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H115 02/04/2011 10 10 AM 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

2009 Open to Public Inspection

Form **990** (2009)

	For the 200	9 calendar ye	ar, or tax year beginning $09/01/09$, and ending $08/3$	31/10			
В	Check if applicat		C Name of organization			D Emple	Oyer identification number
];	Address change	use IRS label or	HOUSING FOR NEW HOPE, INC.				
	Name change	print or	Doing Business As			58-	-2089068
7	Initial return	type. See	Number and street (or P O box if mail is not delivered to street address)	1			none number
-1	Termination	Specific	18 WEST COLONY PLACE		50		9-489-6282
~-,		Instruc-	City or town, state or country, and ZIP + 4		 -	G Gross reco	eipts \$ 2,694,908
,==' /	Amended return		DURHAM NC 27705 e and address of principal officer			مطاعا اعالم	a group return for
_ '	Application pen	ung	NOVAN DRAKE			affiliat	
		ı	WEST COLONY PLACE, STE 250		<u></u> :	H(b) Are al includ	l affiliates
		l l	RHAM NC 2770				attach a list (see instructions)
ī	Tax-exempt	status X	501(c) (3) ◄ (insert no) 4947(a)(1) or 527				,
J	Website· ▶		OUSINGFORNEWHOPE.ORG			H(c) Group	exemption number
ĸ	Type of organiz	ation X Coi	poration Trust Association Other	L Year	of formation 19	93	M State of legal domicile NC
_P	art I	Summa	у				
	1 Brief	ly describe t	ne organization's mission or most significant activities.				
Ð	A	SSISTAN	CE TO HOMELESS PEOPLE				
Activities & Governance							
Ĕ							
0.0	2 Che	ck this box	If the organization discontinued its operations or disposed of more the	han 25% of	its net assets.		
Ğ			members of the governing body (Part VI, line 1a)			3	13
රේ	1	_	endent voting members of the governing body (Part VI, line 1b)			4	13
ŧ		•					38
<u>:</u>	1		employees (Part V, line 2a)			5	
Ac			rolunteers (estimate if necessary) RECEIVED			6	250
		•	ated business revenue non Fait VIII, column (CLIIIIe 12	77/3		7a	
	b Net	unrelated bu	siness taxable income from Form 990-T, line 😝	ာင္တ		7b	0
			grants (Part VIII, line 1h)	RS-0	Prior Year		Current Year
<u>o</u>	8 Conf	tributions and	grants (Part VIII, line 1h)	S -	1,650		2,524,597
Revenue	9 Prog	ram service	revenue (Part VIII, line 2g)	- - _	169	,197	168,481
ě	10 Inve	stment incon	ne (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT	.		219	209
ď	11 Othe	er revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				1,621
	1		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,820	,311	2,694,908
	1——		ar amounts paid (Part IX, column (A), lines 1-3)			,462	294,812
	14 Bene	efits paid to d	or for members (Part IX, column (A), line 4)				
ın	1		ompensation, employee benefits (Part IX, column (A), lines 5–10)		1,036	,629	1,138,273
enses			traising fees (Part IX, column (A), line 11e)				
per			expenses (Part IX, column (D), line 25) ► 52,380				
Exp	1	_	(Part IX, column (A), lines 11a–11d, 11f–24f)		490	,073	560,536
		•	Add lines 13–17 (must equal Part IX, column (A), line 25)		1,889		1,993,621
	ł	•	· · · · · · · · · · · · · · · · · · ·	-		,853	701,287
	19 Rev	ELINE IGSS GX	penses Subtract line 18 from line 12	В	eginning of Curre		End of Year
ets (20 Tota	l assets (Par	t Y line 16\		2,444		3,909,866
Ass	20 Tota		art X, line 26)	-		,633	1,659,652
Net Assets or Fund Balances	21 10ta	•	d balances Subtract line 21 from line 20		1,593		2,250,214
<u> </u>	art II		re Block			, 550	2/250/211
\equiv	<u>aitii</u>		ties of pegury, I declare that Lhave examined this return, including accompanying sch	nedules and st	atements and to	o the best o	of my knowledge
201	ì	and belief, it	ris true, correct, and complete. Declaration of preparer (other than officer) is based or	n all information	n of which prepa	arer has an	y knowledge
Sig						1.2	-1/11
310 76.	Jn		J. CV 4)				118 11
He	ге	Signatu	re of officer			Date	
₹			Julie R. Kuss Treasurer				
<u>-</u> -		▼ Type or	print name and title				
r In		Preparer's	I A. H	Date	Check if		Preparer's identifying number (see instructions)
Pai		signature	V GC Tudoul, GPH	02/04/	11 self- employe	d▶ [P00394550
	parer's		// PETWAY MILLS & PEARSON, PA			EIN D	00 0100404
Us	e Only	Firm's name if self-emplo	(or yours			Phone	
		address, an	y n			1	919-269-7405
May	the IRS di		turn with the preparer shown above? (see instructions)			, 1,0	Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 X is the organization required to complete Schedule B. Schedule of Contributors? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 X Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X complete Schedule D. Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X quasi-endowments? If "Yes." complete Schedule D. Part V 10 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, X VII, VIII, IX, or X as applicable 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 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? If "Yes," complete Schedule D, Part VII. • 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? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 X on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Form 990 (2009)

