HOPEHOUS 10/27/2009 2:09 PM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

AB No. 1545-0047 2008 Open to Public Inspection

A	For the 200	08 calendar	year, or tax year beginning , and ending			
B (Check if applica		o mano di digamatani		D Employe	er identification number
	Address chang	e use IR: label o	I DOPE BUUGE UE CULUKADU			
	Name change	i	Police Devices at the		84-1	.567838
$\overline{\sqcap}$	Initial return	type.		Room/suite		ne number
님		See Specifi	P.O. Box 740568		303-	429-1012
一	Termination	Instruc	City or town, state or country, and ZIP + 4		G Gross receipt	s\$ 695,265
Ц	Amended retur					
Ш	Application per	_{nding} F Nar	ne and address of principal officer:		H(a) Is this a g	
		İ			affiliates? H(b) Are all aff included?	Yes X No
				i		
_	Tau avanant		X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		ii No, ai	ltach a list. (see instructions)
	Tax-exempt Website:		X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		H/c\ Group av	emption number
		ization: X C	Corporation Trust Association Other ► L Yes	ar of formalion:		State of legal domicile:
	art I	Summa		ar or ioritation.	1	Oldic of legal domone.
·			the organization's mission or most significant activities:	***************************************		
_	I .		FFICIENCY PROGRAMS FOR PARENTING TEENAGE MOTHERS.			
nce		.,,		,		
īna						
Governance	2 Che	ck this box	if the organization discontinued its operations or disposed of more than 25%	of its assets.		
ଷ ଓ	3 Nun	nber of votin	ng members of the governing body (Part VI, line 1a)		3	
es ?	4 Nun	mber of inde	pendent voting members of the governing body (Part VI, line 1b)		4	
Activities			f employees (Part V, line 2a)			
Acti	6 Tota	al number o	f volunteers (estimate if necessary)		. 6	
•	7a Tota	al gross unre	elated business revenue from Part VIII, line 12, column (C)		. 7a	
	b Net	unrelated b	usiness taxable income from Form 990-T, line 34		. 7b	0
			- d (D- +) (III 8 41)	Prior Yea	5,186	Current Year 623, 963
ne	8 Con	ntributions a	nd grants (Part VIII, line 1h)	04:	3,100	023,903
Revenue			e revenue (Part VIII, line 2g)		147	462
Re	11 Oth	or royonuo	ome (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5.0	0,710	56,381
			-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,043	680,806
			ilar amounts paid (Part IX, column (A), lines 1-3)		- /	
			or for members (Part IX, column (A), line 4)			
ın	1		compensation, employee benefits (Part IX, column (A), lines 5–10)	28	5,200	408,093
enses	16a Prof	fessional fur	ndraising fees (Part IX, column (A), line 11e)			
je.			g expenses (Part IX, column (D), line 25) ► 123,216			
Ä	i		s (Part IX, column (A), lines 11a-11d, 11f-24f)	24!	5,411	265,026
	18 Tota	al expenses	. Add lines 13-17 (must equal Part IX, column (A), line 25)		0,611	673,119
		venue less e	xpenses. Subtract line 18 from line 12	36!	5,432	7,687
Net Assets or Fund Balances	3			Beginning o		End of Year
Sset	20 Tota		art X, line 16)		0,094	823,861
et A	21 Tota		Part X, line 26)		4,461 5,633	220,540 603,321
	art II		and balances. Subtract line 21 from line 20	39:	3,033	003,321
	aitii		ure Block afties of perjury, I declare that I have examined this return, including accompanying schedules and	atatamanta and	in the best of a	ny frantsalaa
			alites of perjury, i declare that i have examined this return, including accompanying schedules and it is true, correct, and complete. Declaration of preparer (other than officer) is based on all informat			
Sig	nn -		Luga Marin		-1.11	2/09
He	_	Signa	ture of officer		Date	
		1		ive Dir		
		Туре	or print name and title			
		Dennarari-	Date	Check i	f	Preparer's identifying number
Pa		Preparer's signature	10/27	e olf-		(see instructions) P00451476
	eparer's	1	Palik Novak & Associates PC	, == omploy	EIN	b
Us	e Only	Firm's nam	e (or yours		Phone	
		address, a	* "		1	303-432-7077
May	y the IRS d	liscuss this r	return with the preparer shown above? (see instructions)			Yes No

Da	rt III Statement of Program Service Accomplishments (see instructions)
	Briefly describe the organization's mission: ELF-SUFFICIENCY PROGRAMS FOR PARENTING TEENAGE MOTHERS.

2	Did the organization undertake any significant program services during the year which were not listed on
2	U
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	Vac V Na
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
P C M P C	(Code:)(Expenses \$ 460,515 including grants of \$) (Revenue \$) ROVIDED HOUSING AND A STRUCTURAL SELF-SUFFICIENCY ROGRAM INCLUDING PARENTING AND LIFE SKILLS CLASSES, GED OMPLETION AND A FURTHER EDUCATIONAL TRACK TO 13 TEEN OTHERS AND 16 CHILDREN. THROUGH THEIR MENTORING ROGRAM, THEY AFFECTED ANOTHER 12 TEEN MOMS WITH 18 YOUNG HILDREN. FURTHERMORE THEY RESPONDED TO 135 CRISIS CALLS ND AIDED ANOTHER MOM TO OBTAIN HER GED DEGREE
	•••••••••••••••••••••••••••••••••••••••

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>	Yes	No
•	annulate Cabudula A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C. Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	'		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
0	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
2	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
4a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
7	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
9	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
1	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			 ₩
	Schedule J	23	├	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			l "
	24b–24d and complete Schedule K. If "No," go to question 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c	 	
_d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 -	
.5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	055		v
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	-		v
_	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	0.3		x
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	<u> </u>	(200

<u>, Part</u>	: IV Checklist of Required Schedules (continued)		Yes	No
28 C	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a ⊢	lave a direct business relationship with the organization (other than as an officer, director, trustee, or			
е	mployee), or an indirect business relationship through ownership of more than 35% in another entity			
(i	ndividually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b F	lave a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
С	omplete Schedule L, Part IV	28b		X
c S	erve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
р	rofessional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
9 D	oid the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	ļ
0 D	old the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
С	onservation contributions? If "Yes," complete Schedule M	30		Х
1 0	oid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			ļ
	Part I	31		X
2 [old the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
S	Schedule N, Part II	32		X
3 □	oid the organization own 100% of an entity disregarded as separate from the organization under Regulations			
s	ections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
4 V	Vas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
Ш	II, IV, and V, line 1	34		X
5 ls	s any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
. 5	Schedule R, Part V, line 2	35		X
6 S	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
o	organization? If "Yes," complete Schedule R, Part V, line 2	36	L	X
7 [Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
а	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
\	<u>// </u>	37		X

Statements Regarding Other IRS Filings and Tax Compliance Part V No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 X account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? Х Did the organization solicit any contributions that were not tax deductible? 6a 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than X 7a \$75? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X If "Yes," indicate the number of Forms 8282 filed during the year

Did the organization during the year receive any fixeds discretizated." 7с required to file Form 8282? Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X 7e benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as Х 7h required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring Х organization, have excess business holdings at any time during the year? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Form 990 (2008)

m 990 (200)	3) HOLE HOOSE OF COHO!	GIDO	
art VI	Governance, Management, an	d Disclosure (Sections A, B, ar	nd C request information about policies no
	required by the Internal Revenu	e Code.)	

