

**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning and ending**

|  |  |   |  |   |
|--|--|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type.<br><br>See Specific Instructions. | <b>C Name of organization</b><br>COMMON HOPE<br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>P.O. BOX 14298<br>City or town, state or country, and ZIP + 4<br>SAINT PAUL, MN 55114 |  | <b>D Employer identification number</b><br>41-1560297   |
|  |  | <b>F Name and address of principal officer:</b> SHARI BLINDT<br>SAME AS C ABOVE   |  | <b>E Telephone number</b><br>651-917-0917<br><b>G Gross receipts \$</b> 3,849,535.<br><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |   |  |   |
| <b>J Website:</b> ▶ WWW.COMMONHOPE.ORG   |  |   |  |   |
| <b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |   |  | <b>L Year of formation:</b> 1986 <b>M State of legal domicile:</b> MN   |

**Part I Summary**

|                             |  |  |
|-----------------------------|--|--|
| Activities & Governance     | 1 Briefly describe the organization's mission or most significant activities: PROVIDING EDUCATION, HEALTH CARE, AND HOUSING TO CHILDREN AND FAMILIES IN GUATEMALA. |  |
|                             | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.                              |  |
|                             | 3  | Number of voting members of the governing body (Part VI, line 1a) ..... 3 11                                   |
|                             | 4  | Number of independent voting members of the governing body (Part VI, line 1b) ..... 4 9                        |
|                             | 5  | Total number of employees (Part V, line 2a) ..... 5 19   |
|                             | 6  | Total number of volunteers (estimate if necessary) ..... 6 92  |
|                             | 7a   | Total gross unrelated business revenue from Part VIII, line 12, column (C) ..... 7a 0.                         |
|                             | b  | Net unrelated business taxable income from Form 990-T, line 34 ..... 7b 0.                                     |
| Revenue                     | 8  | Contributions and grants (Part VIII, line 1h) ..... 3,369,491. 3,718,703.                                      |
|                             | 9  | Program service revenue (Part VIII, line 2g) ..... 45,980. 35,084.   |
|                             | 10   | Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 138,845. 12,872.                           |
|                             | 11   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 57,639. 13,283.                 |
|                             | 12   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 3,611,955. 3,779,942. |
| Expenses                    | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 842,228. 964,020.                       |
|                             | 14   | Benefits paid to or for members (Part IX, column (A), line 4) .....  |
|                             | 15   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 1,794,038. 1,918,906.  |
|                             | 16a  | Professional fundraising fees (Part IX, column (A), line 11e) .....  |
|                             | b  | Total fundraising expenses (Part IX, column (D), line 25) ▶ 193,681.   |
| 17                          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... 859,450. 942,173.   |  |
| 18                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 3,495,716. 3,825,099.  |  |
| 19                          | Revenue less expenses. Subtract line 18 from line 12 ..... 116,239. -45,157.   |  |
| Net Assets or Fund Balances | 20   | Total assets (Part X, line 16) ..... 6,174,163. 5,981,139.   |
|                             | 21   | Total liabilities (Part X, line 26) ..... 284,042. 328,334.  |
|                             | 22   | Net assets or fund balances. Subtract line 21 from line 20 ..... 5,890,121. 5,652,805.                         |

**Part II Signature Block**

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

Sign Here ▶ *Shari Blindt, Executive Director* | 6/30/2009  
 Signature of officer Date

▶ SHARI BLINDT, EXECUTIVE DIRECTOR  
 Type or print name and title

Paid Preparer's Use Only ▶ *Nicola P. Band...* JUN 30 2009  
 Preparer's signature Date

Preparer's identifying number (see instructions) P00173799  
 Preparer's name (or yours if self-employed), address, and ZIP + 4 BOULAY, HEUTMAKER, ZIBELL & CO. P.L.L.P.  
 7500 FLYING CLOUD DRIVE, SUITE 800  
 MINNEAPOLIS, MN 55344  
 EIN ▶ 41-0887288  
 Phone no. ▶ 952-893-9320

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:  
COMMON HOPE AND ITS AFFILIATE, FUNDACION FAMILIAS DE ESPERANZA, PROMOTE HOPE AND OPPORTUNITY IN GUATEMALA, PARTNERING WITH CHILDREN AND FAMILIES WHO WANT TO PARTICIPATE IN A PROCESS OF DEVELOPMENT TO IMPROVE THEIR LIVES THROUGH EDUCATION, HEALTH CARE AND HOUSING.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes", describe these changes on Schedule O.
- 4 Describe the 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.

4a (Code: ) (Expenses \$ 1,647,209. including grants of \$ 2,100. ) (Revenue \$ 11,971. )  
**EDUCATION: COMMON HOPE HELPED TO PROVIDE PRIMARY, SECONDARY, VOCATIONAL AND UNIVERSITY EDUCATION FOR APPROXIMATELY 2,700 CHILDREN IN 2008, PAYING FOR TUITION AND FEES, BOOKS AND SUPPLIES, SHOES AND UNIFORMS. IN ADDITION COMMON HOPE OFFERED THE EDUCATIONAL SUPPORT OF TUTORING, SUMMER SCHOOL, SPECIAL EDUCATION SERVICES, ACCESS TO LIBRARIES, AND TEACHER TRAINING. COMMON HOPE ALSO MADE AVAILABLE EDUCATIONAL PROGRAMS FOR THE PARENTS OF SPONSORED CHILDREN. THESE INCLUDED ADULT LITERACY CLASSES AND VOCATIONAL TRAINING. WE OPERATED A SCHOOL FOR PRIMARY AND PRE-PRIMARY STUDENTS AT NEW HOPE VILLAGE, THE SUCCESS OF WHICH HAS INFORMED AN EDUCATION QUALITY INITIATIVE WE WILL BE ROLLING OUT IN OTHER AREA SCHOOLS IN 2009.**