19

20

X

X

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

<u> Pa</u>	art IV Checklist of Required Schedules (continued)		,	
		}	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule J	_23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than]	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		Х
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		Х
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? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	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? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	<u> </u>	X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
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	<u> </u>	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,		1	
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Statements Regarding Other IRS Filings and Tax Compliance No Yes Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 38 Statements, filed for the calendar year ending with or within the year covered by this return 2a X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a 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 organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с X d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a h Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter. 10a Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Form 990 (2009) Part VI

Form 990 (2009) HOUSING FOR NEW HOPE, INC.

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 Schodula Q. See instructions

	Schedule O. See Instructions.			
Sec	tion A. Governing Body and Management			1
4.	Enter the number of voting members of the governing body		Yes	No
1a	12	-		
ь	Enter the number of realing monitoris distract independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		х
	any other officer, director, trustee, or key employee?	1-		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a material diversion of the organization's assets?	5	 	X
5		6		X
6	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members	-		
7a		7a		x
_	of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
ь 8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.5		
0	the year by the following:			
2	The governing body?	8a	x	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	100		
3	at the 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		.	
	venue Code.)			
1101	Crido Godo.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
~	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	,
13	Does the organization have a written whistleblower policy?	13	L	X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ļ	
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	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 arrangement		ł	
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization > TERRY ALLEBAUGH 18 WEST COLONY PLACE SUITE 25	0		
D	URHAM NC 27705	_		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	Pos	ition ((C		hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DONOVAN DRAKE										
BOARD CHAIR		X		X				0	0	0
NORMA MARTIN										
VICE CHAIR		X		X				0	0	0
JULIE RUSS										
TREASURER	_	X		X				0	0	0
MARTHA MILAM										
SECRETARY		X		X				0	0	0
KENNETH BARNES								•		
DIRECTOR		X						_0	0	0
JEFF DOWD										
DIRECTOR		X						0	0	0
DANIEL HILL	İ									
DIRECTOR		X						0	0	0
ROBERT KAYNOR										
DIRECTOR	<u> </u>	X						0	0	0
DELIA ROBINSON										
DIRECTOR	ļ	X						0	0	- 0
CASSANDRA SMITH					ŀ					
DIRECTOR		X						0	0	0
KAY WELLEMEYER						1				
DIRECTOR		X						0	0	0
SAM WHITTED		ļ								
DIRECTOR		X				L		0	0	0
CHARLES WILSON					•			_	_	
DIRECTOR		X						0	0	0
TERRY ALLEBAUGH		i								
EXECUTIVE DIRECTOR	40.00			X				59,227	0	0
		<u> </u>			<u> </u>	igsquare				,
		\vdash			<u> </u>	<u> </u>				<u> </u>
	1	L	l .	1						<u> </u>