For each "Yes" response to lines 2—7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 1	Sect	ion A. Governing Body and Management	ľ	,,, ,	h1 -
circumstances, processes, or change in Schedule O. See Instructions. Einster for untrote of volting members of the governing body 10 10 10 10 10 10 10 1		en e		Yes	No_
16 Enter the number of voting mombers of the governing body 2 Did any officer, direction, fustiles, or key employee have a family relationship or a business relationship with 3 Did the organization fustiles, or key employees 3 Did the organization delegate control over management duties extended by or under the direct 3 supervision of officers, direction; incidence or the late of the organization delegate control over management duties extended by or under the direct 3 pervision of officers, direction; incidence or thrustess, or key employees to a musual promoted type runder the direct 4 pervision of officers, direction; incidence or thrustess, or key employees to a musual promoted type of the prior Form 980 was fluid? 5 Did the organization have members and such diddle diversion of the organization set of the prior form 980 was fluid? 5 Dos the organization have members, stockholders, or other persons? 6]	
Desired the committer of voting members that are independent 2 Did viry officer, director, trustee, or Key employee have a family relationship or a business relationship with 2 Ay 3 Did the organization become swort trustee, or key employees to a management duffer an analysement company or other paramet 4 Did the organization become swort trustees, or key employees to a management company or other paramet 5 Did the organization become swort trustees, or key employees to a management company or other paramet 5 Did the organization become swort culting the year of an analysis diversion of the organization have members or stockholders? 6 Did the organization become sworth country of the organization have members or stockholders? 7 Des the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Des the organization have members, stockholders, or other persons who may elect one or more members 9 of the opverning body? 9 Are any declariation of the governing body subject to approval by members, stockholders, or other persons? 10 We are powering body? 11 Did the organization or the persons who may elect one or more members 12 Did the organization or the persons who may elect one or more members 13 Did the organization or the persons who may elect one or more members 14 Did the organization or the persons who may elect one or more members 15 Did the organization or the persons who may elect one or more members 16 Did the organization or the persons who may elect one or more members 17 Did the operation of the provincing because the persons who may elect one or more members 18 Did the organization or the persons who may elect one or more members 19 Did the proprietation of the persons who may elect one or more members 19 Did the proprietation of the persons who may elect one or more members 19 Did the proprietation of the persons who may elect one or more members 19 Did the proprietation of the organization of the persons who may elect one or more membe			i		
Definition the information and presentation share a family relationship or a business relationship with any other officer, director, fusated, or key employee have a family relationship or a business relationship with a supervision of officers, director, fusated, or key employee to a municipation of the operation which the control over management duties outstoartly performed by or under the direct supervision of officers, directors of trustees, or key employee to a municipation of the operation of the operation of officers, directors or trustees, or key employees to a municipation of the operation between the operation of the operation between the operation of	1a	Littlet the humber of voting fricingers of the governing box)		ļ	
any other officer, director, fusible, or keye yemployee? Did the organization delegate control over menagement duties customarily performed by or under the direct supervision of officers, directors or fusibles, or key employees to a management company of other parson? Did the organization was consistent or fusibles, or key employees to a management company of other parson? Did the organization have members or shockholders? Did the organization have members or shockholders? Did the organization have members as isolate-liders? Does the organization have members as isolate-liders? Does the organization have members as isolate-liders? Does the organization have members as obstate-liders? A was any obstation of the powering body? A was any obstation of the powering body subject to approve by members, stockholders, or other pursons? To b was any obstation of the powering body subject to approve by members, stockholders, or other pursons? To b was a subject to the organization have becall chapters, branches, or offiliates? Does the organization have becall chapters, branches, or offiliates? Does the organization have becall chapters, branches, or offiliates? Does the organization have becall chapters, branches, or offiliates? Does the organization have becall chapters, branches, or offiliates? Does the organization have with performance oronisation with those of the organization? Solit the organization have becall chapters, branches, or offiliates? Does the organization have becall chapters, branches, or offiliates? Does the organization have a written organization have becall organization have a written organization org	b	Enter the number of voting members that are independent			
any other officer, director, firether, on experimental properties and protection of officers, directors, or experimental following performed by or under the direct supports on of officers, directors or trustees, or key employees to a management company or other person? 3	2		,		x
supervision of offices, directors or fusities, or key employees to a management cumpany or other person? A		any other officer, director, trustee, or key employee?	-		
supervision of orlors, electeds of unseed, in Any subspects we instructional documents since the prior Form 980, was filted? Did the organization was early elegant to the organizational documents since the prior Form 980, was filted? A Does the organization have members a stockholders? Does the organization have members as stockholders? Boes the organization have members as stockholders, or other persons who may elect one or more members of the governing body? Does the organization have members as stockholders, or other persons who may elect one or more members of the governing body? Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Ba X The governing body? Ba Does the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization have local chapters, branches, or affiliates? Did the organization organization spowering body? Did the organization have local chapters, branches, or affiliates? Did the organization have a written with a provided to the organization with those of the organization with the provided of the organization have a written organization have a written organization with a composition organization have a written organization organization have a writte	3	Did the organization delegate control over management duties customarily performed by or under the direct	,		x
Did the organization hecome severed culting the year of a material diversion of the organization's assets? 5		supervision of officers, directors or trustees, or key employees to a management company or other person?			
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Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: The Organization Arvada CO 80003 303-429-1012					
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organization: ► The Organization 6475 Benton St Arvada CO 80003 303-429-1012		policy, and financial statements available to the public.			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A)	(B) Average	Posil	ion (c	(C		natap	nlv)	(D) Reportable	(E) Reporlable	(F) Estimated
Name and Title	hours per week	or director		Officer			Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
John Steven Director		х						0	0	0
Norman A Wal		x						0	0	0
Terrie Ideke Director		х						0	0	0
Lindy Schoss Director		x						0	0	0
Roger Staple President		x		x				0	0	0
Clarene Shel Director	ley	х						0	0	0
John Scott Vice Preside		x		х				0	0	. 0
Katherine Pi Secy/Treas		х		х				0	0	0
Maurice Niss Director		х						0	0	0
Larry Wickes		x						0	0	0
John Tellis Director		x						0	0	0
Stacy Hougla	ind 	х						0	0	0
Pat Smith Director		x						0	0	0
		_			_	ļ				

