

AUGUST 9, 2013

JEFFREY WIESER HOMES WITH HOPE 49 RICHMONDVILLE AVENUE, SUITE 112 WESTPORT, CT 06880

DEAR JEFFREY:

ENCLOSED IS THE ORGANIZATION'S 2012 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY AUGUST 15, 2013.

CONNECTICUT RENEWAL APPLICATION:

THE DEPARTMENT OF CONSUMER PROTECTION HAS UPDATED THE PUBLIC CHARITY REGISTRATION PROCESS. FORM PCUREG-01 IS NO LONGER IN USE. A RENEWAL APPLICATION HAS BEEN MAILED TO YOU BY THE DEPARTMENT. IF YOU DID NOT RECEIVE A RENEWAL FORM OR NEED ANOTHER COPY, PLEASE EMAIL CTCHARITYHELP@CT.GOV TO REQUEST A COPY OF THIS FORM. THE RENEWAL FORM IS NOT AVAILABLE ONLINE.

PLEASE SUBMIT YOUR RENEWAL APPLICATION ON OR BEFORE NOVEMBER 30, 2013. INCLUDE THE \$50 REGISTRATION FEE, A COPY OF THE ORGANIZATION'S FORM 990 AND AUDIT FOR THE YEAR ENDED DECEMBER 31, 2012. THIS APPLICATION WILL RENEW THE ORGANIZATION'S REGISTRATION UNTIL MAY 31, 2014.

THE DEPARTMENT WILL MAIL A VERIFICATION OF REGISTRATION TO YOU WHEN IT IS PROCESSED.

MAIL TO - DEPARTMENT OF CONSUMER PROTECTION PUBLIC CHARITIES 165 CAPITOL AVENUE HARTFORD, CT 06106-1630

M

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

JOHN MEZZANOTTE MARCUM LLP

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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



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

A	For th	e 2012 calendar year, or tax year beginning and en	nding				
B	Check if applicab	if ble: C Name of organization D Employer identification number					
	Addre	HOMES WITH HOPE, INC.					
	Name			22-2	534326		
	Initial returr		oom/suite	E Telephone number			
	Termi ated	49 RICHMONDVILLE AVENUE, SUITE IIZ		(203)226-3426		
	Amer	City, town, or post office, state, and ZIP code		G Gross receipts \$	1,914,690.		
		WESTFORT, CI 00000		H(a) Is this a group re			
	pend	F Name and address of principal officer: UEFFREY WIESER		for affiliates?	Yes X No		
		49 RICHMONDVILLE AVE, WESTPORT, CT 0688	80	H(b) Are all affiliates inc			
		empt status: 🚺 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) or [527	If "No," attach a	list. (see instructions)		
		te: ► WWW.WWW.HWHCT.ORG		H(c) Group exemption			
		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year c	of formation: 1984 N	State of legal domicile: CT		
Pa	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities:	ENCY	SHELTER SER	VICES FOR		
Activities & Governance		MEN, WOMEN AND WOMEN WITH CHILDREN INCLUDI					
/err	2	Check this box Check this box			sets. 19		
ĝ	3				19		
کە ت	4	Number of independent voting members of the governing body (Part VI, line 1b)			31		
itie	6	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			450		
čti		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			<u></u> 0.		
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.		
				Prior Year	Current Year		
Ø	8	Contributions and grants (Part VIII, line 1h)		1,390,599.	1,364,310.		
Revenue	9	Program service revenue (Part VIII, line 2g)		186,961.	207,128.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,877.	5,595.		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		169,496.	168,651.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,752,933.	1,745,684.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		928,062.	997,845.		
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	L	0.	0.		
Expenses							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		708,165.	765,456.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,636,227.	1,763,301.		
	19	Revenue less expenses. Subtract line 18 from line 12		116,706.	-17,617.		
ts or inces			Beç	ginning of Current Year	End of Year		
sse Bala	20	Total assets (Part X, line 16)		3,808,453.	3,919,547.		
Net Assets (Fund Balanc	21	Total liabilities (Part X, line 26)		2,150,675. 1,657,778.	2,263,484.		
		Net assets or fund balances. Subtract line 21 from line 20		т,со,,//б.	1,656,063.		
	art II						

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	Signature of officer JEFFREY WIESER, PRESID Type or print name and title	ENT/CEO		Date				
	Print/Type preparer's name	Preparer's signature	Date					
Paid	JOHN MEZZANOTTE			self-employed P01319984				
Preparer	Firm's name 🕒 MARCUM LLP			Firm's EIN 11-1986323				
Use Only Firm's address CITY PLACE II 185 ASYLUM STREET								
HARTFORD, CT 06103 Phone no. 860-549-								
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
232001 12-1	232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)							
~		$\mathbf{x} = \mathbf{x} \mathbf{x}$						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2012) HOMES WITH HOPE, INC.	22-2534326	Page
Par	t III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission: EMERGENCY SHELTER SERVICES FOR MEN, WOMEN AND WOMEN		
		SE MANAGEMENT	
	SERVICES, SUPPORTIVE HOUSING UNITS, MENTORING AND	VOCATIONAL SUPPORT	•
2	Did the organization undertake any significant program services during the year which were not listed		
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes Yes	XIN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O.	services?Yes	XN
4	Describe the organization's program service accomplishments for each of its three largest program se	· · ·	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatic revenue, if any, for each program service reported.	ons to others, the total expenses, ar	nd
4a	(Code:) (Expenses \$ 827,647. including grants of \$ EMERGENCY SHELTER FOR MEN, WOMEN AND WOMEN WITH CH	_) (Revenue \$ 66,5 ILDREN. CO-LOCATE	
	WITH THE DOWNTOWN WESTPORT SHELTER IS A COMMUNITY I		ע
	EMERGENCY SHELTERS.	HE CLIENTS IN THE	
414	(Code:) (Expenses \$ 389,481. including grants of \$) (Revenue \$ 141,3	10
4b	(Code:) (Expenses \$ 389,481. including grants of \$ OPERATION OF SUPPORTIVE HOUSING UNITS FOR TENANTS/(
	WITH MENTAL, EMOTIONAL AND BEHAVIORAL DISABILITIES		I
	SERVICES TO SUPPORTIVE HOUSINGS UNITS' CLIENT/TENAM	NTS (BOTH OWNED UN	ITS
	AND CONTRACTED) CASE MANAGEMENT SERVICES TO FACILI	FIES CLIENT/TENANT	S
	OWNED BY OTHERS.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 1,217,128.	Form 99	0 (201
32002 2-10-			
40	809 756977 SO6085 2012.04010 HOMES WITH HOPE	, INC. SO608	351

Form 990 (2012) HOMES WITH HOPE, INC. Part IV Checklist of Required Schedules

22-2534326 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9	x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			x
40	or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(0010)

Form **990** (2012)

232003 12-10-12

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SO60851

HOMES WITH HOPE, INC.
 Form 990 (2012)
 HOMES
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 I

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	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>	32		x
33	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>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2012)

232004 12-10-12

_	990 (2012) HOMES WITH HOPE, INC. 22-2534	<u>326</u>	P	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 32			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	6a		_ <u>^</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the complete provided to the power of $$75$ mode partly as a contribution and partly for goods and convides provided to the power?			x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 92922	7c		x
d	to file Form 8282?	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of qualined intellectual property, did the organization life room ocos as required in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7.11		
Ū	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

HOMES WITH HOPE, INC.