4b (Code: ) (Expenses \$ 742,330. including grants of \$ 45,000. ) (Revenue \$ 3,401. )  
**FAMILY AND COMMUNITY DEVELOPMENT: COMMON HOPE PARTNERED WITH 1,350 GUATEMALAN FAMILIES TO PROVIDE RESOURCES AND TOOLS TO IMPROVE THEIR LIVES. THROUGH A LONG-TERM RELATIONSHIP WITH A COMMON HOPE SOCIAL WORKER, FAMILIES HAVE IDENTIFIED GOALS, OBSTACLES AND THEIR OWN UNIQUE DEVELOPMENT PLAN. IN SUPPORT OF THESE DEVELOPMENT PLANS, WE PROVIDED TRAINING FOR ADULTS IN PARENTING, SELF-ESTEEM, AND VOCATIONAL SKILLS. COMMON HOPE ALSO OFFERED JOB PLACEMENT ASSISTANCE, LEGAL SERVICES, EMERGENCY RELIEF, SUPPORT GROUPS FOR WOMEN AND ALCOHOLISM, AND FUNDING FOR AN ELDER CARE HOME IN ANTIGUA.**

4c (Code: ) (Expenses \$ 579,573. including grants of \$ 200. ) (Revenue \$ 15,055. )  
**HEALTH CARE: COMMON HOPES MEDICAL AND DENTAL STAFF AND VOLUNTEERS PROVIDED OVER 12,000 CLINIC VISITS IN 2008. HEALTH CARE SERVICES MADE AVAILABLE INCLUDED EXAMINATIONS, LAB TESTS, X-RAYS, MEDICATIONS, SURGERIES, MENTAL HEALTH SERVICES AND DENTAL CARE. CLINIC STAFF PROVIDED TREATMENT AND EDUCATION FOR SPECIFIC HEALTH ISSUES ENDEMIC TO THE AREA, INCLUDING DIABETES, HYPERTENSION, AND CERVICAL CANCER. STAFF PRESENTED 140 DEMONSTRATIONS ON HYGIENE, NUTRITION, AND PREVENTIVE CARE IN LOCAL COMMUNITIES AND SCHOOLS AND CONDUCTED SCREENINGS FOR 1,022 INDIVIDUALS AT 18 COMMUNITY HEALTH FAIRS.**

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ 266,174. including grants of \$ ) (Revenue \$ 2,542. )

4e **Total program service expenses** ▶ \$ 3,235,286. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?<br><i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>12</b> 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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>13</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</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.? <i>If "Yes," complete Schedule F, Part I</i> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Part III</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Part IV Checklist of Required Schedules** (continued)

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>28</b> | During the tax year, did any person who is a current or former officer, director, trustee, or key employee:  |     |    |
| <b>a</b>  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> ..... |     | X  |
| <b>b</b>  | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....   | X   |    |
| <b>c</b>  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....   |     | X  |
| <b>35</b> | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>36</b> | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |

Form 990 (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable   |     |    |
|            | <b>1a</b> 1  |     |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
|            | <b>1b</b> 0  |     |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |    |
|            | <b>1c</b>  |     |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
|            | <b>2a</b> 19   |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |     |    |
|            | <b>3b</b>  |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | X   |    |
| <b>b</b>   | If "Yes," enter the name of the foreign country: <b>GUATEMALA</b><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   |     |    |
|            | <b>5c</b>  |     |    |
| <b>6a</b>  | Did the organization solicit any contributions that were not tax deductible?   | X   |    |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | X   |    |
|            | <b>6b</b>  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  | X   |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | X   |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
|            | <b>7d</b>  |     |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  | X   |    |
|            | <b>7h</b>  |     |    |
| <b>8</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
|            | <b>8</b>   |     |    |
| <b>9</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
|            | <b>9a</b>  |     |    |
|            | <b>9b</b>  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>  |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
|            | <b>10a</b>   |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
|            | <b>10b</b>   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>   |     |    |
| <b>a</b>   | Gross income from members or shareholders  |     |    |
|            | <b>11a</b>   |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
|            | <b>11b</b>   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>   |     |    |
|            | <b>12b</b>   |     |    |

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

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.