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Form 990 (2008) HOPE HOUSE OF COLORADO

Part VII Section A	. Officers, Directors, Trus	tees	, Ke			yees	and	Highest Compensated E		1	(E)		—
(A) Name and title	(B) Average							(D) Reportable compensation	(E) Reportable compensation	1	(F) stimated nount of		
	hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com f orç an	other	on d	
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. , ,													
1b Total				····			<u> </u>	#400 000 in remotable on	managedian from the	<u> </u>			
2 Total number of ind organization ► 0	ividuals (including those in	1a) v	vno r	ecen	/ea i	тоге	tnai	n \$100,000 in reportable co	Tiperisation from the			<u>'</u>	
	list any former officer, dire	ector	or tr	uster	e ke	v em	ınlov	ee, or highest compensated	<u>1</u>	آ		es/	No
employee on line 1:	a? If "Yes " complete Sched	lule J	for:	such	indi	vidua	ıl	and other compensation from			3		Х
the organization and	d related organizations grea	ater t	han :	\$150	,000)? If "	Yes,	" complete Schedule J for s	such		4		х
5 Did any person liste	ed on line 1a receive or acc	rue c	omp	ensa	tion	from	any	unrelated organization for			5		х
Section B. Independen		con	npiet	e 5c	neau	ne J	ioi s	uch person					
Complete this table compensation from	for your five highest comp	ensat	ted in	ndep	ende	ent co	ontra	ctors that received more th					
	(A) Name and business address							Descr	(B) liption of services		Com	(C) pensal	lion
							-						
							-						
								 .					
2 Total number of inc	dependent contractors (incl	uding	thos	se in	1) w	/ho re	eceiv	ed more than \$100,000 in					
	the organization >										0 Form	990	(2008

Form 990 (2008) HOPE HOUSE OF COLORADO

Total Angel lines 1s-11 Total Report Interest to Company (Section 1) Total Angel lines 1s-11 Total Repose Institute In	Pai	t VII	Statement of Revenue		(0)	(C)	(D)
Tale Federated campriagnes 13				(A) Total revenue	exempt function	business	Revenue excluded from tax under sections
Manufacturity dues					revenue ·		512, 515, 67 517
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of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 a b Less: direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b C d All other revenue e Total. Add lines 11a–11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 680, 806 56, 843 0 0		8a	Gross income from fundraising events				
9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 680, 806 56, 843 0 0	e e		(not including \$				
9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 680, 806 56, 843 0 0	ven		· · · · · · · · · · · · · · · · · · ·				
9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 680, 806 56, 843 0 0	å						
9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 680, 806 56, 843 0 0	.her				EC 201		
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 680, 806 56, 843 0 0	δ		4	30,381	50,561		
b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory 11a b c d All other revenue e Total, Add lines 11a-11d 12 Total Revenue. Add lines 11h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 6 680, 806 56, 843 0 0		9a					
c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. Miscellaneous Revenue Busn. Code 11a b c c d All other revenue e Total, Add lines 11a–11d		١.		-			
10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 680, 806 56, 843 0			2000: 01:00: 07.00:				
returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 680, 806 56, 843 0 0			•				
b Less: cost of goods sold b		104					
C Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a-11d ► 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ► 680, 806 56, 843 0 0		h					
Miscellaneous Revenue Busn. Code 11a b c d All other revenue e Total. Add lines 11a–11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 680, 806 56, 843 0 0							
b			1	9			
b		11a					
c d All other revenue e Total. Add lines 11a–11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 680,806 56,843 0 0							
d All other revenue e Total. Add lines 11a–11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 680,806 56,843 0 0		С					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		d	All other revenue				
9c, 10c, and 11e ► 680,806 56,843 0 0		е			,		
9c. 10c. and 11e		12		200 000	EC 043		
			9c, 10c, and 11e	680,806	50,843	<u></u>	Form 990 (2008)

Form 990 (2008)

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must continclude amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				the state of the s
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(I)(1)) and				
-	persons described in section 4958(c)(3)(8)	377,350	283,844	31,131	62,375
7	Other salaries and wages	311,330	203,044	31,131	62,373
8	Pension plan contributions (include section 401(k)				
9	and section 403(b) employer contributions)				
10	Other employee benefits	30,743	23,189	2,584	4,970
10	Payroll taxes Fees for services (non-employees):	30,143	25,109	£,304	3,310
a					
b	Management Legal	208		208	
c	Accounting	15,660		15,660	
d	1 abbuilded				WHITE
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	******			
12	Advertising and promotion			,	
13	Office expenses	8,653	4,696	1,988	1,969
14	Information technology				•
15	Royalties				
16	Occupancy	21,285	20,815	470	
17	Travel	112	78	34	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1			
19	Conferences, conventions, and meetings	42,919	5,590	8,454	28,875
20	Interest	15,847	11,093	4,754	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,792	23,792		
23	Insurance	17,196	13,487	3,709	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	15 021	15 001		
a	FOOD CLOTHING & EDUCATION	15,931 15,563	15,931 15,563		
b	COUNSELING & OTHER SERVIC	13,898	13,363		13,898
G C	PROMOTIONAL VIDEO MEDICAL	11,232	11,232		13,898
d	TRANSPORTATION	9,541	9,541		
e f		53,189	33,259	8,801	11 120
25	All other expenses	673,119	472,110	77,793	11,129 123,216
26	Joint Costs, Check here if following	0,0,119	712,110	11,193	120,210
40	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs		:		
	from a combined educational campaign and fundraising solicitation				
DA 4					F 990 (2000)