Form 990 (2012

232005 12-10-12

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HOMES WITH HOPE, INC.

22-2534326 Page 6

VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a res	sponse to any question in	this Part VI

X

Sec	tion A. Governing Body and Management				_	
			1 1	~	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		1			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					37
	officer, director, trustee, or key employee?			. 2		X
3						
	of officers, directors, or trustees, or key employees to a management company or other person?				X	v
4					_	X
5	Did the organization become aware during the year of a significant diversion of the organization's as				_	X
6	Did the organization have members or stockholders?			. 6	_	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			_		
	more members of the governing body?			. 7a	_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, a					v
_	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	-	-		v	
a	The governing body?				-	v
b	Each committee with authority to act on behalf of the governing body?			. 8b	_	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			. <u>10</u> a	1	
b	If "Yes," did the organization have written policies and procedures governing the activities of such c			10		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	iy ber	ore ming the form?	11:		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	x	
12a					-	x
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "			. 12 t	<u>'</u>	
С				10.	x	
13	in Schedule O how this was done					
13 14	Did the organization have a written whistleblower policy?					
15	Did the process for determining compensation of the following persons include a review and approv					
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		independent			
2	The organization's CEO, Executive Director, or top management official			15a	x	
	Other officers or key employees of the organization			15k	37	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			
	taxable entity during the year?			16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				•	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?	mean		16		
Sec	tion C. Disclosure			. 10		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CT					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only) availa	able	
	for public inspection. Indicate how you made these available. Check all that apply.	. ,000		,		
	X Own website X Another's website X Upon request Other (explain	n in Sa	chedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c		,	and fin	ancial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd re	cords of the organi	zation [.]		
	JEFFREY WIESER, PRESIDENT/CEO - 203-226-3426		guin			
	49 RICHMONDVILLE AVE, SUITE 112, WESTPORT, CT 068	880				
23200 12-10-				For	m 99() (2012)
	6					. ,

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2012.04010 HOMES WITH HOPE, INC.

SO60851

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable

compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and file Average hours hear and seven to think the unit of average average is both miles average is both miles became average average is both miles average average average is both miles average average average is both miles average average is both miles average average average is both miles average average average is both miles average average average average average average average average average average average average ave	(A)	(B)	(C)					(D)	(E)	(F)	
Image: book of the second solution so	Name and Title	Average	(do	Position				one	Reportable	Reportable	
Week (list stor) Week (list stor) Tom hours for related organizations (W2/1099-MISC) Tom the organizations (W2/1099-MISC) Compensation (W2/1099-MISC) (1) JOHN WALSH 0.30 (CHAIR X X 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		hours per	box	box, unless person is both an		compensation	compensation	amount of			
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(1) JOHN WALSH 0.30 X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			rector								
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(2) JEFFREY SCANLAN 0.30 x x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(1) JOHN WALSH	0.30	-	-		-		<u> </u>			
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(7) CHERYL ELDH 0.30 X 0.0.0.0. DIRECTOR 0.30 X 0.0.0.0. 0.0.0. (8) MARTHA ERCOLE 0.30 X 0.0.0.0. 0.0.0. DIRECTOR 0.30 X 0.0.0.0. 0.0.0. 0.0.0. (9) RYAN GREENBERG 0.30 X 0.0.0.0. 0.0.0. DIRECTOR 0.30 X 0.0.0.0. 0.0.0. 0.0.0. (10) JONATHAN MATHIAS 0.30 X 0.0.0.0. 0.0.0. DIRECTOR 0.30 X 0.0.0.0. 0.0.0. 0.0. (11) STEVEN PAYMER 0.30 X 0.0.0.0. 0.0. 0.0. DIRECTOR 0.30 X 0.0.0.0. 0.0. 0.0. 0.0. 0.0. (12) TRACY POROSOFF 0.30 X 0.0.0. 0.0. 0. URECTOR 0.30 X 0.0.0. 0.0. 0. 0. URECTOR 0.30 X											_
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DIRECTOR 0.30 X 0.			X						0.	0.	0.
(9) RYAN GREENBERG 0.30 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.											
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(10) JONATHAN MATHIAS 0.30 X 0.0											0
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DIRECTOR 0.30 X 0. 0. 0.			X						0.	0.	0.
											0
			X						0.	0.	0.
(15) LAUREN SOLOFF 0.30											0
DIRECTOR 0.30 X 0. 0. 0.			X	<u> </u>					0.	0.	0.
(16) ANDREA TERRILLION 0.30									0	0	0
DIRECTOR $0.30 \times 0.0.0$			Ă	-		<u> </u>	-		0.	0.	<u> </u>
(17) J. DOUGLAS WATT 0.30 0.00<										n .	Λ
DIRECTOR 0.30 X 0.		0.30							0.	0.	

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2012.04010 HOMES WITH HOPE, INC.