	HOUSING F								58-208			P	age o
Part VII 🗣	ection A. Officers,	Directors, Trus	tees	, Ke	y En	plo	yees	, an	Highest Compensated E	mployees (continued)			
(A Name a		(B) Average hours per	<u> </u>		chec		hat ap		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estima amour othe	nted nt of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compens from to organizand rel organiza	sation the ation ated	
		1											
													, ,
<u> </u>													
1b Total	,		<u> </u>				<u></u>	_	59,227				
2 Total number	er of individuals (incompensation from	_			ose	liste	d abo	ve)	who received more than \$1				
					ataa	ko		love	on or highest componented			Yes	No
employee or 4 For any indir	n line 1a? If "Yes," vidual listed on line	complete Schedu	ule J f rep	for s ortab	uch le co	ndiv ompe	idual ensat	ion a	ee, or highest compensated	m	3		X
ındıvıdual									complete Schedule J for su unrelated organization for	ucn	4		х
services ren	dered to the organ	ızatıon? If "Yes,"									5		X
1 Complete th		e highest compe	nsate	ed inc	depe	ndei	nt coi	ntrac	ctors that received more tha	n \$100,000 of			
D-2000 W1D		(A) business address		·					Descrip	(B) tion of services	Co	(C) mpensat	tion
DURHAM	ROD BUILDER		2	77		P.C	, <u>,</u>	1	CONSTRUCTION			1,333	3,059
				<u>-</u>									
								-	.				
													
	er of independent of 100,000 in compe						l to th	ose	listed above) who received		1		

Pa	<u>rt V</u>	III Statement of Reve	nue						
	,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	1a				7070100	······································	<u> </u>
rant	ь	Membership dues	1b						
<u>.</u> 6	c	Fundraising events	10						
Program Service Revenue Contributions, gifts, grants	4	Related organizations	1d						
s, g	۵	Government grants (contributions)	1e	2.	026,273				
ion r si	f	All other contributions, gifts, grants,	"		010,110				
but	·	and similar amounts not included above	1f		498,324				
ntri d o	g	Noncash contributions included in lines 1a-			3,500				
Sol	h	Total. Add lines 1a-1f	" ,	'	>,500	2,524,597		ı	
a		Total: //dd lines /a //			Busn Code				
eun	2a	ADMINISTRATIVE FEES			Dusii Odde	96,517	96,517		
Rev	b	RENTAL INCOME				69,720	69,720		
9	c	FUNDRAISING EVENT				2,244	2,244		
eΣ	d	FUNDAMIDING EVENT					2,211		
E	e				ļ · · · · · · · ·				
E G	f	All other program service rever	nie						
P.		Total. Add lines 2a-2f	iuc			168,481			
_	3	Investment income (including d	ividend	s interest		200,102			
		other similar amounts)	IVIGORIG	s, interes	L, and ▶	209			209
	4	Income from investment of tax-	evemnt	hand pro	· •				
	5	Royalties	CACITIP	bond pro	, cccus				
		(i) Real		(n) P	ersonal				
	6a	Gross Rents							
	b	Less rental exps							
	c	Rental inc or (loss)							
	d	Net rental income or (loss)			—				
		Gross amount from (i) Securities		(11)	Other	· <u></u> .			
		sales of assets other than inventory							
	h	Less cost or other						!	
	~	basis & sales exps							
	c	Gain or (loss)							
	l	Net gain or (loss)							
	Į.	Gross income from fundraising ever	nts [
Jue	"-	(not including \$							
Ver		of contributions reported on line 1c)	1						
Other Rever		See Part IV, line 18	a						
Ā	h	Less direct expenses	ь				[
ō	l .	Net income or (loss) from fundi	٠.	vents					
	ı	Gross income from gaming activitie		- VOIILO					
		See Part IV, line 19	a]				
	ь	Less: direct expenses	ь						
	l	Net income or (loss) from gami	na activ	uties	•				
	ŀ	Gross sales of inventory, less	g uu]	1.00					
	''-	returns and allowances	а					i	
	l b	Less. cost of goods sold	ь						
	l	Net income or (loss) from sales		ntory					
	Ť	Miscellaneous Revenue		111017	Busn. Code				
	11a	OTHER INCOME				1,621			1,621
	ь							•=	
	c								
	d	All other revenue							
	i	Total. Add lines 11a-11d				1,621			·
	12	Total Revenue. See instruction	ns		•	2,694,908	168,481	0	1,830