1 Cash—non-interest bearing 60,823 1 2 Savings and temporary cash investments 19,178 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key		
1 Cash—non-interest bearing 60,823 1 2 Savings and temporary cash investments 19,178 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4		·
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 19,178 2 3 4		J
3 Pledges and grants receivable, net 4 Accounts receivable, net 4		48,314
4 Accounts receivable, net		70, 214
4 Accounts receivable, net	 	
5 Receivables from current and former officers, directors, trustees, key		
employees, or other related parties. Complete Part II of Schedule L		
6 Receivables from other disqualified persons (as defined under section		
4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		
Part II of Schedule L 6		
(A) By the various for only or vino		
7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost basis 10a 785,215		
10a Land, buildings, and equipment: cost basis 10a 785,215	1	
b Less: accumulated depreciation. Complete		
Part VI of Schedule D 10b 41,479 726,286 10c	7	43,736
11 Investments—publicly traded securities 11		
12 Investments—other securities. See Part IV, line 11 12		
13 Investments—program-related. See Part IV, line 11 13		
1		
I mangule assets		
910 094 46		23,861
10 1041 400001, 60 1100 1		22,721
Tr. Accounts buyuble and decided expenses		
16 Grants payable		
15 Deletted tevelide		·· ·
20 Tax-exempt botto habilities	- 	
21 Escrow account liability. Complete Part IV of Schedule D		
22 Payables to current and former officers, directors, trustees, key		
21 Escrow account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22		
000 000		97,819
23 Secured mortgages and notes payable to unrelated third parties 200,968 23		91,019
24 Unsecured notes and loans payable		
25 Other liabilities. Complete Part X of Schedule D		00 540
26 Total liabilities. Add lines 17 through 25 214, 461 26	2	20,540
Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.		
complete lines 27 through 29, and lines 33 and 34.	_	00 001
27 Unrestricted net assets 28 Temporarily restricted net assets 29 Temporarily restricted net assets		03,321
28 Temporarily restricted net assets 28	<u> </u>	
29 Permanently restricted net assets 29)	
29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ □		
and complete lines 30 through 34.		
)	
30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds		
32 Retained earnings, endowment, accumulated income, or other funds		
33 Total net assets or fund balances 595, 633 33		03,321
2 34 Total liabilities and net assets/fund balances 810,094 34	. 8	23,861
Part XI Financial Statements and Reporting		
Tutt/tutt/tutt/tutt/tutt/tutt/tutt/tutt		Yes No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other		
the state of the s	2a	X
the state of the s		Х
the state of the s		
	2c	
the audit, review, or compilation of its financial statements and selection of an independent accountant?	······	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	3a	
the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits?		
b it "yes," did the organization undergo the required about of additise		n 990 (2008)

DAA

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOPE HOUSE OF COLORADO

Employer identification number 84–1567838

Pa	ırt I	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this pa	art.) (s	ee ins	tructio	ons)			
he	orgar	nization is not a	private foundation because	it is: (Please check only one org	anization.)	•							
1		A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A	\)(i).							
2		A school desc	ribed in section 170(b)(1)(A)(II). (Attach Schedule E.)										
3	П	A hospital or a	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii).	(Attach	Schedu	le H.)					
4	П			in conjunction with a hospital de						e hospit	tal's nar	ne,		
		city, and state								•				
5	\Box	• .		a college or university owned or				l unit de	scribed	in				
٠		-	o)(1)(A)(iv). (Complete Part I		operated	by a goto		· ume aa	00.1204					
e	\Box	•	., ., .,	•	tion 170/	61/41/A1/G								
6	x			vernmental unit described in sec				the gor	noral nu	blic				
7		······································												
_	\Box	described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	Н	•	nunity trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	L	-	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												
	$\overline{}$, 1975. See section 509(a)(2). (
10	Н			clusively to test for public safety		•			-					
11		-	•	clusively for the benefit of, to pe										
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section													
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization			11e thro	ugh 11	h.					
	$\overline{}$	a Type I b Type II c Type III—Functionally Integrated d Type III—Other												
0	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified													
	persons other than foundation managers and other than one or more publicly supported organizations described in section													
		509(a)(1) or s	ection 509(a)(2).											
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III si	upportin	g					_
		_	check this box		. ,		. <i></i>							. Ш
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from ai	ny of the								
		following per:	sons?											
		(i) A person	who directly or indirectly cor	ntrols, either alone or together wi	th persons	describe	d in (ii)						Yes	No
		and (iii) b	pelow, the governing body of	the supported organization?								11g(i)	<u> </u>	<u></u>
		(ii) A family	member of a person describe	ed in (i) above?								11g(li)	<u> </u>	
			ontrolled entity of a person de	25 12 72 - 72 1 - 0								11g(iii)	<u>L</u>	
h		Provide the f	ollowing information about th	e organizations the organization				*,*****						
/i)	Mam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the (organization	(v) Did y	ou notify	(vi)	s the	(vii) Amo	ount of	
(1)		e or supported anization	(11) 5.11	(described on lines 1–9	1 ' '	sted in your	the organ		organizal		`	supp		
				above or IRC section	governing	document?	col. (i)			zed in the				
				(see instructions))	Van	No	supp	No No	Yes	5.? No				
					Yes	No	Yes	NU	169	140				<u> </u>
									}					
									-					
									1					
					-				-					
			,						<u> </u>					
T - 4	. 1			1	1	I	1		1		l			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part 1.) Section A. Public Support (f) Total (d) 2007 (e) 2008 (b) 2005 (c) 2006 Calendar year (or fiscal year beginning in) (a) 2004 Gifts, grants, contributions, and membership fees received. (Do not 845,186 683,046 2,678,172 407,648 219,078 523,214 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 683,046 2,678,172 Total. Add lines 1-3 407,648 845,186 523,214 219,078 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) 13,660 2,664,512 Public support. Subtract line 5 from line 4 ... Section B. Total Support (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 845,186 683,046 2,678,172 523,214 407,648 Amounts from line 4 219,078 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 193 462 1,102 147 150 150 sources Net income from unrelated business activities, whether or not the business is Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 2,679,274 Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 99.4490 15 97.9476 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 33 1/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 HOPE HOUSE OF COLORADO Support Schedule for Organizations Described in Section 509(a)(2) Part III

	(Complete only if you che	cked the box	on line 9 of Par	t I.)			
	tion A. Public Support					r	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied 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 7a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)			- ` .			, a, a,
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		- Warnish W. C.				
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,			<u> </u>	 		
	and 12.) First five years. If the Form 990 is for the c	Language Control	nooned third faced	h or fifth lavoures	e a coction 501/o	<u> </u>	
14		organization's iirst,	secona, inira, iouri	ii, or iiitii tax year a	as a section 50 f(c)		▶ [
800	organization, check this box and stop here ction C. Computation of Public Su	Innort Percen	tana	<u></u>			,.
,	Public support percentage for 2008 (line 8,			(D)		15	%
15 16	Public support percentage for 2008 (line 8, Public support percentage from 2007 Sche						%
16 Sec	ction D. Computation of Investme			********			
	Investment income percentage for 2008 (lin			column (f))		17	%
17 18	Investment income percentage from 2007 3					40	%
19a		nization did not ch	eck the box on line	14, and line 15 is n	nore than 33 1/3 %	, and line	
ıσα	17 is not more than 33 1/3 %, check this bo	ox and stop here.	The organization or	alifies as a publicl	y s upported organi	zation	▶ [
b		nization did not ch	eck a box on line 14	or line 19a, and li	ne 16 i s more than	33 1/3%, and	-
D	line 18 is not more than 33 1/3 %, check th	is box and stop he	ere. The organization	n qualifies as a pu	blicly supported or	ganization	▶ [
20	Private foundation. If the organization did						<u>▶</u>