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Form **990** (2012)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) (B) (C)								(D)	(E)		(F)	
Name and title	Average	(10			itior			Reportable	Reportable	E	stimate	ed
	hours per	box	, unles	ss pe	rson	than is bot	h an	compensation	compensation	a	mount	of
	week		cer an	dad	recto	or/trus	tee)	from	from related		other	
	(list any hours for	recto						the	organizations			
	related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from th	
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)			ganizat 1d relat	
	below	Individual trustee or director	Institutional trustee	_	Key employee	st coi	5				anizati	
	line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Former					
(18) JEFFREY GURREN	0.30											
DIRECTOR	0.30	X						0.	0.			0.
(19) LISA MARRIOTT	0.30											
DIRECTOR	0.30	X						0.	0.			Ο.
(20) CHARLOTTE ROWLAND	0.30											
DIRECTOR	0.30	X						0.	0.			Ο.
(21) CHAN WHEELER	0.30											
DIRECTOR	0.30	X						0.	0.			Ο.
(22) ELENA ADAMS	0.30											
DIRECTOR	0.30	X						0.	0.			Ο.
(23) JEFFREY N. WIESER	40.00											
PRESIDENT/CEO	0.30			х				131,602.	0.	2	23,2	05.
(24) AUDREY SPARRE	40.00											
VICE PRESIDENT/COO	0.30			х				97,611.	0.	1	10,6	60.
(25) THOMAS REECH	20.00											
COMPTROLLER	0.30			х				41,689.	0.	1	15,3	54.
1b Sub-total						►		270,902.	0.	4	19,2	19.
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)								270,902.	0.	4	19,2	19.
2 Total number of individuals (including but n						e) wł	no r	eceived more than \$100	,000 of reportable			
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,	director, or tru	istee	e, ke	y er	nplo	oyee.	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s								•		3		Х
4 For any individual listed on line 1a, is the su	im of reportab											
and related organizations greater than \$150										4	Х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ich į	pers	son .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of compens	ation	from	
the organization. Report compensation for	the calendar y	ear e	endiı	ng v	vith	or w	ithir	n the organization's tax	/ear.			
(A)								(B)		(C)	
Name and business address NONE								Description of s	ervices C	Compe	ensatio	n
							T					
			_	_	_	_				_		_
• • • • • • • • • • • • • •								I also a colorada a constante de la colorada de la				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

232008 12-10-12 Form **990** (2012)

HOMES WITH HOPE, INC. Form 990 (2012) HOMES W
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	to any question				<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
2 2 2 2		Membership dues						
ľfts,		Fundraising events			-			
nia		Related organizations Government grants (contribut)		441,737.				
Sir		All other contributions, gifts, grant	· ·	441,757.				
buti	•	similar amounts not included abov		922,573.				
ģ	g	Noncash contributions included in lines		224,600.				
a S	h	Total. Add lines 1a-1f		►	1,364,310.			
				Business Code		156 436		
lice		HOUSING FEES		624200	156,436.	156,436.		
Ser	b			624200	50,692.	50,692.		
Program Service Revenue	c d							
Б Щ	e	·						
Ĕ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			207,128.			
	3	Investment income (including	,	,	12 560			12 860
	_	other similar amounts)			13,762.			13,762.
	4	Income from investment of tax						
	5	Royalties	(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Heal					
		Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities 60,338.	(ii) Other				
		assets other than inventory	00,330.		-			
	a	 Less: cost or other basis and sales expenses 	68,505.					
	с	Gain or (loss)						
		Net gain or (loss)			-8,167.			-8,167.
e	8 a	Gross income from fundraising	g events (not					
/enue		including \$	of					
Re		contributions reported on line	-	260 252				
Other Reve		Part IV, line 18		268,353. 100,501.				
ð		Less: direct expenses		<u>⊥00,501</u> .	167,852.			167,852.
		Gross income from gaming ac	0					
	_	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		····· •				
	10 a	Gross sales of inventory, less						
	h	and allowances						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	LAUNDRY INCOME		812300	799.	799.		
	b							
	с							
		All other revenue			799.			
	е 12	• Total. Add lines 11a-11d Total revenue. See instructions.			/99. 1,745,684.	207,927.	0.	173,447.
23200 12-10-				·····	_,,10,0040	20,,52,.		Form 990 (2012)
								· -/

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SO60851

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Form 990 (2012)

HOMES WITH HOPE, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (B) (D) (A) (C)Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 320,121. 130,558. 100,563. 89,000. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 374,129. 83,020. Other salaries and wages 529,567. 72,418. 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 82,268. 63,949. 5,962. 12,357. 9 65,889. 41,415. 13,805. 10,669. Payroll taxes 10 Fees for services (non-employees): 11 4,639. 4,639 Management а b Legal 20,150. 20,150. Accounting С d Lobbying Professional fundraising services. See Part IV. line 17 ρ Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, 8,606. 8,606. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 53,279. 74,670. 11,227. 10,164. 13 Office expenses Information technology 14 15 Rovalties 147,026. 147,026. 16 Occupancy 7,264. 5,448. 1,816. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 725. 2,416. 1,691. Conferences, conventions, and meetings 19 76,948. 76,948. 20 Interest Payments to affiliates 21 95,765. 95,765. 22 Depreciation, depletion, and amortization 19,221. 25,628. 6,407. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 281,039. 281,039. SHELTER AND OTHER PROGR а FUNDRAISING EXPENSES 17,124. 17,124. h 2,291. 1,718. MEMBERSHIPS & SUBSCRIPT 573. С OTHER FEES 1,890. 1,890. d е All other expenses 1,763,301. 1,217,128. 334,441. 211,732. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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2012.04010 HOMES WITH HOPE, INC.

Form 990 (2012)

SO60851

08340809 756977 SO6085

11 2012.04010 HOMES WITH HOPE, INC.

HOMES WITH HOPE, INC. Part X Balance Sheet

Fai	• * •	Balance oneet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	387,407.	1	394,544.
	2	Savings and temporary cash investments	361,430.	2	284,998.
	3	Pledges and grants receivable, net	3,000.	3	66,145.
	4	Accounts receivable, net	233.	4	43,343.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges	6,560.	9	18,189.
		Land buildings and equipment: cost or other		-	
		basis Complete Part VI of Schedule D 10a 3, 301, 165.			
	h	Land, buildings, and equipment cost of otherbasis. Complete Part VI of Schedule DLess: accumulated depreciation10b587,479	2,759,611.	10c	2,713,686.
	11	Investments - publicly traded securities	252,609.	11	329,300.
	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		15	69,342.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,808,453.	16	3,919,547.
	17	Accounts payable and accrued expenses	48,877.	17	69,934.
	18	Grants payable		18	
	19	Deferred revenue	41,293.	19	36,899.
	20	Tax-exempt bond liabilities		20	
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,716.	21	3,016.
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
lide		key employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,047,646.	23	2,107,355.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	11,143.	25	46,280.
	26	Total liabilities. Add lines 17 through 25	2,150,675.	26	2,263,484.
	23	Organizations that follow SFAS 117 (ASC 958), check here ► X and	_,,		_,_,_,_,_,
ç		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	1,117,784.	27	1,131,069.
alar	28	Temporarily restricted net assets	434,055.	28	419,055.
ΪB	29		105,939.	29	105,939.
Net Assets or Fund Balances	23	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
гF		and complete lines 30 through 34.			
tsc	30	Capital stock or trust principal, or current funds		30	
sse	30 31	Paid-in or capital surplus, or land, building, or equipment fund		30	
t A:	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	32 33		1,657,778.	33	1,656,063.
		Total net assets or fund balances	3,808,453.	34	3,919,547.
	34	Total liabilities and net assets/fund balances	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J 34	

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232012 12-10-12

8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9 0						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,					
	consolidated basis, or both:							
	Separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit					
	Act and OMB Circular A-133?			3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х			
				Form	990	2012		

Check if Schedule O contains a response to any question in this Part XI

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 2 from line 1

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))

Net unrealized gains (losses) on investments

(2012)

SO60851

1

2

3

4

5 6

7

8

1,745,684.