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body .....  |     |    |
| <b>1b</b> | Enter the number of voting members that are independent .....   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? ..... |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets? .....   |     | X  |
| <b>6</b>  | Does the organization have members or stockholders? .....   |     | X  |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....   |     | X  |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>8a</b> | The governing body? .....   | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? .....   | X   |    |
| <b>9a</b> | Does the organization have local chapters, branches, or affiliates? .....   |     | X  |
| <b>9b</b> | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....  |     |    |
| <b>10</b> | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....       | X   |    |
| <b>11</b> | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....      |     | X  |

**Section B. Policies**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13 .....   | X   |    |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  | X   |    |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....   | X   |    |
| <b>13</b>  | Does the organization have a written whistleblower policy? .....   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy? .....  | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official? .....  | X   |    |
| <b>15b</b> | Other officers or key employees of the organization? .....   | X   |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....  |     | X  |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ..... |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA, CO, CT, FL, IL, MA, MN, NC, ND, NY, WA, WI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**KATHLEEN LOCK - 651-917-0917**  
**550 VANDALIA, ST. PAUL, MN 55114-0298**

**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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A)<br>Name and Title                         | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| TOM JOYCE<br>BOARD CHAIR                      | 4.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PETE REGNIER<br>BOARD VICE CHAIR              | 1.00                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SALLY WESTBY<br>BOARD SECRETARY               | 0.50                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAVID HEIDER<br>BOARD TREASURER               | 0.50                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BOB FAFINSKI<br>BOARD MEMBER                  | 0.50                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ED FLAHERTY<br>BOARD MEMBER                   | 0.50                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JAMES HATCH<br>BOARD MEMBER                   | 0.50                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BILL HUEBSCH<br>BOARD MEMBER                  | 0.50                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KATHY PADEN<br>BOARD MEMBER                   | 0.50                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| STEVE SCHMIDT<br>BOARD MEMBER                 | 0.50                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JOAN USELMANN<br>BOARD MEMBER                 | 0.50                          | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SHARI BLINDT<br>EXECUTIVE DIRECTOR            | 50.00                         | X                                      |                       | X       | X            |                              |        | 55,000.  | 0.  | 13,227.   |
| KATHLEEN LOCK<br>DIRECTOR OF FINANCE          | 50.00                         |  |                       | X       | X            |                              |        | 48,328.  | 0.  | 2,163.  |
| TAMALYN GUTIERREZ<br>GUATEMALA COUNTRY DIRECT | 50.00                         |  |                       |         | X            |                              |        | 41,232.  | 0.  | 7,264.  |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |
|   |                               |  |                       |         |              |                              |        |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A)<br>Name and title | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |                 | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|-----------------|--|---|---|
|                       |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former          |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
|                       |                               |  |                       |         |              |                              |                 |  |   |   |
| <b>1b Total</b> ..... |                               |  |                       |         |              |                              | <b>144,560.</b> | <b>0.</b>  | <b>22,654.</b>  |   |

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ..... **0**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                                     |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ..... **0**



| Part VIII Statement of Revenue                         |   |  | (A)<br>Total revenue  | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |        |
|--|---|--|---|---|---|--|--------|
| Contributions, gifts, grants and other similar amounts | 1 a   | Federated campaigns  |   |   |   |  |        |
|  | b   | Membership dues  |   |   |   |  |        |
|  | c   | Fundraising events   | 3,005.  |   |   |  |        |
|  | d   | Related organizations  |   |   |   |  |        |
|  | e   | Government grants (contributions)  |   |   |   |  |        |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above | 3715698.  |   |   |  |        |
|  | g   | Noncash contributions included in lines 1a-1f: \$                              | 118,593.  |   |   |  |        |
|  | h   | <b>Total.</b> Add lines 1a-1f  | 3,718,703.  |   |   |  |        |
|  | Program Service Revenue   | 2 a  | <b>PROGRAM FEES</b>   | 35,084.   | 35,084.                                 |  |        |
|  |   | b  |   |   |   |  |        |
| c  |   |  |   |   |   |  |        |
| d  |   |  |   |   |   |  |        |
| e  |   |  |   |   |   |  |        |
| f  |   | All other program service revenue  |   |   |   |  |        |
| g  |   | <b>Total.</b> Add lines 2a-2f  | 35,084.   |   |   |  |        |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)   | 16,971.   |   |   | 16,971.  |        |
|  | 4   | Income from investment of tax-exempt bond proceeds                             |   |   |   |  |        |
|  | 5   | Royalties  |   |   |   |  |        |
|  | 6 a   |  | (i) Real  |   |   |  |        |
|  |   |  | (ii) Personal   |   |   |  |        |
|  |   | b  | Gross Rents   |   |   |  |        |
|  |   | c  | Less: rental expenses   |   |   |  |        |
|  | d   | Rental income or (loss)  |   |   |   |  |        |
|  | e   | Net rental income or (loss)  |   |   |   |  |        |
|  | 7 a   |  | (i) Securities  | 51,994.   | 6,017.                                  |  |        |
|  |   |  | (ii) Other  |   |   |  |        |
|  |   | b  | Less: cost or other basis and sales expenses  | 61,279.   | 831.                                    |  |        |
|  |   | c  | Gain or (loss)  | -9,285.   | 5,186.                                  |  |        |
|  | d   | Net gain or (loss)   | -4,099.   |   |   | -4,099.  |        |
|  | 8 a   |  | Gross income from fundraising events (not including \$ 3,005. of contributions reported on line 1c). See Part IV, line 18 | 16,195.   |   |  |        |
|  |   | b  | Less: direct expenses   | 7,483.  |   |  |        |
|  |   | c  | Net income or (loss) from fundraising events  | 8,712.  |   |  | 8,712. |
| 9 a  |   | Gross income from gaming activities. See Part IV, line 19                      |   |   |   |  |        |
|  | b   | Less: direct expenses  |   |   |   |  |        |
|  | c   | Net income or (loss) from gaming activities                                    |   |   |   |  |        |
| 10 a   |   | Gross sales of inventory, less returns and allowances                          |   |   |   |  |        |
|  | b   | Less: cost of goods sold   |   |   |   |  |        |
|  | c   | Net income or (loss) from sales of inventory                                   |   |   |   |  |        |
| Miscellaneous Revenue                                  |   |  |   |   |   |  |        |
| 11 a   | <b>OTHER INCOME</b>   |  | 4,571.  | 4,571.  |   |  |        |
| b  |   |  |   |   |   |  |        |
| c  |   |  |   |   |   |  |        |
| d  | All other revenue   |  |   |   |   |  |        |
| e  | <b>Total.</b> Add lines 11a-11d   |  | 4,571.  |   |   |  |        |
| 12   | <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e |  | 3,779,942.  | 39,655.   | 0.                                      | 21,584.  |        |

