C Add lines 10a and 10b 1 Net income from unrelated business acquired after June 30, 1975. • C Add lines 9, 10c, 11, and 12.) 1 Total support, (Add lines 9, 10c, 11, and 12.) 1 Total support percentage for 2013 (line 8, 2000 per Percentage) 1 Total support percentage for 2013 line 8, column (f) divided by line 13, column (f) 17 1 Net income than 331-96, check this box and stop here. The organization qualifies as a publicly supported organization is 11 in 191 to 191 to 191			(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
received. (Do not include any *unusual grains.*) 2 Gross receipt from admissions, marchandse sold or services performed, or facilities furnished in any activity that is reliated to the organization's tax-exempt purpose. 3 Gross receipts from admisses that are not an unreliated trade or business under section 513 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without change. 6 Total, Add lines 11 for 10 flow of the organization without change. 7 Admounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on lines 13 for the year. 8 Admounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. 9 Admounts from line 6 10 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from aminar sources. 10 Unrelated business taxable income (less section 511 taxes) from businesses accurred after June 30, 1975. 11 And Income from unrelated business acutivities not include gian or loss from the sale of capital assets (cityplan in Part IV.). 13 Total support. (Add lines 19 0, 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. 9 Section C. Computation of Public Support Percentage. 15 Public support (Add lines 9, 10c, 11, and 12.) 16 Public support percentage from 2012 Schedule A, Part III, line 17. 17 In Investment income percentage from 2012 Schedule A, Part III, line 17. 18 Public support percentage from 2012 Schedule A, Part III, line 17. 19 Section D. Computation of investment Income Percentage. 17 Investment income percentage from 2012 Schedule A, Part III, line 17. 18 Public support percentage from 2012 Schedule A, Part III,			(2, 2000	(-, : -	(-),	(4, : -	(-,	(7
sold or services performed, or facilities furnished in any activity that is related to the organization's lax-exempt purpose								
furnished in any activity that is related to the organization's lax-exempt purpose. 3 Gross receipts from activities that are not an unrelated trade or busness under section 513 4 Tax revenues leveed for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without change. 6 Total. Add lines 1 through 5. 7a Amounts included on lines 2 and 3 received from disciplined persons. b Amounts included on lines 2 and 3 received from disciplined persons are received from disciplined persons. b Amounts included on lines 2 and 3 received from disciplined persons are received from disciplined persons are received from disciplined persons. b Amounts included on lines 13 for the year c Add lines 7a and 7b. 8 Public support (Subtract line 76 from line 6). Section B. Total Support Calendar year (or fiscal year beginning in) P 9 Amounts from line 6 10 Gross income from interest, dividends, payments received on securities loans, rents, royalbes and income from smiller sources. b Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975. c Add lines 10 and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV). 13 Total support. (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 15 Public support percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 15 96 Section D. Computation of investment lincome Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 96 Bay 3/3 % support tests—2012. If the organization did not check the box on line 14, and li	2							
organization's lax-exemitip purpose 3 Gross recepts from activities that are not an unrelated trade or business under section 513 4 Tax revenues level for the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7 a Amounts included on lines 1, 2, and 3 received from other than disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons in sincluded 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 c Add lines 7a and 7b . 8 Public support (Subtract line 7c from line 6.) 9 Amounts from line 6 . 10a Gross income from interest, dividends, payments received on securities learns, rents, reviewed on securities learns, rents, syathesia and income from smilar sources . b Unrelated business taxable income (less saction \$11 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on 10 the form on the business is regularly carried on 10 the form on the business is regularly carried on 10 the form on the business is regularly carried on 10 the form on the business is regularly carried on 10 the form on the business is regularly carried on 10 the form on the business and the form of 10 the form on the business and the form on the business are received on securities of the form of 10		sold or services performed, or facilities						
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Schedule A (F	om 990 or 990-EZ) 2013 Pa	age 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; an Part III, line 12. Also complete this part for any additional information. (See instructions).	nd
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Casita Copan	46- 1412135
Form 990 EZ, Part 1, Line 16 (Other Expenses). Other expenses are related to our program activities and the services w	ve provide directly
to the children They include psychological services, medical expenses, clothing and personal care items, food, and e	ducational materials.
Additionally, some administrative expenses fall into this category such as bank service charges, office supplies, and st	aff development
Form 990 EZ, Part 2, Line 24 (Other Assets) Furniture	
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Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
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