1,763,301.

1,657,778.

-17,617.

15,902.

Form 990 (2012) Part XI Reconciliation of Net Assets

Donated services and use of facilities

Investment expenses

1

2

3

4

5

6

7

8

HOMES	WITH	HOPE,	INC
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SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Intern	al Reve	nue Service	► At	tach to Form 990 or Fo	orm 990-EZ. 🕨 See	separate instructio	ns.		Inspec	ction		
Nan	ne of t	the organizati	on				Em	oloyer id	entificatio	n nui	mber	
			HOMES W	ITH HOPE, IN	۹C.			22-	-25343	326		
Pa	rt I	Reason	for Public Char	ity Status (All organi	zations must complet	e this part.) See instr	uctions.					
The	organ	iization is not a	a private foundation	because it is: (For lines	1 through 11, check	only one box.)						
1		A church, co	nvention of churches	s, or association of chu	rches described in se	ction 170(b)(1)(A)(i).						
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach So	chedule E.)							
3		A hospital or	a cooperative hospi	tal service organization	described in section	170(b)(1)(A)(iii).						
4		A medical res	search organization of	operated in conjunction	with a hospital desci	ribed in section 170(b)(1)(A)(iii).	Enter the	hospital's	s nam	ıe,	
		city, and stat	e:									
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, sta	te, or local governm	ent or governmental un	it described in sectio	n 170(b)(1)(A)(v).						
7	X	An organizati	on that normally rec	eives a substantial part	of its support from a	governmental unit or	r from the g	eneral pu	blic descr	ibed i	n	
		section 170(b)(1)(A)(vi). (Comple	te Part II.)								
8		A community	r trust described in s	ection 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 rela	ted to its exempt fur	nctions - subject to cert	ain exceptions, and (2	2) no more than 33 1.	/3% of its s	upport fro	om gross i	nvest	ment	
		income and u	unrelated business ta	axable income (less sec	tion 511 tax) from bu	sinesses acquired by	/ the organi	zation aft	er June 30), 197	'5.	
		See section	509(a)(2). (Complete	e Part III.)								
10		0	•	perated exclusively to te								
11		•	•	perated exclusively for t	· •			•			or	
				ations described in sect			tion 509(a)(3). Checl	k the box 1	that		
				organization and comp			<u> </u>					
		a 🖂 Type I			ype III - Functionally i	0			unctionally			
е		, ,		t the organization is no	•		•	•				
			•	han one or more public	, ,, ,			.)(1) or se	ction 509(a)(2).		
f				ten determination from	the IRS that it is a Ty	pe I, Type II, or Type	111					
~			rganization, check th									
g				organization accepted a					Г	Vee	No	
				irectly controls, either a						Yes	No	
		-		upported organization?					11g(i) 11g(ii)		<u> </u>	
	(ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)									<u> </u>		
h	 h Provide the following information about the supported organization(s). 									L		
				about the supported of	ganzanon(s).							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization	(v) Did you notify the	(vi) Is th	e (vi	ii) Amount (of mor		
(i) Name of supported (ii) Ein (iii) Type of ofganzation in set (i) listed in your experienties in set (organ								in col. (V in the	supp		icial y	

organization	above or IRC section (see instructions))	governing	document?	(i) of your	support?	U.S	ed in the .?	support
	(see instructions))	Yes No		Yes	No	Yes No		
Total								

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 OMB No. 1545-0047

Open to Public

Schedule A (Form 990 or 990-EZ) 2012 HOMES WITH HOPE, INC.

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Part II	I

INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1075804.	950,289.	981,065.	1390599.	1364310.	5762067.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	269,562.		285,978.	285,978.	291,984.	1411151.
4	Total. Add lines 1 through 3	1345366.	1227938.	1267043.	1676577.	1656294.	7173218.
5	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,						040 100
	column (f)						940,186.
	Public support. Subtract line 5 from line 4.						6233032.
	ction B. Total Support	()	"				
	ndar year (or fiscal year beginning in) 🕨	(a)2008 1345366.	(b) 2009 1227938.	(c)2010 1267043.	(d)2011 1676577.	(e)2012 1656294.	(f) Total 7173218.
	Amounts from line 4	1345500.	122/930.	1207043.	10/05//.	1050294.	1113210.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	9,795.	2,917.	674.	5,876.	13,762.	33,024.
•	and income from similar sources	9,195.	2,911.	0/4.	5,070.	15,702.	55,024.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)			887.	777.	799.	2,463.
11							7208705.
12		etc. (see instruction	ons)			12	697,963.
	First five years. If the Form 990 is for	•	,	d. fourth. or fifth ta	ax vear as a sectio		· · ·
	organization, check this box and stor	here			2		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	86.47 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	94.69 %
16a	33 1/3% support test - 2012. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	l			
b	33 1/3% support test - 2011. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tł	nis box and stop h	ere. Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	-					
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the						;
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	edule A (Form 990	or 990-EZ) 2012

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	► (a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to)					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	t					
3 received from disqualified persons	s					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		-		_		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is f	or the organization'	's first, second, thi	rd, fourth, or fifth f	tax year as a secti	on 501(c)(3) o	rganization,
check this box and stop here						
Section C. Computation of Pul	blic Support Pe	ercentage				
15 Public support percentage for 2012	! (line 8, column (f) c	divided by line 13,	column (f))		15	%
16 Public support percentage from 20	11 Schedule A, Part	t III, line 15			16	%
Section D. Computation of Inv	estment Incom	ne Percentage	•			
17 Investment income percentage for	2012 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	n 2011 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2012. If th	ne organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	l line 17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶∟
b 33 1/3% support tests - 2011. If th	ne organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3%, and
line 18 is not more than 33 1/3% , cl	heck this box and s	stop here. The org	anization qualifies	as a publicly sup	ported organiz	zation ►
20 Private foundation. If the organizat	tion did not check a	u box on line 14, 19	9a, or 19b, check t	this box and see in	structions	▶∟
232023 12-04-12			15	Sc	hedule A (Fo	rm 990 or 990-EZ) 2012

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2012.04010 HOMES WITH HOPE, INC.