**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).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 .....   | 964,020.              | 964,020.                        |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 144,560.              | 111,311.                        | 21,684.                                | 11,565.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| 7 Other salaries and wages .....   | 1,358,727.            | 1,047,249.                      | 204,888.                               | 106,590.                    |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....  | 16,464.               | 9,791.                          | 3,290.                                 | 3,383.                      |
| 9 Other employee benefits .....  | 355,615.              | 298,463.                        | 50,098.                                | 7,054.                      |
| 10 Payroll taxes .....   | 43,540.               | 26,129.                         | 8,631.                                 | 8,780.                      |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  | 4,612.                | 4,220.                          | 392.                                   |                             |
| c Accounting .....   | 23,436.               | 2,097.                          | 21,339.                                |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other .....  |                       |                                 |  |                             |
| 12 Advertising and promotion .....   | 3,235.                | 146.                            | 609.                                   | 2,480.                      |
| 13 Office expenses .....   | 25,059.               | 21,092.                         | 3,294.                                 | 673.                        |
| 14 Information technology .....  |                       |                                 |  |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 150,130.              | 133,599.                        | 12,404.                                | 4,127.                      |
| 17 Travel .....  | 197,644.              | 188,431.                        | 5,314.                                 | 3,899.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 16,276.               | 13,154.                         | 2,221.                                 | 901.                        |
| 20 Interest .....  |                       |                                 |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 219,845.              | 207,149.                        | 11,877.                                | 819.                        |
| 23 Insurance .....   | 10,090.               | 7,859.                          | 1,269.                                 | 962.                        |
| 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.) .....   |                       |                                 |  |                             |
| a <b>EQUIPMENT RENTAL &amp; MAIN</b> .....   | 73,389.               | 62,225.                         | 7,275.                                 | 3,889.                      |
| b <b>MISCELLANEOUS EXPENSE</b> .....   | 71,782.               | 50,906.                         | 20,866.                                | 10.                         |
| c <b>PUBLICATION/PRINTING</b> .....  | 59,657.               | 25,120.                         | 11,627.                                | 22,910.                     |
| d <b>COMMUNICATION</b> .....   | 54,491.               | 48,382.                         | 4,944.                                 | 1,165.                      |
| e <b>POSTAGE &amp; SHIPPING</b> .....  | 32,527.               | 13,943.                         | 4,110.                                 | 14,474.                     |
| f All other expenses .....   |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f   | 3,825,099.            | 3,235,286.                      | 396,132.                               | 193,681.                    |
| 26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ... |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| Assets  | 1 Cash - non-interest-bearing .....   | 137,935.                 | 1          | 102,537.           |
|   | 2 Savings and temporary cash investments .....  | 899,216.                 | 2          | 1,076,530.         |
|   | 3 Pledges and grants receivable, net .....  | 4,792.                   | 3          |                    |
|   | 4 Accounts receivable, net .....  |                          | 4          |                    |
|   | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....                            |                          | 5          |                    |
|   | 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          |                    |
|   | 7 Notes and loans receivable, net .....   | 5,849.                   | 7          | 7,441.             |
|   | 8 Inventories for sale or use .....   |                          | 8          |                    |
|   | 9 Prepaid expenses and deferred charges .....   | 33,424.                  | 9          | 29,190.            |
|   | 10a Land, buildings, and equipment: cost basis ...  | 10a 6,079,772.           |            |                    |
|   | b Less: accumulated depreciation. Complete Part VI of Schedule D .....  | 10b 1,461,289.           |            |                    |
|   |   | 4,730,702.               | 10c        | 4,618,483.         |
|   | 11 Investments - publicly traded securities .....   | 362,159.                 | 11         | 146,643.           |
|   | 12 Investments - other securities. See Part IV, line 11 .....   |                          | 12         |                    |
|   | 13 Investments - program-related. See Part IV, line 11 .....  |                          | 13         |                    |
|   | 14 Intangible assets .....  |                          | 14         |                    |
| 15 Other assets. See Part IV, line 11 .....                               | 86.   | 15                       | 315.       |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 6,174,163.  | 16                       | 5,981,139. |                    |
| Liabilities   | 17 Accounts payable and accrued expenses .....  | 220,019.                 | 17         | 285,080.           |
|   | 18 Grants payable .....   |                          | 18         |                    |
|   | 19 Deferred revenue .....   | 64,023.                  | 19         | 43,254.            |
|   | 20 Tax-exempt bond liabilities .....  |                          | 20         |                    |
|   | 21 Escrow account liability. Complete Part IV of Schedule D .....   |                          | 21         |                    |
|   | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... |                          | 22         |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties .....   |                          | 23         |                    |
|   | 24 Unsecured notes and loans payable .....  |                          | 24         |                    |
|   | 25 Other liabilities. Complete Part X of Schedule D .....   |                          | 25         |                    |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 .....  | 284,042.                 | 26         | 328,334.           |
| Net Assets or Fund Balances   | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                              |                          |            |                    |
|   | 27 Unrestricted net assets .....  | 5,578,243.               | 27         | 5,213,348.         |
|   | 28 Temporarily restricted net assets .....  | 311,878.                 | 28         | 439,457.           |
|   | 29 Permanently restricted net assets .....  |                          | 29         |                    |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |            |                    |
|   | 30 Capital stock or trust principal, or current funds .....   |                          | 30         |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 31         |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds .....   |                          | 32         |                    |
| 33 <b>Total net assets or fund balances</b> .....                         | 5,890,121.  | 33                       | 5,652,805. |                    |
| 34 <b>Total liabilities and net assets/fund balances</b> .....            | 6,174,163.  | 34                       | 5,981,139. |                    |