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B) (C) and (

	All other organizations must	complete column (A) but a	re not required to complete	te columns (B), (C), and (D	0).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21			,	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	294,812	294,812		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members -				
5	Compensation of current officers, directors,				
	trustees, and key employees	60,223		60,223	<u>-</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	810,318	729,767	47,998	32,553
8	Pension plan contributions (include section 401(k)	10 10	40 -4-	4 04 5	
	and section 403(b) employer contributions)	19,497	13,517	4,845	1,135
9	Other employee benefits	171,484	150,388	12,550	8,546
10	Payroll taxes	76,751	64,553	9,421	2,777
11	Fees for services (non-employees):		}		
a	Management				
b	Legal	10,866	1,000	9,866	
C	Accounting Lobbying	10,800	1,000	9,800	
d	Professional fundraising services See Part IV, line 17				
e f	Investment management fees				
g	Other	62,825	41,332	21,350	143
12	Advertising and promotion				
13	Office expenses	257,121	219,872	34,381	2,868
14	Information technology				
15	Royalties				
16	Occupancy	46,923	45,055	1,868	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	13,965	13,965		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	75,018	67,089	7,929	
23	Insurance	14,777	6,969	7,808	
24	Other expenses Itemize expenses not		}		
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	60 615	60 400	105	
а	Vehicle	60,615	60,490	125	
b	Storage	6,328	5,679	649	2 142
C .	Fundraising Expense	6,117	2,933	41	3,143
d	Equipment & Furniture	3,529	3,518	765	1 215
e	Printing and Publications	2,342	302	110	1,215
ეE 1	All other expenses Total functional expenses. Add lines 1 through 24f	1,993,621	1,721,301	219,940	52,380
25 26		1,333,021	1,121,301	219,940	32,300
40	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