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Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

Name of the o	organization
---------------	--------------

22-2534326	:
	,

Organization	type (check one):	
or gamzation	type (check one).	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

HOMES WITH HOPE,

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

HOMES WITH HOPE, INC.

22-2534326

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	CT DEPT. OF MENTAL HEALTH & ADDICTION SERVICES 410 CAPITOL AVE, PO BOX 341431 HARTFORD, CT 06134	\$245,265.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CT DEPT. OF SOCIAL SERVICES 25 SIGOURNEY STREET HARTFORD, CT 06106	\$173,968.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FAIRFIELD COUNTY COMMUNITY FOUNDATION 383 MAIN STREET NORWALK, CT 06851	\$48,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ADOLPH & RUTH SCHNURMACHER FOUNDATION, INC. 8 PARTRIDGE LANE WESTON, CT 06883	\$30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TWENTY-SEVEN FOUNDATION200 GLASTONBURY BLVDGLASTONBURY, CT 06033	\$ <u>45,500.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-2		\$ Schedule B (Form 5	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)

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SO60851

Employer identification number

22-2534326

HOMES WITH HOPE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 12-21-12		\$	990, 990-EZ, or 990-PF)

me of organiza			Employer identification numb
OMES WI	TH HOPE, INC.		22-2534326
Part III	_{Exclusively} religious, charitable, etc., ind year. Complete columns (a) through (e) and	the following line entry. For organization for	1(c)(7), (8), or (10) organizations that total more than \$1,000 ations completing Part III, enter for the year. (Enter this information once.) \$
t	he total of <i>exclusively</i> religious, charitable, e	tc., contributions of \$1,000 or less	for the year. (Enter this information once.) \$
a) No.	Jse duplicate copies of Part III if addition	nal space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			[
		(e) Transfer of	gift
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
a) No.		1	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of	gift
	Transferee's name, address, a	and 7 IP + 4	Relationship of transferor to transferee
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		e) Transfer of	aift
			gin
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No.		<u> </u>	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of	aift
			J
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	Transferere e hanne, adareee, e		
3454 12-21-12			Schedule B (Form 990, 990-EZ, or 990-P

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public

Inspection

ŋ

1

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

► Attach to Form 990. ► See separate instructions.

Nam	e of the organization HOMES WITH HOPE,I	NC.	Employer identification number 22-2534326
Pa			
	organization answered "Yes" to Form 990, Part IV, line		
		(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 advis	sed funds
Ū	are the organization's property, subject to the organization's	0	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	·	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c c	Number of conservation easements on a certified historic str		
d			
u	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
•	year >		o organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abov		
-	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservati		
-	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	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 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic 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 tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1		
а			> \$
b	Assets included in Form 990, Part X		
			-
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2012
23205 12-10-	1 -12		
		20	
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2012.04010 HOMES WITH HOPE, INC.

Sche		ITH HOPE,				22-25			.ge 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical T	reasures, or C	Other Sim	ilar Asse	e ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that are	e a significar	nt use of its	collection	items	3
	(check all that apply):								
а	Public exhibition	d		change programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						t XIII.		
5	During the year, did the organization solicit of						-		1
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes	s" to Form 99	30, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod						٦	v	1
	on Form 990, Part X?					L	∐ Yes	Δ	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
							Amount		
	Beginning balance								
	Additions during the year								
e 4	Distributions during the year								
20	Ending balance Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.							X	
Par									
		(a) Current year	(b) Prior year	(c) Two years ba		e vears back	(e) Four	vears t	back
1a	Beginning of year balance	253,897.	254,954			192,520.	<u> </u>	188,	
	Contributions	50,000.	5,001			61,000.			051.
	Net investment earnings, gains, and losses	19,248.	-5,334	,	96.	, 338.		,	254.
	Grants or scholarships	,	,					,	
	Other expenditures for facilities								
-	and programs								
f	Administrative expenses	1,935.	724	•		-			50.
g	End of year balance	321,210.	253,897	. 254,9	54.	253,858.		192,	520.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	67.00	%						
	Permanent endowment > 33.00	%	_						
	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered	for the orga	nization	_		
	by:							Yes	No
	(i) unrelated organizations						. 3a(i)	Х	
	(ii) related organizations								<u> </u>
b	If "Yes" to 3a(ii), are the related organizations						. 3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	, Part X, line 10.	i					
	Description of property	(a) Cost or of			c) Accumula		(d) Book	value	;
		basis (investr	nent) basis	(other)	depreciatio	n			
	Land				0.017	010	0 - 0 - 0 - 0 - 0	<u> </u>	
	Buildings			L5,972.	227,		2,588		
	Leasehold improvements			56,379.	246,			$\frac{1}{5}, 53$	
	Equipment			L3,501.		112.	15	5,38	
	Other			L5,313.	15,	313.	0 71 -		$\frac{0}{26}$
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)			2,713		
						Schedule	D (Form	990)	2012

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Sche	edi	ul	e	D	(Fo	rm	990)	2012
(-			•			

HOMES WITH HOPE, INC.

Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	Form 990, Part X, lin (b) Book value		aluation: Cost or end	d-of-year market value
				a si your marrier value
(0) Oleashy hald a switz interacts		<u> </u>		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See			hard a	1 - f
(a) Description of investment type	(b) Book value	(c) Method of va	auation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 13.	5.			
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line			>	
Part X Other Liabilities. See Form 990, Part X, lir	ne 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes (2) SECURITY DEPOSITS		46,280.		
		40,200.		
(3)				
(4) (5)				
(5)				
(6) (7)				
(7) (8)				
(8)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	46,280.		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text			statements that rer	orts the organization's

X liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2012

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Sche	dule D (Form 990) 2012 HOMES WITH HOPE, INC.			22-	2534326 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	n Revenue per R	eturr	า
1	Total revenue, gains, and other support per audited financial statements			1	2,351,922.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	15,902.		
b	Donated services and use of facilities		376,624.	1	
с	Recoveries of prior year grants			1	
d	Other (Describe in Part XIII.)		113,211.	1	
	Add lines 2a through 2d			2e	505,737.
3	Subtract line 2e from line 1			3	1,846,185.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-100,501.		
	Add lines 4a and 4b			4c	-100,501.
5				5	1,745,684.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per	Retu	
1	Total expenses and losses per audited financial statements			1	2,417,208.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	376,624.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	277,283.		
е	Add lines 2a through 2d			2e	653,907.
3	Subtract line 2e from line 1			3	1,763,301.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,763,301.
Pa	t XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines 1a	and 4; Part IV, lines 1	b and	2b; Part V, line 4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide a	ny additional informat	ion.	

