

TAXABLE YEAR
2009

California Exempt Organization Annual Information Return

928941 12-31-09
FORM
199

Calendar Year 2009 or fiscal year beginning month **JULY** day **1** year **2009**, and ending month **JUNE** day **30** year **2010**.

A First Return Filed? Yes No
B Type of organization Exempt under Section 23701 **d** (insert letter)
IRC Section 4947(a)(1) trust

CORP #
0513221

Corporation/Organization Name
NORTH COUNTY SERENITY HOUSE, INC.

FEIN
95-6201328

Address
240 SOUTH HICKORY STREET, NO. 210

City
ESCONDIDO

State
CA

ZIP Code
92025

C Amended Return? Yes No
D Are you a subordinate/affiliate in a group exemption?
(a) Is this a group filing for affiliates? See General Instruction L Yes No
(b) If "Yes," enter the number of affiliates
(c) Are all affiliates included? Yes No
(If "No," attach a list. See Instructions.)
(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
(e) Federal Group Exemption Number
(f) Is a roster of subordinates attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)
If a box is checked, enter date

F Check the box if the organization filed the following federal forms or schedule:
(1) 990T (2) 990PF (3) (Schedule H) 990

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

H Accounting method used (1) Cash (2) Accrual (3) Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$

L Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

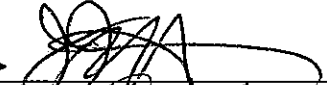
M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	380,163.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	3,776,213.00
	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 \$25,000, see General Instruction C	4	4,156,376.00
	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	4,156,376.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,285,260.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-128,884.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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.

Sign Here
Signature of officer  Title **Executive Director** Date **2/7/11** Telephone **760-233-4533**

Preparer's signature  Date **2/3/11** Check if self-employed Preparer's SSN/PTIN **P00481819**

Paid Preparer's Use Only
Firm's name (or yours, if self-employed) and address **KMJ CORBIN & COMPANY, LLP
555 ANTON BLVD, SUITE 1000
COSTA MESA, CA 92626** FEIN **81-0569753** Telephone **714-380-6565**

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

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	15,466.00
	2	Interest	2	9,360.00
	3	Dividends	3	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 SEE STATEMENT 2	7	355,337.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	380,163.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	271,500.00
	12	Other salaries and wages	12	1,869,074.00
	13	Interest	13	347,375.00
	14	Taxes	14	00
	15	Rents	15	52,896.00
	16	Depreciation and depletion (See instructions)	16	223,705.00
	17	Other SEE STATEMENT 4	17	1,520,710.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	4,285,260.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		1,458,125.		1,274,198.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans _____)				
9 Other investments				
10 a Depreciable assets	7,580,301.		7,988,216.	
b Less accumulated depreciation	(1,558,446.)	6,021,855.	(1,782,151.)	6,206,065.
11 Land		2,027,812.		2,027,812.
12 Other assets STMT 5		994,994.		740,384.
13 Total assets		10,502,786.		10,248,459.
Liabilities and net worth				
14 Accounts payable		400,974.		418,827.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		7,687,520.		7,487,875.
18 Other liabilities STMT 6				56,349.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		2,414,292.		2,285,408.
22 Total liabilities and net worth		10,502,786.		10,248,459.

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 \$25,000

1 Net income per books	-128,884.	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	-128,884.
6 Total.	-128,884.		

FORM 199	CASH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	STATEMENT 1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
DEPARTMENT OF HEALTH AND HUMAN SERVICES	200 INDEPENDENCE AVE S.W. WASHINGTON, DC, 20201		663,299.
COUNTY OF SAN DIEGO	3255 CAMINO DEL RIO SOUTH SAN DIEGO, CA, 92108		1,669,971.
STATE DEPARTMENT OF EDUCATION, CDE	1430 N STREET, STE 2213 SACRAMENTO, CA, 95814		837,979.
SAN DIEGO COUNTY OFFICE OF EDUCATION	6401 LINDA VISTA RD SAN DIEGO, CA, 92111		150,710.
US DEPT OF HOUSING AND URBAN DEVELOPMENT	3989 RUFFIN RD SAN DIEGO, CA, 92123		84,305.
MENTAL HEALTH SYSTEMS - SASCA/P3	9465 FARNHAM ST SAN DIEGO, CA, 92123		325,500.
TOTAL INCLUDED ON LINE 3			<u>3,731,764.</u>