**Part XI Financial Statements and Reporting**

|   | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  |     | X  |
| b Were the organization's financial statements audited by an independent accountant? .....  | X   |    |
| c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ..... | X   |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....   |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? .....  |     |    |

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **COMMON HOPE** Employer identification number **41-1560297**

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

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

|  | Yes             | No |
|--|-----------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | <b>11g(i)</b>   |    |
| (ii) A family member of a person described in (i) above? .....   | <b>11g(ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | <b>11g(iii)</b> |    |
- h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1578321. | 3744241. | 3220241. | 3369491. | 3715667. | 15627961. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 - 3 .....  | 1578321. | 3744241. | 3220241. | 3369491. | 3715667. | 15627961. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          | 532,495.  |
| <b>6 Public Support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 15095466. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 1578321. | 3744241. | 3220241. | 3369491. | 3715667. | 15627961.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 1,458.   | 4,511.   | 17,559.  | 23,034.  | 16,971.  | 63,533.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 15691494.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       | 729,605.                 |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |                                     |       |   |
|---|-------------------------------------|-------|---|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 96.20 | % |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....   | <b>15</b>                           | 87.00 | % |
| <b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |       |   |
| <b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |       |   |
| <b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |       |   |
| <b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |       |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |       |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total        |
|---|----------|----------|----------|----------|----------|------------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |                  |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....       |          |          |          |          |          |                  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |                  |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |                  |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...  |          |          |          |          |          |                  |
| <b>6 Total.</b> Add lines 1 - 5 .....   |          |          |          |          |          |                  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |                  |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ..... |          |          |          |          |          |                  |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |                  |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          | <b>16498805.</b> |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total        |
|---|----------|----------|----------|----------|----------|------------------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |                  |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... |          |          |          |          |          |                  |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                        |          |          |          |          |          |                  |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |                  |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....   |          |          |          |          |          |                  |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                               |          |          |          |          |          |                  |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          | <b>16562338.</b> |

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

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....                    | <b>16</b> | % |

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

|  |           |            |   |
|--|-----------|------------|---|
| <b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | <b>.38</b> | % |
| <b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....                      | <b>18</b> |            | % |

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**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.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

COMMON HOPE

Employer identification number

41-1560297

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of certified historic structure

Preservation of open space

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

|  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements .....   | 2a                          |
| b Total acreage restricted by conservation easements .....                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) ..... | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06 .....            | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                  |                  |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses .....                  |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Term endowment ▶ \_\_\_\_\_ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------|----------------|
| <b>1a</b> Land .....   |                                      | 291,954.                        |                  | 291,954.       |
| <b>b</b> Buildings .....   |                                      | 5,313,694.                      | 1,176,124.       | 4,137,570.     |
| <b>c</b> Leasehold improvements .....  |                                      |                                 |                  |                |
| <b>d</b> Equipment .....   |                                      | 337,910.                        | 212,357.         | 125,553.       |
| <b>e</b> Other .....   |                                      | 136,214.                        | 72,808.          | 63,406.        |
| <b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ..... |                                      |                                 |                  | 4,618,483.     |





**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                         | 1  | 3,779,942. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                          | 2  | 3,825,099. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                    | 3  | -45,157.   |
| 4  | Net unrealized gains (losses) on investments                                     | 4  | -193,323.  |
| 5  | Donated services and use of facilities   | 5  |            |
| 6  | Investment expenses  | 6  |            |
| 7  | Prior period adjustments   | 7  |            |
| 8  | Other (Describe in Part XIV)   | 8  | 1,164.     |
| 9  | Total adjustments (net). Add lines 4-8   | 9  | -192,159.  |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -237,316.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |            |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements          | 1  | 3,627,429. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:               |    |            |
| a | Net unrealized gains on investments   | 2a |            |
| b | Donated services and use of facilities  | 2b | 39,646.    |
| c | Recoveries of prior year grants   | 2c |            |
| d | Other (Describe in Part XIV)  | 2d | 1,164.     |
| e | Add lines 2a through 2d   | 2e | 40,810.    |
| 3 | Subtract line 2e from line 1  | 3  | 3,586,619. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:              |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                  | 4a |            |
| b | Other (Describe in Part XIV)  | 4b | 193,323.   |
| c | Add lines 4a and 4b   | 4c | 193,323.   |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5  | 3,779,942. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |            |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements                         | 1  | 3,864,745. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                  |    |            |
| a | Donated services and use of facilities   | 2a | 39,646.    |
| b | Prior year adjustments   | 2b |            |
| c | Losses reported on Form 990, Part IX, line 25                                      | 2c |            |
| d | Other (Describe in Part XIV)   | 2d |            |
| e | Add lines 2a through 2d  | 2e | 39,646.    |
| 3 | Subtract line 2e from line 1   | 3  | 3,825,099. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                 |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                   | 4a |            |
| b | Other (Describe in Part XIV)   | 4b |            |
| c | Add lines 4a and 4b  | 4c | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5  | 3,825,099. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