Schedule, A (F	orm 990 or 990-EZ) 2008 Supplemental Info	HOPE HOUS	E OF	COLORADO	the explanation	84-15678	38 line 10:	Page 4
Part IV	Supplemental Info Part II, line 17a or 1	mation. Comple 7b; or Part III, li	ne 12. P	rovide any oth	er additional inf	ormation. (see inst	ructions)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,				
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								.,,,,,,,,,,,,,
							/Earm 99/1 or	990-EZ) 2008

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

Employer identification number

1aiiie	or the organization		
нα	PE HOUSE OF COLORADO		84-1567838
Pa		ds or Other Similar Funds or and IV, line 6.	Accounts. Complete if
	the diganization answered Test to Fermi every.	(a) Donor advised funds	(b) Funds and other accounts
	Total sound at and of year		
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	ne assets held in donor advised	
5	funds are the organization's property, subject to the organization's exclusi	ive legal control?	Yes No
	Did the organization inform all grantees, donors, and donor advisors in w	iting that grant funds may be	
6	Did the organization inform all grantees, donors, and donor advisors in wi	oper advisor or other	
	used only for charitable purposes and not for the benefit of the donor or d		Yes No
	impermissible private benefit? rt II Conservation Easements. Complete if the orga	nization answered "Yes" to For	
1	Purpose(s) of conservation easements held by the organization (check al	Preservation of an historically in	mnortant land area
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of certified historic	
	Protection of natural habitat		on detaile
	Preservation of open space	while the in the form of a concentration of	nanant
2	Complete lines 2a-2d if the organization held a qualified conservation col	ntribution in the joint of a conservation e	casement
	on the last day of the tax year.		Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure include		····
d	Number of conservation easements included in (c) acquired after 8/17/06)	.,,.
3	Number of conservation easements modified, transferred, released, extir	nguisned, or terminated by the organizat	ion during
	the taxable year		
4	Number of states where properly subject to conservation easement is lo	cated P	
5	Does the organization have a written policy regarding the periodic monitor		☐ Yes ☐ No
	enforcement of the conservation easements it holds?		., 🗀 🚾 🗀 🚟
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing ea	sements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy th	e requirements of section	☐ Yes ☐ No
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easeme	nts in its revenue and expense statements that do	n, dnu
	balance sheet, and include, if applicable, the text of the footnote to the or	rganization's financial statements that de	escribes
	the organization's accounting for conservation easements.	Historical Transuras or Othe	r Similar Assets
Pa	art III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	1 Olimai Addeta.
1a	If the organization elected, as permitted under SFAS 116, not to report in art, historical treasures, or other similar assets held for public exhibition, provide, in Part XIV, the text of the footnote to its financial statements the	n its revenue statement and balance she education, or research in furtherance of	eet works of f public service,
b	historical treasures, or other similar assets held for public exhibition, edu	revenue statement and balance sheet v ucation, or research in furtherance of pub	works of art, blic service,
	provide the following amounts relating to these items:		▶ %
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	the stable and the factor and the same	, • • — — — — — ·
2	If the organization received or held works of art, historical treasures, or o		OAIGE (IIC
	following amounts required to be reported under SFAS 116 relating to the	nese items:	• •
а			·······
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2008 HOPE HOUS	E OF COLORADO		84-15	67838 <u> </u>		Page 2
Part III Organizations Maintaining	Collections of Art, H	listorical Treas	ures, or Other S	imilar Assets (continue	:d)
3 Using the organization's accession and other r	ecords, check any of the fol	lowing that are a sign	nificant use of its coll	ection		
items (check all that apply):	. □		_			
a Public exhibition	d Loan o	r exchange program	S			
b Scholarly research	e Other					
c Preservation for future generations						
4 Provide a description of the organization's colle Part XIV.	ections and explain how the	y further the organiza	ation's exempt purpo	se in		
5 During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of the	organization's colle	ction?		Yes	No
Part IV Trust, Escrow and Custod Part IV, line 9, or reported a	an amount on Form 9	90, Part X, line	<u>21</u>	a Yes to Form		
1a Is the organization an agent, trustee, custodia	n or other intermediary for c	ontributions or other	assets not			
included on Form 990, Part X?				📙	Yes	∐ No
b If "Yes," explain the arrangement in Part XIV a	nd complete the following to	able:				
3					Amount	
c Beginning balance				1c		
d Additions during the year						
est a fr 10 to the transfer of the course						
				1f		
f Ending balance 2a Did the organization include an amount on Fo	rm 000 Part V line 212		.,		Yes	No
•	IIII 330, Falt A, IIIC 21: ,				, , ,	
b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Comp	lete if organization ar	swered "Yes" to	Form 990. Par	t IV. line 10.		
Part V Endowment Funds. Comp	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
		(D) Hor you.	(-, -, -, -, -, -, -, -, -, -, -, -, -, -			<u> </u>
1a Beginning of year balance			-		-	
b Contributions					-	
c Investment earnings or losses				 	 	
d Grants or scholarships			<u> </u>		-	
 Other expenditures for facilities 						
and programs				<u> </u>		
f Administrative expenses					 	
g End of year balance			<u></u>			
2 Provide the estimated percentage of the year						
a Board designated or quasi-endowment						
b Permanent endowment ▶ %						
c Term endowment ► %						
3a Are there endowment funds not in the posses	sion of the organization tha	t are held and admin	istered for the		,	
organization by:	_					Yes No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If "Yes" to 3a(ii), are the related organizations	listed as required on Scher	tule R2		,	3b	l
				.,	, , , , , , , , , , , , , , , , , , , ,	
	lings and Equipmen	t See Form 99	0 Part X. line 10).		
Part VI Investments—Land, Build Oescription of investment	(a) Cost or other basis	(b) Cost or o		epreciation	(d) Book	value
Description of investment	(investment)	basis (othe				
			1,570		1	41,57
1a Land			-,3,0			
b Buildings						
c Leasehold improvements						
d Equipment			2 645	41 470	6	02,16
e Other			3,645	41,479		
Total, Add lines 1a-1e, (Column (d) should equal F	Form 990, Part X, column (8), line 10(c).)				<u>43,73</u>