FORM 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
CHILD CARE		154,964.
RENTS		60,677.
OTHER		139,696.
TOTAL TO FORM 199, PART II, LINE 7		<u>355,337.</u>

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
CHARLIE ROIZ 240 SOUTH HICKORY STREET, NO. 210 ESCONDIDO, CA 92025	PRESIDENT 0.00	0.
KIM MILLER 240 SOUTH HICKORY STREET, NO. 210 ESCONDIDO, CA 92025	VICE PRESIDENT 0.00	0.
JAMIE KASVIKIS 240 SOUTH HICKORY STREET, NO. 210 ESCONDIDO, CA 92025	SECRETARY 0.00	0.
WESLEY J. LINDQUIST 240 SOUTH HICKORY STREET, NO. 210 ESCONDIDO, CA 92025	TREASURER 0.00	0.
TERI WIDNER 240 SOUTH HICKORY STREET, NO. 210 ESCONDIDO, CA 92025	MEMBER 0.00	0.
PACKY NESPECA 240 SOUTH HICKORY STREET, NO. 210 ESCONDIDO, CA 92025	MEMBER 0.00	0.
BUD COLVIS 240 SOUTH HICKORY STREET, NO. 210 ESCONDIDO, CA 92025	MEMBER 0.00	0.
BARBARA CAPIZZI 240 SOUTH HICKORY STREET, NO. 210 ESCONDIDO, CA 92025	MEMBER 0.00	0.
AMY WANDALOSKI 240 SOUTH HICKORY STREET, NO. 210 ESCONDIDO, CA 92025	HONORARY MEMBER 0.00	0.
JAMES H. JACKSON, JR. 240 SOUTH HICKORY STREET, NO. 210 ESCONDIDO, CA 92025	EXECUTIVE DIRECTOR 40.00	120,000.
AMY ADARGO 240 SOUTH HICKORY STREET, NO. 210 ESCONDIDO, CA 92025	ASSOCIATE DIRECTOR 40.00	76,500.

NORTH COUNTY SERENITY HOUSE, INC.

95-6201328

DARBY WHITMORE
240 SOUTH HICKORY STREET, NO. 210
ESCONDIDO, CA 92025

DIRECTOR OF FINANCE
40.00

75,000.

TOTAL TO FORM 199, PART II, LINE 11

271,500.

FORM 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
UTILITIES	184,065.
FOOD	161,164.
DISPOSABLE GOODS	131,969.
REPAIRS AND MAINTENANCE	96,996.
URINALYSIS	41,173.
DIRECT EXPENSES OF FUNDRAISING EVENTS	21,625.
OTHER EMPLOYEE BENEFITS	432,344.
OTHER PROFESSIONAL FEES	191,631.
OFFICE EXPENSES	147,849.
TRAVEL	14,144.
INSURANCE	56,232.
ALL OTHER EXPENSES	41,518.
TOTAL TO FORM 199, PART II, LINE 17	1,520,710.

FORM 199 OTHER ASSETS STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	564,061.	265,605.
PREPAID EXPENSES AND DEFERRED CHARGES	4,308.	70,474.
OTHER ASSETS	426,625.	404,305.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	994,994.	740,384.

FORM 199 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	0.	56,349.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	56,349.

FORM 199

FUND BALANCES

STATEMENT 7

DESCRIPTION

BEG. OF YEAR

END OF YEAR

UNRESTRICTED ASSETS

2,414,292.

2,285,408.

TOTAL TO FORM 199, SCHEDULE L, LINE 21

2,414,292.

2,285,408.