FOREIGN EXCHANGE GAIN

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

FOREIGN EXCHANGE GAIN

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**



**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.**

**Open to Public Inspection**

Name of the organization

Employer identification number

COMMON HOPE

41-1560297

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

| (a) Region                  | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|-----------------------------|-------------------------------------|---|--|--|----------------------------------|
| CENTRAL AMERICA             | 2                                   | 5   | PROGRAM SERVICES   | SECONDARY SCHOOL   | 460,613.                         |
| CENTRAL AMERICA             | 0                                   | 10  | PROGRAM SERVICES   | HEALTHCARE   | 244,107.                         |
| CENTRAL AMERICA             | 0                                   | 16  | PROGRAM SERVICES   | PRIMARY SCHOOL   | 165,447.                         |
| CENTRAL AMERICA             | 0                                   | 9   | PROGRAM SERVICES   | SPONSORSHIP  | 145,873.                         |
| CENTRAL AMERICA             | 0                                   | 17  | PROGRAM SERVICES   | SOCIAL WORK  | 142,125.                         |
| CENTRAL AMERICA             | 0                                   | 4   | PROGRAM SERVICES   | HOUSING  | 120,136.                         |
| CENTRAL AMERICA             | 0                                   | 5   | PROGRAM SERVICES   | EDUCATION  | 81,281.                          |
| CENTRAL AMERICA             | 0                                   | 11  | PROGRAM SERVICES   | PRESCHOOL  | 72,724.                          |
| <b>Totals</b> see page 27 ▶ |                                     |   |  |  |                                  |

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

Schedule F (Form 990) 2008

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Use Schedule F-1 (Form 990) if additional space is needed.

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region      | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | CENTRAL AMERICA | ELDER CARE           | 45,000.                  | WIRE TRANSFER                   | 0.                                |  |   |
|                               |  | CENTRAL AMERICA | EDUCATION            | 8,613.                   | WIRE TRANSFER                   | 0.                                |  |   |
|                               |  |                 |                      |                          |                                 |                                   |  |   |
|                               |  |                 |                      |                          |                                 |                                   |  |   |
|                               |  |                 |                      |                          |                                 |                                   |  |   |
|                               |  |                 |                      |                          |                                 |                                   |  |   |
|                               |  |                 |                      |                          |                                 |                                   |  |   |
|                               |  |                 |                      |                          |                                 |                                   |  |   |

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |
|                                 |            |                          |                          |                                 |                                   |  |   |

**Part IV** Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: COMMON HOPE MONITORS THE USE OF GRANTS MADE  
OUTSIDE THE U.S. WITH PERIODIC SITE VISITS AND MONTHLY REVIEW OF  
FINANCIAL REPORTS (INCLUDING RECEIPTS FROM MAJOR EXPENSES) FROM GRANTEES.

Multiple horizontal lines for supplemental information.

Continuation Sheet for Schedule F (Form 990)

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for  
Part I, line 3; Part II, line 1; or Part III.

|  |   |
|--|---|
| Name of the organization<br><b>COMMON HOPE</b> | Employer identification number<br><b>41-1560297</b> |
|--|---|

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region                  | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|-----------------------------|-------------------------------------|---|--|--|----------------------------------|
| CENTRAL AMERICA             | 0                                   | 1   | PROGRAM SERVICES   | HOSPITALITY/VISTOR SUPPORT   | 72,620.                          |
| CENTRAL AMERICA             | 0                                   | 0   | PROGRAM SERVICES   | UNIVERSITY EDUCATION   | 68,549.                          |
| CENTRAL AMERICA             | 0                                   | 5   | PROGRAM SERVICES   | PSYCHOLOGY   | 66,457.                          |
| CENTRAL AMERICA             | 0                                   | 4   | PROGRAM SERVICES   | ADULT EDUCATION  | 40,377.                          |
| CENTRAL AMERICA             | 0                                   | 3   | PROGRAM SERVICES   | YOUTH DEVELOPMENT  | 18,333.                          |
| CENTRAL AMERICA             | 0                                   | 2   | PROGRAM SERVICES   | DENTAL   | 17,635.                          |
| CENTRAL AMERICA             | 0                                   | 4   | PROGRAM SERVICES   | SPECIAL EDUCATION  | 16,307.                          |
| CENTRAL AMERICA             | 0                                   | 1   | PROGRAM SERVICES   | EMPLOYMENT SERVICES  | 13,492.                          |
| CENTRAL AMERICA             | 0                                   | 2   | PROGRAM SERVICES   | LIBRARY  | 12,246.                          |
| CENTRAL AMERICA             | 0                                   | 0   | GRANTMAKING  | HOGAR MARIA (ELDER CARE)   | 45,000.                          |
| <b>Totals</b> see page 27 ▶ |                                     |   |  |  |                                  |

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

Schedule F-1 (Form 990) 2008



Continuation Sheet for Schedule F (Form 990)

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for  
Part I, line 3; Part II, line 1; or Part III.