Part	X Balance Sheet				i age i				
			(A) Beginning of year		(B) End of year				
1	Cash—non-interest bearing		77,382	1	112,220				
2	Savings and temporary cash investments		120,130	2	16,884				
3	Pledges and grants receivable, net		121,151	3	259,457				
4	Accounts receivable, net	Γ	7,286	_	1,152				
5	Receivables from current and former officers, directors, tru	ustees, kev							
	employees, and highest compensated employees. Comple	' '							
	Schedule L			5					
6	Receivables from other disqualified persons (as defined ur								
	4958(f)(1)) and persons described in section 4958(c)(3)(B)				I				
	Part II of Schedule L	,		6					
Assets	Notes and loans receivable, net	<u> </u>		7	·· · · · ·				
8 8	Inventories for sale or use	<u> </u>		8					
و الخ	Prepaid expenses and deferred charges	<u> </u>	20,603	9	10,831				
- 1	Land, buildings, and equipment, cost or	[]	20,000						
'	other basis. Complete Part VI of Schedule D	10a 3,946,113		ľ					
	Less accumulated depreciation	10b 436,791	2,097,679	10c	3,509,322				
11	Investments—publicly traded securities	100 100 100	2,051,015	11	3,303,322				
12	Investments—other securities See Part IV, line 11	<u> </u>		12					
13	Investments—program-related See Part IV, line 11								
14	Intangible assets		13						
15	-	assets See Part IV, line 11							
16	Total assets. Add lines 1 through 15 (must equal line 34)	<u> </u>	2,444,231	15 16	3,909,866				
17	Accounts payable and accrued expenses		129,666	17	99,825				
18	Grants payable and accided expenses	125,000		99,623					
19	Deferred revenue	<u> </u>		18					
20	Tax-exempt bond liabilities	<u> </u>		19					
	·	lahadula D		20					
Liabilities 22	Escrow or custodial account liability Complete Part IV of S			21					
\(\beta\) **	Payables to current and former officers, directors, trustees	· ·							
<u>ia</u>	employees, highest compensated employees, and disquali	ned							
	persons Complete Part II of Schedule L		611 642	22	1 250 027				
23	Secured mortgages and notes payable to unrelated third pa		611,642	23	1,359,827				
24	Unsecured notes and loans payable to unrelated third parti	les	100 335	24	200 000				
	Other liabilities. Complete Part X of Schedule D	 	109,325	25	200,000				
26	Total liabilities. Add lines 17 through 25		850,633	26	1,659,652				
Balances 27 28	Organizations that follow SFAS 117, check here ► X	ano							
Ĕ 37	complete lines 27 through 29, and lines 33 and 34.		1 572 527		0 100 350				
<u>e</u> 27	Unrestricted net assets	 -	1,573,537	27	2,180,350				
	Temporarily restricted net assets	-	20,061	28	69,864				
29	Permanently restricted net assets	, m		29					
<u>.</u>	Organizations that do not follow SFAS 117, check here	· - _							
٥	and complete lines 30 through 34.			ı					
\$ 30	Capital stock or trust principal, or current funds	<u> </u>		30					
31	Paid-in or capital surplus, or land, building, or equipment fu	 		31	·-·				
Net Assets or Fund 30 31 33 33 34	Retained earnings, endowment, accumulated income, or of	ther funds	4 800 800	32					
<u>a</u> 33	Total net assets or fund balances	<u> </u>	1,593,598	33	2,250,214				
2 34	Total liabilities and net assets/fund balances		2,444,231	34	3,909,866				

Form **990** (2009)

<u>Form</u>	990 (2009) HOUSING FOR NEW HOPE, INC. 58	-2089068		Pag	ge 12
Pa	rt XI Financial Statements and Reporting				
	•		\Box	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," exp	laın ın			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent account	ant?	≧a		X
b	Were the organization's financial statements audited by an independent accountant?	_2	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	or oversight of		1	
	the audit, review, or compilation of its financial statements and selection of an independent acceptable.	countant? 2	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year	r, explain in			
	Schedule O				l I
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the	year were			
	issued on a consolidated basis, separate basis, or both.		ļ		
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as s	et forth in			
	the Single Audit Act and OMB Circular A-133?	_3	a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	ndergo the			:
	required audit or audits, explain why in Schodule O and describe any stone taken to undergo a	wah audita	. L	v i	

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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

OMB No 1545-0047

2009

Employer identification number

Open to Public Inspection

HOUSING FOR NEW HOPE, INC. 58-2089068 Peason for Public Charity Status (All organizations must complete this part) S