chedule D (Form 990) 2008 HOPE HOUSE OF COLORAL	DO	84-1567838	Page 3
	90 Part X line 12		
Part VII Investments—Other Securities. See Form 99 (a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(b) Book I alies	Cost or end-of-year market value	
(including name of security)			
inancial derivatives and other financial products			
Closely-held equity interests			···
Other			
	_		
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments—Program Related. See Form 9	(b) Book value	(c) Method of valuation:	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
		303t 51 5112 Ct /	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
		(b) Bo	ok value
(a) Description			
			-
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		>	
Part X Other Liabilities. See Form 990, Part X, line			
(a) Description of liability	(b) Amount		
	(2)7 (1132111	_	
Federal income taxes			
		\dashv	
		_	
		–	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	•		
In Part XIV, provide the text of the footnote to the organization's financial s	tatements that reports the org	anization's liability for	
uncertain tax positions under FIN 48.			
unvertain tax positions under 1 (17 30).			

203	Form 990) 2008 HOPE HOUSE OF COLORADO	84-156/83	00	Pag	ge 4
L) ?	rt Xi Reconciliation of Change in Net Assets from Form 990 to		·		
į	รotal revenue (Form 990, Part VIII, column (A), line 12)		1		
<u>2</u>	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		_ 5	-	
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4-8		9		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Ref	turn		
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains on investments	2a			
	Donated services and use of facilities		1		
c	Recoveries of prior year grants	2c	7		
	Other (Describe in Part XIV)		1		
	Add lines 2a through 2d	<u> </u>	2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	J			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a L		1 1	1		
	Other (Describe in Part XIV)		- 4c		
	Add lines 4a and 4b		5		
<u>5</u>	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.) art XIII Reconciliation of Expenses per Audited Financial Statement	onte With Evnances ner F		1	
			1	T	
1	Total expenses and losses per audited financial statements		<u> </u>		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 00 1			
a	***************************************		-		
b		2b	\dashv		
С	•		+		
d			┨_		
е			2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
b	Other (Describe in Part XIV)	4b	-		
	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5		
	art XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines				
and	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d an	d 4b.			
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	<u> </u>				
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Schedule D (F Part XIV	OHII 99	0) 200	00	ial In		mat	ion	(contir	<u> </u>																					
Part XIV	Sup	ppren	nent	aiin	ITOTI	mat	IOII	(contir	nueu	!																				
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service

Employer Identification number

ame of the organization HOPE HOUSE OF COL	ORADO				84-15678	
Part I Fundraising Activities. Complete		on an	swer	ed "Yes" to Form	990, Part IV, line	17.
Indicate whether the organization raised funds through						
a Mail solicitations				nment grants		
b Email solicitations	f Solicitation					
c Phone solicitations	g Special fur	_				
\Box	g 🖂 opean. i.e.					
d In-person solicitations	10	ومراديات	affica.	re directore truetage		
2a Did the organization have a written or oral agreement v or key employees listed in Form 990, Part VII) or entity	in connection with p	rotessic	nai tu	nuraising services?		Yes No
b If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization	fundraisers) pursuar , Form 990-EZ filers	it to agr are not	eemei requir	ed to complete this tal	ole.	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custo contr	have dy or ol of	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		contrib			col. (i)	
		Yes	No		l	
				1-7		
						ļ
					,	
					·	
			İ			
			<u></u>			
Total			•			
List all states in which the organization is registered o registration or licensing.		ınds or	has be	een notified it is exemp	ot from	
,						
				,	,	
					• • • • • • • • • • • • • • • • • • • •	
				,,		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			****		
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	. , , . ,					

Page 2

Pa	irt I	Fundraising E	vents. Complete if the orga ,000 on Form 990-EZ, line (nization answered "Yes" to Sa. List events with gross re	Form 990, Part IV, line eceipts greater than \$5	e 18, or re 5,000.	portec	<u> </u>
		more than \$10	(a) Event #1 GOLF TOURNAMENT	(b) Event #2 Fall Events	(c) Other Events	(d) Tota (Add col.	tal Events	gh
			(event type)	(event type)	(total number)	co	ol. (c))	
Revenue		Gross receipts	70,840	28,500			99,	340
ag	1 2	Less: Charitable						
	3	contributions						
		minus line 2)	70,840	. 28,500			99,	340
	4	Cash prizes				<u> </u>		
nses	5	Non-cash prizes						
Direct Expenses	6	Rent/facility costs						
Direct	7	Other direct expenses	14,459	28,500		<u> </u>	42,	959
	_		y. Add lines 4 through 7 in column (d		•	·	42,	959 ₎ 381
	8 9	Not income cummant C	ombine lines 3 and 8 in column (d)					381
Р	art	III Gaming. Com	plete if the organization and on Form 990-EZ, line 6a.	swered "Yes" to Form 990,	Part IV, line 19, or rep	опеа тог	е	
		(ilaii \$10,000	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	, , ,	gaming (/ nrough col	
Revenue				bingo/progressive bingo				
<u>~</u>	1	Gross revenue				<u> </u>		
	2	Cash prizes						
Direct Expenses					·			
E P	3	Non-cash prizes					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Direc	4	Rent/facility costs,				-		
	5	Other direct expenses	Yes %	Yes %	Yes %	,		
	6	Volunteer labor	No	No	No			
	7	Direct expense summar	y. Add lines 2 through 5 in column (o	d)	>			
	8	Net gaming income sum	nmary. Combine lines 1 and 7 in colu	ımn (d)	>			
			itiy energing agring agr	iuitiae		٠ ,	Yes	s No
9			ne organization operates gaming act to operate gaming activities in each				9a	_
k	lf	"No," Explain:						
				,,				
10a		Vere any of the organizatio	n's gaming licenses revoked, suspe	nded or terminated during the tax ye	ear?		10a	
ŀ) lf	"Yes," Explain:		.,				
, ,			ate gaming activities with nonmembe				11	
11 12			ate gaming activities with nonmember, beneficiary or trustee of a trust or					
			able gaming?				12 or 990.F	