Name of the organization **COMMON HOPE** Employer identification number **41-1560297**

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region          | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|---------------------|-------------------------------------|---|--|--|----------------------------------|
| CENTRAL AMERICA     | 0                                   | 0   | GRANTMAKING  | IXCAN MINISTRIES (EDUCATION)   | 8,613.                           |
| CENTRAL AMERICA     | 0                                   | 0   | GRANTMAKING  | ESTAMOS LISTOS (PRESCHOOL TEACHER TRAINING)  | 2,100.                           |
| CENTRAL AMERICA     | 0                                   | 27  | MAINTAINING OFFICES  | OFFICE OPERATIONS  | 406,146.                         |
| CENTRAL AMERICA     | 0                                   | 9   | MAINTAINING OFFICES  | ADMINISTRATION   | 146,346.                         |
| CENTRAL AMERICA     | 0                                   | 3   | MAINTAINING OFFICES  | SYSTEMS  | 130,150.                         |
| CENTRAL AMERICA     | 0                                   | 0   | MAINTAINING OFFICES  | PLANNING   | 16,763.                          |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
| <b>Totals</b> ..... | 2                                   | 138   |  |  | 2,513,440                        |

Supplemental Information Regarding Fundraising or Gaming Activities

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization: COMMON HOPE. Employer identification number: 41-1560297

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 main columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                 |   | (a) Event #1  | (b) Event #2                             | (c) Other Events    | (d) Total Events<br>(Add col. (a) through col. (c)) |            |
|-----------------|---|---|--|---------------------|---|------------|
|                 |   | ANNUAL MEETING<br>(event type)                              | TERRI KENDLE SIEVERS EVE<br>(event type) | 4<br>(total number) |   |            |
| Revenue         | 1 | Gross receipts  | 15,510.                                  | 2,105.              | 1,585.  | 19,200.    |
|                 | 2 | Less: Charitable contributions                              |  | 1,420.              | 1,585.  | 3,005.     |
|                 | 3 | Gross revenue (line 1 minus line 2)                         | 15,510.                                  | 685.                |   | 16,195.    |
| Direct Expenses | 4 | Cash prizes   |  |                     |   |            |
|                 | 5 | Non-cash prizes   |  |                     |   |            |
|                 | 6 | Rent/facility costs   |  |                     |   |            |
|                 | 7 | Other direct expenses                                       | 5,749.                                   | 1,114.              | 620.  | 7,483.     |
|                 | 8 | Direct expense summary. Add lines 4 through 7 in column (d) |  |                     |   | ( 7,483. ) |
|                 | 9 | Net income summary. Combine lines 3 and 8 in column (d)     |  |                     |   | 8,712.     |

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

|                 |   | (a) Bingo  | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (Add col. (a) through col. (c))                    |
|-----------------|---|--|---|---|---|
|                 |   |  |   |   |   |
| Revenue         | 1 | Gross revenue  |   |   |   |
| Direct Expenses | 2 | Cash prizes  |   |   |   |
|                 | 3 | Non-cash prizes  |   |   |   |
|                 | 4 | Rent/facility costs  |   |   |   |
|                 | 5 | Other direct expenses  |   |   |   |
|                 | 6 | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)    |   |   | ( )   |
|                 | 8 | Net gaming income summary. Combine lines 1 and 7 in column (d) |   |   |   |

|  | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____   |     |    |
| a Is the organization licensed to operate gaming activities in each of these states? _____   | 9a  |    |
| b If "No," Explain:<br>_____   |     |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____   | 10a |    |
| b If "Yes," Explain:<br>_____  |     |    |
| 11 Does the organization operate gaming activities with nonmembers? _____  | 11  |    |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____ | 12  |    |

**13** Indicate the percentage of gaming activity operated in:

|  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility ..... | <b>13a</b> | % |
| <b>b</b> An outside facility .....         | <b>13b</b> | % |

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

|            | Yes | No |
|------------|-----|----|
| <b>13a</b> |     |    |
| <b>13b</b> |     |    |
| <b>14</b>  |     |    |
| <b>15a</b> |     |    |
| <b>15b</b> |     |    |
| <b>16</b>  |     |    |
| <b>17a</b> |     |    |
| <b>17b</b> |     |    |

SCHEDULE L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2008

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

Name of the organization **COMMON HOPE** Employer identification number **41-1560297**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No). Row 1 is empty.

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization? (To/From), (c) Original principal amount, (d) Balance due, (e) In default? (Yes/No), (f) Approved by board or committee? (Yes/No), (g) Written agreement? (Yes/No). Total row shows \$.

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance.