	111	Reas	on for Fublic Charity	Status (All organizations	inust c	ompiete	tuns p	iait.) S	ee in	struction	ons.		
The o	organ	nization is not	a private foundation because	it is: (For lines 1 through 11, ch	eck only o	ne box)							
1	ليد	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2	د یـ	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)									
3		A hospital or	a cooperative hospital servic	e organization described in sect	tion 170(b))(1)(A)(ui)).						
4		A medical res	search organization operated	in conjunction with a hospital de	escribed in	section '	170(b)(1)(A)(iii).	Enter t	ne hospi	ıtal's name,		
		city, and state	•										
5		An organizati	on operated for the benefit of	fa college or university owned o	r operated	by a gov	ernment	ai unit d	escribed	l in			
		section 170(b)(1)(A)(iv). (Complete Part	II)									
6		A federal, sta	te, or local government or go	vernmental unit described in se	ction 170(b)(1)(A)(v	/).						
7	X	An organizati	on that normally receives a s	ubstantial part of its support fror	n a govern	mental ur	nit or from	n the ge	neral pu	aplic			
		described in s	section 170(b)(1)(A)(vi). (Co	omplete Part II)									
8		A community	trust described in section 17	70(b)(1)(A)(vi). (Complete Part I	II)								
9		An organizati	on that normally receives: (1)	more than 33 1/3 % of its supp	ort from co	ntribution	s, memb	ership f	ees, an	d gross			
		receipts from	activities related to its exemp	ot functions-subject to certain e	exceptions	, and (2) r	no more	than 33	1/3 % o	f its			
		support from	gross investment income and	d unrelated business taxable inc	ome (less	section 5	11 tax) fr	om bus	inesses				
		acquired by the	he organization after June 30	, 1975. See section 509(a)(2).	(Complete	Part III.)							
10		An organization	on organized and operated e	xclusively to test for public safet	ty. See sec	tion 509((a)(4).						
11	'	An organization	on organized and operated e	xclusively for the benefit of, to p	erform the	functions	of, or to	carry or	ut the				
		purposes of o	ne or more publicly supporte	d organizations described in sec	ction 509(a	ı)(1) or se	ction 50	9(a)(2).	See se o	tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organizatio	n and com	plete lines	s 11e thr	ough 11	h.				
		a Type		c Type III–Function			d		e III–Ot	her			
е		By checking t	his box, I certify that the orga	inization is not controlled directly	or indirec	tly by one	or more	disqua	lified				
		persons other	r than foundation managers a	and other than one or more publ	icly suppor	ted organ	ızatıons	describe	ed in se	ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	/pe II, or T	Type III s	upportir	ng				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribut	tion from a	ny of the							
		following per											
		(i) A persor	who directly or indirectly con	ntrols, either alone or together w	ith persons	s describe	ed in (ii)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(i)		
		•	member of a person describe	• •							11g(ii)		
			ontrolled entity of a person de								11g(iii)		L
<u>h</u>			ollowing information about the	e supported organization(s)	т —					 1			
(1)		e of supported anization	(ii) EiN	(III) Type of organization (described on lines 1–9	1	organization sted in your		ou notify	(vi) organiza	is the	(vii) Am		
	org	anization		above or IRC section	1	document?		of your		zed in the	supp	OIL	
				(see instructions))		r		port?	+	S?			
					Yes	No	Yes	No	Yes	No			
								}					
					-			 -	-				
									1				
					 								
					+	ļ		 -		 			
				· · · · · ·	 								
					<u> </u>								
Total								}					

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

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1.)

Sec	tion A. Public Support	cked the box	on line 5 of 1 a	11.1.7			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	, ,		, ,			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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			İ			
	amount on line 13 for the year						
С	Add lines 7a and 7b					ļ	
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	▶ [
Sec	tion C. Computation of Public Su		age				
15	Public support percentage for 2009 (line 8,			(f))		15	%
16	Public support percentage from 2008 Schei	* *	-	(**)		16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lin			column (f))		17	%
18	Investment income percentage from 2008 S			V-77		18	%
19a	33 1/3 % support tests—2009. If the organ			14, and line 15 is m	ore than 33 1/3 %		
	17 is not more than 33 1/3 %, check this bo						>
b	33 1/3 % support tests—2008. If the organ		= :				_
	line 18 is not more than 33 1/3 %, check thi						>
20	Private foundation. If the organization did	-	=				▶ □

Schedule A (Form 990 or 990-EZ) 2009 HOUSING FOR NEW HOPE, INC.