Schedule G (Form 990 or 990-EZ) 2008 HO	990 or 990-EZ) 2008 HOPE HOUSE OF COLORADO 8					Pa	age 3
						Yes	No
13 Indicate the percentage of gaming activity oper	ated in:					1	
a The organization's facility				13a %	1		l
b An outside facility				13b / %	_		
4 Provide the name and address of the person w	ho prepares the	organi	zation's gaming/special events bo	oks			
and records;			•				
Name ►		,					
Address ▶							ļ
5a Does the organization have a contract with a th	ird party from w	hom th	e organization receives gaming				
revenue?					15a		
b If "Yes," enter the amount of gaming revenue r	eceived by the o	organiza	tion ▶ \$, , , ,	and the	'		
amount of gaming revenue retained by the thir	i party ► \$,,,,,,					
c If "Yes," enter name and address:							
Name ►	~					į	
Address ►							
6 Gaming manager information:							!
Name ▶		. ,					
Gaming manager compensation ▶ \$							
Description of services provided ▶							
Director/officer Employee		Indepe	endent contractor				
7 Mandatory distributions:							1
a Is the organization required under state law to	make charitable	distrib	utions from the gaming proceeds t	to			
retain the state gaming license?					17a		
b Enter the amount of distributions required und	er state law distr	ributed	to other exempt organizations or s	spent			
in the organization's own exempt activities dur			- *		ı	1	1

SCHEDULE M (Form 990)

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOPE HOUSE OF COLORADO

Employer Identification number 84-1567838

Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g		(d) Method of determinin revenues	ıg		
1	Art—Works of art				******				
2	Art—Historical treasures								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles	X	4	18,515	_FMV				
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded								
10	Securities—Closely held stock								
11	Securities—Partnership, LLC,								
	or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation								
	contribution (historic								
	structures)								
14	Qualified conservation								
	contribution (other)								
15	Real estate—Residential								
16	Real estate—Commercial								—
17	Real estate—Other	,							
18	Collectibles				4				
19	Food inventory	-							
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts	-	*						
23	Scientific specimens Archeological artifacts								
24 25	Other > (Professional	X	8	38,582	Stated	value of	prof	ess	io
26	Other > (Other	X	2	7,119	Stated '	Value			
27	Other > (,			* .				
28	Other ► (\							
29	Number of Forms 8283 received by	the organiz	ation during the tax year	for contributions for					
-+	which the organization completed Fo				29				
	•			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Yes	No
30a	During the year, did the organization	receive by	contribution any propert	y reported in Part I, lines 1-2	8 that		1		
	it must hold for at least three years f								
	used for exempt purposes for the en						30a		X
b	If "Yes," describe the arrangement in	n Part II.							
31	Does the organization have a gift ac	ceptance p	olicy that requires the rev	view of any non-standard					
	contributions?						31		<u> </u>
32a	Does the organization hire or use thi	ird parties o	or related organizations to	o solicit, process, or sell non-	-cash				
	contributions?	. ,					32a		X
b	If "Yes," describe in Part II.								
33	If the organization did not report reve	enues in co	olumn (c) for a type of pro	perty for which column (a) is	s checked,				
	describe in Part II.								<u></u>

Schedule M (Form	n 990) 2008 H	PE HOUSE	OF COLO	RADO		84-15	67838		Page 2
Part II	Supplement	tal Informatio . Also comple	n. Complete	this part to p	provide the information	ormation req	uired by Part I,	lines 30b,	
		:							
	,	.,							
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Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

Name(s) shown on return

Identifying number 84-1567838

	HOPE HO	OUSE OF COL	OKADO				04-	T 2 0	7838
	ss or activity to which this form relates								
	direct Depreciati	Lon	411	la:- 4'	70				
Pa	rt I Election To Expen	ise Certain Prop	erty Under Secti	ion 1. EV bo	(9 fore vou e	complete Pa	ırt İ		
	Maximum amount. See the instruct							1	250,000
	Total cost of section 179 properly p							2	
2	Threshold cost of section 179 property p		3	800,000					
3 4	Reduction in limitation. Subtract lin							4	
5	Dollar limitation for tax year. Subtract lin	ne 4 from line 1. If zero or	less, enter -0 If married	d filina s	eparately, see	instructions		5	
	(a) Description		(b	o) Cost (business use	only) (c)	Elected cost		
6									
7	Listed property. Enter the amount t	from line 29			l	7			
8	Total elected cost of section 179 p							8	
9	Tentative deduction. Enter the small	aller of line 5 or line 8			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9	·
10	Carryover of disallowed deduction	from line 13 of your 20	007 Form 4562					10	
11	Business income limitation. Enter l	the smaller of business	s income (not less tha	an zero) or line 5 (s	ee instructions)		11	
12	Section 179 expense deduction. A	dd lines 9 and 10, but	do not enter more tha	an line				12	
13	Carryover of disallowed deduction			<u>, , , , , , , , , , , , , , , , , , , </u>	,4.	13			
Note	: Do not use Part II or Part III below	for listed property. Ins	tead, use Part V.						(O ! !)
<u>Pa</u>	rt II Special Depreciat	<u>ion Allowance a</u>	nd Other Depre	ciatio	n (Do no	t include list	<u>ea prope</u>	rτy.) (See instructions.)
14	Special depreciation allowance for							ا مد ا	
	during the tax year (see instruction							14	
15	Property subject to section 168(f)(16	16,156
16	Other depreciation (including ACR							1 10	10,130
_Pa	rt III MACRS Deprecia	tion (Do not incit	ide listed proper Section		see msuu	Cuons.)	.		
		1						17	0
17	MACRS deductions for assets pla						▶ □	''	
18	If you are electing to group any assets p	-Assets Placed in Se	ne tax year into one or nic	ax Yea	r Using the	General Depre		stem	
	Gection B	(b) Month and	(c) Basis for deprec		(d) Recovery				
	(a) Classification of property	year placed in service	(business/investment only-see instruction	it use	period	(e) Convention	(f) M∈	ethod	(g) Depreciation deduction
<u>19a</u>	3-year property						 		
<u>b</u>	5-year property	_	2	500	7.0	ну	200)DB	357
С	7-year property	_		300	7.0	11.1	200		33.
	10-year property	_	2	130	15.0	нч	150	אמו	157
	15-year property			1.00	13.0		1		
f	20-year property	-			25 yrs.		S/I		
g_	25-year property				27.5 yrs.	MM	S/L		
h	Residential rental property				27.5 yrs.	MM	S/I		
					39 yrs.	MM	S/I		
i	Nonresidential real properly				33 yı3.	MM	S/I		
		Assets Placed in Ser	vice During 2008 Ta	x Year	Using the /				1
202							S/I		
20a	12-year	-			12 yrs.		S/I		
	40-year				40 yrs.	MM	S/	L,	
	art IV Summary (See in	structions.)							
21	Listed property. Enter amount from							21	7,121
22	Total. Add amounts from line 12,	lines 14 through 17, lin							
	Enter here and on the appropriate							22	23,791
23	For assets shown above and place								
	enter the portion of the basis attri					23			