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No). Rows include KATE HEIDER and RENATO WESTBY.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2008**

**Open to Public  
Inspection**

Name of the organization **COMMON HOPE** Employer identification number **41-1560297**

**Part I Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions | (c)<br>Revenues reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>revenues |
|---|-------------------------------|-----------------------------------|---|--|
| 1 Art - Works of art .....  |                               |                                   |   |  |
| 2 Art - Historical treasures .....                                    |                               |                                   |   |  |
| 3 Art - Fractional interests .....                                    |                               |                                   |   |  |
| 4 Books and publications .....  | X                             |                                   | 3,870.  | DISCOUNT RETAIL                          |
| 5 Clothing and household goods .....                                  | X                             |                                   | 81,579.   | DISCOUNT RETAIL                          |
| 6 Cars and other vehicles .....                                       |                               |                                   |   |  |
| 7 Boats and planes .....  |                               |                                   |   |  |
| 8 Intellectual property .....   |                               |                                   |   |  |
| 9 Securities - Publicly traded .....                                  | X                             | 13                                | 13,089.   | STOCK EXCHANGE                           |
| 10 Securities - Closely held stock .....                              |                               |                                   |   |  |
| 11 Securities - Partnership, LLC, or<br>trust interests .....         |                               |                                   |   |  |
| 12 Securities - Miscellaneous .....                                   |                               |                                   |   |  |
| 13 Qualified conservation contribution<br>(historic structures) ..... |                               |                                   |   |  |
| 14 Qualified conservation contribution (other) ...                    |                               |                                   |   |  |
| 15 Real estate - Residential .....                                    |                               |                                   |   |  |
| 16 Real estate - Commercial .....                                     |                               |                                   |   |  |
| 17 Real estate - Other .....  |                               |                                   |   |  |
| 18 Collectibles .....   |                               |                                   |   |  |
| 19 Food inventory .....   |                               |                                   |   |  |
| 20 Drugs and medical supplies .....                                   | X                             | 29                                | 20,056.   | DISCOUNT RETAIL                          |
| 21 Taxidermy .....  |                               |                                   |   |  |
| 22 Historical artifacts .....   |                               |                                   |   |  |
| 23 Scientific specimens .....   |                               |                                   |   |  |
| 24 Archeological artifacts .....                                      |                               |                                   |   |  |
| 25 Other ▶ ( _____ )  |                               |                                   |   |  |
| 26 Other ▶ ( _____ )  |                               |                                   |   |  |
| 27 Other ▶ ( _____ )  |                               |                                   |   |  |
| 28 Other ▶ ( _____ )  |                               |                                   |   |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....  |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

COMMON HOPE

Employer identification number

41-1560297

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**HOUSING: IN AND AROUND ANTIGUA, COMMON HOPE PARTNERED WITH FAMILIES TO BUILD 36 HOUSES AND 26 VENTED STOVES SO THAT THEY COULD HAVE CLEANER, HEALTHIER PLACES TO LIVE. FAMILY MEMBERS WORKED MORE THAN 9,759 SWEAT-EQUITY HOURS TO EARN THESE HOME IMPROVEMENTS. COMMON HOPE ALSO IMPROVED AND OPERATED THE INFRASTRUCTURE FOR NEW HOPE VILLAGE INCLUDING RUNNING WATER, ELECTRICITY, AND SEWER, TO HELP FAMILIES WHO HAVE RELOCATED FROM MARGINAL HOUSING IN GUATEMALA CITY EXPENSES \$ 266174. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2542.**

**FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS DISTRIBUTED TO THE ENTIRE GOVERNING BODY WHO APPROVES IT BASED ON THE RECOMMENDATION OF THE AUDIT COMMITTEE.**

**FORM 990, PART VI, SECTION B, LINE 12C: A FILE OF WRITTEN UPDATES IS MAINTAINED BY STAFF.**

**FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE DIRECTOR AND THE CFO WAS REVIEWED BY THE GOVERNING BOARD ALONG WITH COMPARABILITY DATA. MINUTES OF THAT BOARD MEETING ARE ON FILE.**

**FORM 990, PART VI, SECTION C, LINE 19: COMMON HOPES AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST.**

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

COMMON HOPE

Employer identification number

41-1560297

(A) NAME OF PERSON: KATE HEIDER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHILD OF BOARD MEMBER

(A) NAME OF PERSON: RENATO WESTBY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHILD OF BOARD MEMBER

PART I, LINE 5

COMMON HOPES CHARITABLE WORK IN GUATEMALA IS CARRIED OUT BY FUNDACION FAMILIAS DE ESPERANZA, WHICH IS INCORPORATED AS A NON-PROFIT UNDER THE LAWS OF GUATEMALA. AUDITED FINANCIAL STATEMENTS ARE PREPARED ON A CONSOLIDATED BASIS AS IS THE DATA CONTAINED IN THIS 990. THE NUMBER LISTED ON PART I, LINE 5 REPRESENTS ONLY THE UNITED STATES EMPLOYEES THAT ARE ISSUED W2S DURING THE ORGANIZATIONS TAX YEAR. COMMON HOPES AFFILIATE, FUNDACION FAMILIAS DE ESPERANZA, HAS AN ADDITIONAL 138 EMPLOYEES. ALTHOUGH THESE EMPLOYEES ARE NOT LEGALLY EMPLOYEES OF COMMON HOPE, THE COMPENSATION EXPENSES SHOWN ON PART IX INCLUDE THESE INDIVIDUALS WAGES SINCE COMMON HOPE FUNDS THE OPERATIONS OF FUNDACION FAMILIAS DE ESPERANZA. IN ADDITION THE ORGANIZATION IS SUPPORTED BY GEOGRAPHIC GROUPS OF VOLUNTEERS WHICH ORGANIZE FROM TIME TO TIME, BUT HAVE NO LEGAL STANDING OR STRUCTURE AND OVER WHICH COMMON HOPE EXERCISES NO LEGAL AUTHORITY.