PART IV, LINE 2B: HOMES WITH HOPE HOLD FUNDS OF SHELTER CLIENTS THAT

HAVE NO BANK ACCOUNTS.

PART V, LINE 4: TO PROVIDE A CONTINGENCY FOR UNEXPECTED OPERATIONAL

DEVELOPMENTS AND FOR POSSIBLE FUTURE INCREASES IN BENEFIT STRUCTURE AND

EXPENSE LEVELS AS WELL AS UNEXPECTED DOWNTURNS IN FUTURE LEVELS OF ANNUAL

CONTRIBUTIONS AND FUNDING. TO BUILD AN INVESTMENT RESERVE FOR FUTURE

UNFORESEEN PROJECTS THAT WOULD REQUIRE A CAPITAL CONTRIBUTION.

Schedule D (Form 990) 2012

232054 12-10-12 PART X, LINE 2: HWH AND IHA WERE INCORPORATED UNDER THE LAWS OF THE STATE OF CONNECTICUT AND SERVE THE PUBLIC WITHIN THE MEANING OF CHARITABLE, EDUCATIONAL ORGANIZATIONS AS DEFINED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH HWH AND IHA ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2012, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. HWH AND IHA ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE AGENCY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2009.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME FROM CONSOLIDATED COMPANY

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES FROM FUNDRAISING EVENTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF CONSOLIDATED COMPANY

176,782.

-100,501.

113,211.

Schedule D (Form 990) 2012

232055 12-10-12

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Schedule D (Form 990) 2012 HOMES WITH HOPE, INC. Part XIII Supplemental Information (continued)	22-2534326 Page 5
DIRECT EXPENSES FROM FUNDRAISING EVENTS	100,501.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	277,283.
²³²⁰⁵⁵ 12-10-12 25	Schedule D (Form 990) 2012

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SCHEDULE G

(Form	990	or	990-	EZ)
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Supplemental Information Regarding Fundraising or Gaming Activities

2012 Open To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.						Open To Public Inspection			
Name of the organization							Employer id		n number
HOMES W	ITH HOPE,	INC.					22-253	4326	
Part I Fundraising Activities required to complete this part	 Complete if the or t. 	rganization answe	red "Y	'es" to	Form 990, Part IV, I	ne 1	7. Form 990-E	Z filers are	not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	or oral agreement w Part VII) or entity in a ividuals or entities	e Solicitat f Solicitat g Special vith any individual connection with p	ion of ion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Ye Ye] No
(i) Name and address of individual or entity (fundraiser)	(ii) Ac	tivity	(iii) fundr have c or con contrib	itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	to (or ret	unt paid ained by) zation
			Yes	No					
Total									

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

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

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Schedule G (Form 990 or 990-EZ) 2012 HOMES WITH HOPE, INC.

Pa		Fundraising Events. Complete if th	e organization answered		IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
				SAND CASTLES		col. (c))
ne			(event type)	(event type)	(total number)	
Revenue			233,303.	17,758.	17 202	268,353.
Re	1	Gross receipts	233,303.	17,750.	17,292.	200,333.
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)	233,303.	17,758.	17,292.	268,353.
	4	Cash prizes				
	_	Negeral prime				
Se	5	Noncash prizes				
ense	6	Rent/facility costs	8,226.	0.	0.	8,226.
Expe	Ū					
Direct Expenses	7	Food and beverages				
Dir						
	8	Entertainment		0.044		00.075
	9	Other direct expenses				92,275. (100,501,
	10	Direct expense summary. Add lines 4 through Net income summary. Combine line 3, column				167,852.
Pa			answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	10770021
		\$15,000 on Form 990-EZ, line 6a.				
е			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Rev						
	1	Gross revenue				
	2	Cash prizes				
ses	-					
kper	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	_					
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor				
	Ū					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	()
	8	Net gaming income summary. Combine line 1	, column d, and line 7		····· •	
•	Ent	ter the state(s) in which the organization opera	too goming optivition:			
		the organization licensed to operate gaming ac		states?		Yes No
		No," explain:				
		· · · · · · · · · · · · · · · · · · ·				
	_					
		ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				
-						
23208	32 0	1-07-13			Schedule G (For	m 990 or 990-EZ) 2012

Sche	edule G (Form 990 or 990-EZ) 2012 HOMES WITH HOPE, INC. 22	2-2	534	1326	Pag
	Does the organization operate gaming activities with nonmembers?			Yes	
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	
3	Indicate the percentage of gaming activity operated in:				
	The organization's facility		13a		
	An outside facility	r	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		1010		
	Address				
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
D					
	of gaming revenue retained by the third party ►\$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
6	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Director/officer Employee Independent contractor				
_					
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			v	
	retain the state gaming license?			Yes	L
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ıe			
_	organization's own exempt activities during the tax year > \$				
Pai	t IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	s (iii) a	and (v), and	l Part
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	ation	(see	instru	ctions
208	3 01-07-13 Schedule G (I 28	=orm	990	or 990)-EZ)
40	2012.04010 HOMES WITH HOPE, INC.			S06	085

	SCHEDULE J Compensation Information (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
		Complete if the organization answered "Yes" to Form 990,		20				
	ment of the Treasury I Revenue Service	Part IV, line 23. ► Attach to Form 990. ► See separate instructions.		Open to Public Inspection				
	e of the organizatio		Employer i	dentificati	on nu	mber		
		HOMES WITH HOPE, INC.	22-2	253432	6			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed in Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary s	spending account Personal services (e.g., maid, chauffeur, o	:hef)					
		on line 1a are checked, did the organization follow a written policy regarding payment or						
		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		├──		
		n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir						
	trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		2		<u> </u>		
•								
		ny, of the following the filing organization used to establish the compensation of the organization of the						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to					
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		compensation consultant						
		ther organizations Approval by the board or compensation of	ommittee					
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re							
	-	e payment or change-of-control payment?		4a		Х		
		ceive payment from, a supplemental nonqualified retirement plan?				X		
		ceive payment from, an equity-based compensation arrangement?				X		
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.						
5	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	'n					
	contingent on the r	evenues of:						
а	The organization?			5a		X		
b	Any related organiz	ation?		5b		X		
		r 5b, describe in Part III.						
6	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n					
	contingent on the r	et earnings of:						
а	The organization?			6a		X		
		ation?				X		
	If "Yes" to line 6a o	r 6b, describe in Part III.						
		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments						
		es 5 and 6? If "Yes," describe in Part III		7		X		
		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
		d the organization also follow the rebuttable presumption procedure described in				1		
		1 53.4958-6(c)?				L		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990) 2012		