_	•
Page	4

HOPE	HOUSE	OF	COLORADO	84-156/8	338	
Form 4562 (2	008)					
			(antain ather vehicles	collular talanhanee	- certain compute

	rt V	property use Note: For any ve 24a, 24b, column	erty (Include a d for entertair chicle for which yons (a) through (c)	nment, rec ou are using t of Section A	reation the stand , all of Se	, or and and mile otion B.	musen age rate and Sec	nent.) e or dedu ction C it	icting leas applicabl	e expe	nse, con			puters	, and	
Section	on A—De	preciation and O	ther Information	(Caution: S	ee the in	tructio	ns for lim	nits for p	assenger	automo	biles.)					
		ve evidence to suppo					Yes	No			is the ev	idence v	vritten?		Yes	No
(a) (b) (c) (d) Type of property Date placed in Investment Use Base Dase first) (b) (c) (d) Business/ investment Use Base Base Dase)				other		(e) (f) Basis for depreciation Recovery (business/investment use only)		(g) Method/ Convention			(h) Depreciation deduction		(i) Elected section 179 cost			
25		lepreciation allows									. 25	:				
26		used more than 5				ruction	<u>s)</u>	<u></u>			. 20	<u>' l </u>				
		atement 1	4	000000												
			%	3.	5,605	ļ	<u>35</u>	<u>,605</u>		<u> </u>				,121		
			0/													
27	Property	used 50% or less	in a qualified bus	iness use:		<u> </u>			4	1						
<u></u>	Порску	4004 00 70 01 1440	li u quamou sus								**					
			%			ļ				S/L						
										S/L	_					
	0.11	ounts in column (h	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	27 Entor b	ore and e	lino 2	anca 1	i				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7	,121		
28 29		ounts in column (n ounts in column (i <u>)</u>												29		
25	Add ann	dants in column (1)	, time 20. Cittor tie		tion B—I											
Com _l If you	plete this provided v	section for vehicle ehicles to your emplo	s used by a sole p byees, first answer to	proprietor, pa	rtner, or	other "n	nore thai	n 5% ow	ner." or re	lated population	erson. his section	n for thos	e vehicles	,		
30		siness/investment ne year (do not inc			(a Vehic			b) icle 2	(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	miles) ,															
31		mmuting miles driv					<u></u>									
32 33		ner personal (nond les driven during ti		anven												
33																
34		vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		ng off-duty hours?						<u> </u>			-					
35		vehicle used prin	• •													
		an 5% owner or re					 	<u></u>			<u> </u>					
36	ls anoth	er vehicle availabl	le for personal us Section C—Q		Employe	re Who	Provid	o Vehic	les for ils	e by Ti	heir Emt	invees				
Ansu	ver these	questions to deter	mine if you meet	an exception	to compl	eting Se	ection B	for vehic	des used	by emp	loyees w	ho are				
		5% owners or rel				3										
	****														Yes	No
37	Do you	maintain a written	policy statement	that prohibits	all perso	nal use	of vehic	les, inclu	uding com	muting,	by your	employe	ees?			
38		maintain a written														
		instructions for ve														
39	Do you	treat all use of veh provide more than	nicles by employe	es as person	aiuse≀ oo obtoir	inform	ation from		mnlovees	ahout						
40		of the vehicles, ar														
41	Do you	meet the requirem	nents concerning	qualified auto	mobile d	emonst	ration us	e? (See	instructio	ns.)						
• •		your answer to 37														ļ
P	art VI	Amortizatio		-1.							—т	(6)			···	
		(a) Description of cos	sts	(b Date amo beg	ortization	tization Amortizable			(d) Code section		(e) Amortization period or percentage		Am	(f) Amortization for this year		
42	Amortic	ation of costs that				. I nstructi	ons):						1			
42	AITIONIZ	auon oi costs ulat	. Degina during yo	2000 tax y	Jan 1000											
43	Amortiz	ation of costs that	began before yo	ur 2008 tax y	ear								43			
44	Total	Add amounts in co	lumn (f). See the	instructions f	or where	to repo	rt					<u> </u>	44			

HOPEHOUS 10/27/2009 11:53 A	M						
Forms 990/990-PF	Morto	gages and Other	Notes Payable	20	08		
990 / 990-1 1	For calendar year 2008, or	tax vear beginning	, and ending				
Name	1 01 001011001 1001 2000 100			Employer Identification	Number		
HOPE HOUSE OF	COLORADO			84-1567838			
Form 990, Par	ct X, Line 23 -	Additional In	itormation				
	Name of lender		Relationship to dis	qualified person			
(1) IST BANK							
(4)							
(5)							
(7) (8)							
(O)							
(10)							
Original amount borrowed	Date of loan	Maturity date	Repayment terms		Interest rate		
(1)							
(2)	i 1						
(3)					14.4		
(4)	<u> </u>						
(6)	··						
(7)							
(8)	!						
(10)							
	Security provided by borrower		Purpose	of loan	 		
(1)							
(2)							
(4)							
(5)							
(6)							
(8)							
(9)							
(10)							
Consid	deration furnished by lender		Balance due at beginning of year	Balance du end of ye	ear		
(1)			200,968	19	7,819		
(2)							
(3)							
(5)							
(6)							
(7)							
(8) (9)							
(10)			200 069	10	7,819		
Totals			200,968	1 19	,,019		

HOPEHOUS HOPE HOUSE OF COLORADO

Federal Statements

84-1567838 FYE: 12/31/2008

	Section 179	V }-					S
	Deduction	484	943	940	1,976	2,778	7,121 \$
	Period Method	5.0 200DBHY \$	5.0 200DBHY	5.0 200DBHY	5.0 200DBHY	5.0 200DBHY	ν.
	Depr Basis Pe	2,420	4,715	4,700	088'6	13,890	35,605
	Cost	2,420 \$	4,715	4,700	088'6	13,890	35,605 \$
	Business %	100.00	100.00	100.00	100.00	100.00	 φ
Property Type	Date	CARAVAN 12/12/08	N 12/22/08	N 3/31/08	N 5/28/08	N 7/14/08	
		1999 DODGE GRAND CARAVAN 12/1	2000 DODGE CARAVAN	2001 DODGE MINIVAN	2001 DODGE MINIVAN	2008 HONDA MINIVAN	Total