58-2089068

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

OTHER INCOME

\$

177,586

SCHEDULE D . (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009

Open to Public Inspection

Name of the organization Employer identification number 58-2089068 HOUSING FOR NEW HOPE, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 HOUSING FC	R NEW HOPE,	INC.	58-2	089068	Page 2
Pa	rt III Organizations Maintaining C	Collections of Art,	Historical Treasu	ures, or Other	Similar Assets	(continued)
3	Using the organization's acquisition, accession, collection items (check all that apply).	and other records, che	ck any of the following	that are a significan	t use of its	
_	Public exhibition	d 🗀 loa	n or exchange program	ne		
a	조리.	=		13		
b	Scholarly research	e U Othe	" — — — —			
С	Preservation for future generations					
4	Provide a description of the organization's collect Part XIV	ctions and explain how t	they further the organiz	ation's exempt purp	oose in	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	maintained as part of	the organization's colle	ction?		Yes No
Pa	rt IV Escrow and Custodial Arran			tion answered	"Yes" to Form 9	90, Part
	IV, line 9, or reported an amo	ount on Form 990,	Part X, line 21.	.,,		
1a	Is the organization an agent, trustee, custodian	or other intermediary fo	r contributions or other	assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	g table [.]			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Form	990. Part X. line 21?			<u></u>	Yes No
	If "Yes," explain the arrangement in Part XIV.	, , , , , , , , , , , , , , , , , , , ,				
	rt V Endowment Funds. Complet	te if organization a	answered "Yes" to	Form 990. Pa	rt IV. line 10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bar	ck (e) Four years back
12	Beginning of year balance			· · · · · ·	† · · · · · · · · · · · · · · · · · · ·	
	Contributions					
٠	Net investment earnings, gains, and losses	1				
	Grants or scholarships					
е	Other expenditures for facilities					
	and programs				*	
	Administrative expenses					
g	End of year balance			<u> </u>		
2	Provide the estimated percentage of the year er	nd balance held as				
а	Board designated or quasi-endowment	%				
	Permanent endowment ▶ %					
	Term endowment ▶ %					
3a	Are there endowment funds not in the possession	on of the organization th	at are held and admını	stered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(II) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organizations lis	sted as required on Sch	edule R?			3b
4	Describe in Part XIV the intended uses of the or					
_Pa	rt VI Investments—Land, Buildin	gs, and Equipmer	nt. See Form 990,	<u>, Part X, line 10</u>) <u>. </u>	
	Description of investment	(a) Cost or other basis	(b) Cost or oti	1	ccumulated	(d) Book value
		(investment)	basis (other) de	preciation	
1a	Land		273	,000		273,000
b	Buildings		3,443	,603	331,053	3,112,550
	Leasehold improvements					
	Equipment		211	,479	105,738	105,741
	Other			,031		18,031
	l. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, col		· · · · · · · · · · · · · · · · · · ·	•	3,509,322
_						

Schedule D (Form 990) 2009 HOUSING FOR NEW HOPE		58-2089068	Page 3
Part VII Investments—Other Securities. See Form 9	90, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market valu	e
Financial derivatives			
Closely-held equity interests			
Other	_		
	_		
	_		
	_		
	_		
	_		
	_		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	>		
Part VIII Investments—Program Related. See Form 9	990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market valu	е
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	>		
Part IX Other Assets. See Form 990, Part X, line 15	· · · · · · · · · · · · · · · · · ·	. •	
(a) Description	·	(b) Bo	ook value
	······································		
		····	
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)		>	
Part X Other Liabilities. See Form 990, Part X, line	25.		
1 (a) Description of liability	(b) Amount		
Federal income taxes	(-,		
Line of Credit	200,000	ที่	
		4	
	- 	-	
		†	
		1	
		1	
		-	
		-	
		-	
		4	
	000 000	4	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 200,000	<u> </u>	
2 FIN 48 Footnote In Part XIV, provide the text of the footnote to the org	anization's financial statements	s that reports the	