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Schedule J (Form 990) 2012

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

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

22-2534326

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	in prior Form 990
(1) JEFFREY N. WIESER (131,602.	0.	0.	0.	23,205.	154,807.	0.
PRESIDENT/CEO (i		0.	0.	0.	0.	0.	0.
()						
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Schedule J (Form 990) 2012

Page 2

SCHEDULE L

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

Open To Public ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Employer identification number HOMES WITH HOPE, INC. 22-2534326 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Department of the Treasury
nternal Revenue Service

Name of the organization

Complete if the	organization	answered	"Yes" on	Form 9	990, Pa	art IV, I	ine 25a or 25	b, or	Form 990-EZ, F	Part V,	line 40)b.			
1 (a) Name of disqualified	nerson	(b) Relatio	nship bet	ween o	disqua	lified	(c) D4	escription of trar	nsactic	n		(d)	Correc	cted?
	person	pers	son and o	rganiza	ation					ISactic	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	es	No
													_		
													_		
													_		
													_		
2 Enter the amount of tax section 4958									the year under		▶ \$		1		
3 Enter the amount of tax											▶ \$				
Part II Loans to an	d/or From	n Interes	ted Per	sons											
Complete if the	-					, Part V	/, line 38a or	Form	n 990, Part IV, lii	ne 26;	or if th	ne orga	anizati	on	
(a) Name of interested person	interested person WITN			(d) Lo fron	2. oan to or n the ization?	(e princ) Original ipal amount	(f) Balance due) In ault?	(h) Approved (i by board or ag			ritten ment?
			From						No	Yes	I	Yes			
				 											
				-											
				<u> </u>											
Total							> \$						•		
Part III Grants or A	ssistance	Benefiti	ng Inte	reste	d Pe	rsons	5.								
Complete if the	organization	answered	"Yes" on	Form 9	990, Pa	art IV, I	ine 27.		-						
(a) Name of interested	person	inter	lationship ested pers ie organiza	son an			:) Amount of assistance		(d) Type assistar	e of ice) Purp assista		:
		+													
		-													
		1													

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

Schedule L (Form 990 or 990-EZ) 2012

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990. Part IV, line 28a, 28b, or 28c

	1 TES UN FUNITI 990, Fait IV, III e 20a, 2	00, 01 20C.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
JONATHAN MATHIAS	BOARD MEMBER	16,724.	IN 2012, TH	Γ	X
					1

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: JONATHAN MATHIAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 16,724.

(D) DESCRIPTION OF TRANSACTION: IN 2012, THE ORGANIZATION USED A

CATERING SERVICE, A DASH OF SALT, FOR ITS CONCERT. A DASH OF SALT IS

OWNED AND OPERATED BY JONATHAN MATHIAS. THE EVENT WAS HELD AFTER JONATHAN

MATHIAS RESIGNED FROM THE BOARD OF DIRECTORS IN SEPTEMBER 2012.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2012

08340809 756977 SO6085

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service	
Name of the organizatio	n

	HOMES WITH H	OPE, I	NC.		22-	2534	326	
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(Method of noncash contri		0	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		50,380.	ESTIMATED	COST		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X		174,220.	ESTIMATED	COST		
20	Drugs and medical supplies							
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 organi		• •					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
30a	During the year, did the organization receive b	•	• • • •				Yes	No
	at least three years from the date of the initial							
	the entire holding period?					. 30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					. 31		<u> </u>
32a	Does the organization hire or use third parties	or related or	rganizations to soli	icit, process, or sell noncash				
	contributions?					. 32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	necked,			
	describe in Part II.			-				
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	ю.	Schedule	M (Form	990) (2012)

232141 12-20-12

SO60851

08340809 756977 SO6085

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. 2012 Open to Public Inspection

SO60851

OMB No. 1545-0047

Name of the organization HOMES WITH HOPE,

Employer identification number 22-2534326

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY KITCHEN. CASE MANAGEMENT SERVICES, SUPPORTIVE HOUSING UNITS,

INC.

MENTORING AND VOCATIONAL SUPPORT.

FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION HAS HIRED WRCH-

DEMARCO MANAGEMENT CORP.

FORM 990, PART VI, SECTION A, LINE 8B: THE MEETINGS ARE DOCUMENTED ON A CASE-BY-CASE BASIS. EXAMPLE: THE FINANCE COMMITTEE MEETS ON A MONTHLY BASIS. A COMPLETE FINANCIAL MANAGEMENT REPORTING PACKAGE IS DEVELOPED BY STAFF AND REVIEWED WITH THE FC MEMBERS. TWO SELECTED REPORTS FROM THAT PACKAGE ARE THEN DISTRIBUTED TO THE FULL BOARD AND THE "TREASURER'S REPORT" IS GIVEN AT THE SUBSEQUENT BOARD MEETING. OTHER COMMITTEE MEETINGS MAY ONLY BE DOCUMENTED BY SUBSEQUENT EMAILS.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE DOCUMENT IS DISTRIBUTED FOR COMMENT PRIOR TO SIGNATURE/FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE INITIALLY AND, ONGOING, ON AN AS NEEDED BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE OF THE

BOARD OF DIRECTORS DELIBERATES AND DECIDES THE ANNUAL COMPENSATION

INCREASES FOR THE TWO KEY MANAGEMENT POSITIONS IN HOMES WITH HOPE.

COMPARABILITY DATA MAY BE USED AND THE APPROVED OPERATING BUDGET IS A KEY

 ELEMENT.
 THE BOARD APPROVES AN OVERALL BENCHMARK INCREASE FOR THE EMPLOYEE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2012)

 232211 01-04-13
 34

08340809 756977 SO6085

2012.04010 HOMES WITH HOPE, INC.

Schedule O (Form 990 or 990-EZ) (2012)				Pag
Name of the organization HOMES WITH F	HOPE, INC.		Employer id 22-25	entification numb 534326
BASE AS PART OF THE ANNUAI	BUDGET PROCESS.			
FORM 990, PART VI, SECTION	N C, LINE 19: UPON REQUE	ST. MAN	AGEMENT	"ANNUAL
REPORT" IS AVAILABLE ON TH	IE ORGANIZATION WEBSITE.			
FORM 990, PART XII, LINE 2	2C:			
THE PROCESS IS THE SAME AS	S IN THE PRIOR YEAR.			
222212				
232212)1-04-13	35			90 or 990-EZ) (20
40809 756977 SO6085	2012.04010 HOMES WITH	HOPE, II	NC.	SO60851

001			-
SCH	EDU	JLE	к

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. See separate instructions. OMB No. 1545-0047

2012 Open to Public Inspection

Employer identification number

22-2534326

Name of the organization

HOMES WITH HOPE, INC.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
IHA, INC 06-1566759							
49 RICHMONDVILLE AVENUE, SUITE 112	TO PROVIDE AFFORDABLE,						
WESTPORT, CT 06880	SUPPORTIVE HOUSING.	CONNECTICUT	501(C)(3)	LINE 9	N/A		Х
]						

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

Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c) Legal	(d)		(e)		(f)		(g)	(1		(i)		(j)	(k
Name, address, and EIN of related organization	elated organization	domicile (state or foreign	ng Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income		end-of-year assets		Disproportion ate allocations		amount in box 20 of Schedule	vox ľ	General or managing partner?	owne	
		country)		sections	s 512-514)					Yes	No	K-1 (Form 10	D65)	Yes No	
	_														
	_														
	-														
	-														
	-														
	-														
V Identification of Related C organizations treated as a c	Organizations Taxable	as a Corpo	oration or Trust (C	omplete if t	he organizat	ion ans\	wered "Yes	s" to For	m 990, Pa	art IV, I	ine 34	because it ha	ad on	e or mo	re rela
•				(a)	(-1)		(-)		(4)			(1	(1-)	
(a) Name, address, and	EIN	Drim	(b) ary activity	(C) Legal domicile	(d) Direct cont	trolling	(e) Type of		(f) Share c			(g) Share of		(h) entage	(i Sect 512(b
of related organizat	ion	FIIII	ary activity	(state or	entity		(C corp, S	S corp,	inco			end-of-year		ership	contro enti
				foreign country)			or tru	ist)				assets			Yes
															100
					1		1						1		i I

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)
--------	--

Note. C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 Du	ring the tax year, did the organization engage in any of the following transaction	ns with one or more r	elated organizations listed	in Parts II-IV?				
a Re	ceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х	
	t, grant, or capital contribution to related organization(s)						Х	
c Gif	t, grant, or capital contribution from related organization(s)				1c		Х	
	ans or loan guarantees to or for related organization(s)						Х	
e Loa	ans or loan guarantees by related organization(s)				1e		X	
f Div	idends from related organization(s)				1f		Х	
g Sal	le of assets to related organization(s)				1g		Х	
h Pu	rchase of assets from related organization(s)				1h		Х	
i Exc	change of assets with related organization(s)				1 i		Х	
j Lea	ase of facilities, equipment, or other assets to related organization(s)				1 j		X	
k Lea	ase of facilities, equipment, or other assets from related organization(s)				1k		X X	
I Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	aring of paid employees with related organization(s)					Х		
p Re	imbursement paid to related organization(s) for expenses				1p		х	
q Re	imbursement paid by related organization(s) for expenses				1q		Х	
r Oth	ner transfer of cash or property to related organization(s)				1r		Х	
	her transfer of cash or property from related organization(s)						Х	
	he answer to any of the above is "Yes," see the instructions for information on				1.0			
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	ivolved			
(1)								
<u>.,</u>								
(2)								
(3)								
(4)								
<u>. /</u>								

(5)

(6)

Schedule R (Form 990) 2012 HOMES WITH HOPE, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs) all s sec.)(3) .?	(f) Share of total income	end-or-year	(I Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	al or F ging er?	(k) Percentage ownership	
		country)	under section 512-514)	Yes	No	income	235613	Yes	No	(FUTIII 1065)	Yes I	NO		
											\vdash	_		
											\vdash	+		
											\vdash	+		
											\vdash	+		
											\vdash	-		
											┢┼┥	+		
											\vdash	+		

Schedule R (Form 990) 2012

	(Form 990) 2012		VV T T T T	1101 E,	THC.	22
Part VII	Supplemental Inform	mation				
	Complete this part to prov	vide addition	al informat	tion for resp	onses to q	uestions on Schedule R (see instructions).

32165 12-10-12		Schedul	le R (Form 990)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► X

0 1

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file* for *Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete
Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or		
print	HOMES WITH HOPE, INC.	22-2534326		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 49 RICHMONDVILLE AVENUE, SUITE 112	Social security number (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WESTPORT, CT 06880			

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return		
Is For	Code	Is For		Code			
Form 990 or Form 990-EZ	01	Form 990-T (corporation)		07			
Form 990-BL		Form 1041-A	Form 1041-A				
Form 4720 (individual)	03	Form 4720		09			
Form 990-PF	04	Form 5227	10				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870					
 The books are in the care of ► 49 RICHMONDVILI Telephone No.► 203-226-3426 		E, SUITE 112 - WESTPO					
 If the organization does not have an office or place of business 	s in the Llr			\			
 If this is for a Group Return, enter the organization's four digit (hock this		
box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright	1						
 is for the organization's return for: X calendar year 2012 or tax year beginning If the tax year entered in line 1 is for less than 12 months, c Change in accounting period 			eturr	 1			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any					
nonrefundable credits. See instructions.			3a	\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
estimated tax payments made. Include any prior year overp	ayment a	lowed as a credit.	3b	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,					
by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.		
Caution. If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and Form 88	879-E	EO for payment instr	ructions.		
LHA For Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form 8868 (Re	v. 1-2013)		
223841 01-21-13		41					

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2012.04010 HOMES WITH HOPE, INC.

Form	8879-EO
------	---------

IRS _{e-file} Signature Authorization

, 2012, and ending

OMB No. 1545-1878

for an Exempt Organization

,20

2012

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Name of exempt organization

Employer identification number

22-2534326

HOMES WITH HOPE, INC.

Name and title of officer JEFFREY WIESER

PRESIDENT/CEO
Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2012, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1745684
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X Lauthorize MARCUM LLP	to enter my PIN 34326
ERO firm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2012 electronically filed return. If I have is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization indicated within this return that a copy of the return is being filed with a state agency(i program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature 🕨	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
	5418706103 p not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Mode <i>e-file</i> Providers for Business Returns.	U
ERO's signature 🕨	Date
ERO Must Retain This Form - See Inst Do Not Submit This Form To the IRS Unless Red	