organization's liability for uncertain tax positions under FIN 48

	dule D (Form 990) 2009 HOUSING FOR NEW HOPE, INC.	<u> 58-208906</u>		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•	1	2,694,908
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,993,621
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	701,287
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	701,287
_	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Ref	urn	
1	Total revenue, gains, and other support per audited financial statements		1	2,694,908
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	2a	1 1	
b	Donated services and use of facilities	2b	1 1	
С	Recoveries of prior year grants	2c	1 1	
ď	Other (Describe in Part XIV)	2d	1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,694,908
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:] {	 	270027000
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b	1 1	
	Add lines 4a and 4b	40	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	2,694,908
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per F		
1	Total expenses and losses per audited financial statements	Città With Expenses per i	1	1,993,621
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		\vdash	2,333,022
a	Donated services and use of facilities	2a		
	Prior year adjustments	2b	1	
b	Other losses	20	1	
c C		2d	┨ ┃	
d	Other (Describe in Part XIV)	20	ا ء ا	
e	Add lines 2a through 2d		2e	1,993,621
3	Subtract line 2e from line 1] [3	1,993,021
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.5		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- 1	
	Other (Describe in Part XIV)	4b	┨╻	
_	Add lines 4a and 4b		4c	1,993,621
5		_ · · · · · · · · · · · · · · · · · · ·	5	1,993,021
	rt XIV Supplemental Information			
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line			
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line	s 2d and 4b. Also complete		
nıs ţ	art to provide any additional information,			
- `				

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Governments, and Individuals in the United States

OMB No 1545-0047	2009	Open to Public Inspection
		-

Employer identification number

58-2089068

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

HNC

General Information on Grants and Assistance

Part

HOUSING FOR NEW HOPE,

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

ž

X Yes

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance (g) Description of non-cash assistance (d) Amount of cash grant assistance (book, FMV, appraisa), assistance other) (c) IRC section if applicable (p) EIN Enter total number of section 501(c)(3) and government organizations (a) Name and address of organization or government

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Enter total number of other organizations

Schedule I (Form 990) 2009

58-2089068 Schedule I (Form 990) 2009 HOUSING FOR NEW HOPE, INC.

Page 2

Schedule	Schedule (Form 890) 2009 HOUSTING FOR NEW HOFE, INC.	NEW BOPE, LI		20-200700		7 after
Part III	Grants and Other Assistance to Individuals in the U	e to Individuals in the	e United States. Con	nplete if the organiza	nited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	rm 990, Part IV, line 22.
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed	l (Form 990) if addition	onal space is needer	J.		•
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
:		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
SEE PZ	SEE PART IV - BELOW	950	294.812			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to	provide the informati	on required in Part I	line 2, and any other addi	tional information.

Part IV - Additional Information

Part III, Column (a) Types of Grants or Assistance

RENT, UTILITIES, RX, FOOD, CLOTHING, ETC.

Schedule I (Form 990) 2009

SCHEDULE L .

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 2009

Open To Public Inspection

Employer identification number Name of the organization HOUSING FOR NEW HOPE, INC. 58-2089068 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes Enter the amount of tax imposed on the organization managers or disqualified persons during the year **>** \$ _ under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (b) Loan to (c) Original (g) Written (d) Balance due (f) Approved (a) Name of interested person and purpose (e) In default? agreement? or from the principal amount by board or committee? organization^{*} Yes No Νo Yes To From Yes No Total ▶ \$ Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Shanng (a) Name of interested person (b) Relationship between (c) Amount of (d) Description of transaction of org interested person and the transaction

organization

IN-LAW- BRD MEM

SPOUSE-BRD MEM

EMPLOYEE

EMPLOYEE

37,485

37,585

revenues?

No

X

DOROTHY ELLIS

DOUGLAS WELLEMEYER

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service
Name of the organization

Department of the Treasury

HOUSING FOR NEW HOPE, INC.

Employer identification number 58-2089068

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990
THE FINANCE COMMITTEE REVIEWS THE 990, THEN PRESENTS IT TO THE

FULL BOARD FOR REVIEW AND APPROVAL.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Compliance with the policy is monitored and enforced by the Board of

Directors. All employees are required to disclose any interests that could

give rise to conficts.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board of Directors determines the compensation of our Executive Director, utilizing salary surveys published by the N.C. Center for Nonprofits, as comparison.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Executive Director determines and approves compensation packages for key employees based on comparability data.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE ORGANIZATION'S OFFICE UPON REQUEST TO THE EXECUTIVE DIRECTOR.

Forms / 990-PF

Mortgages and Other Notes Payable

09/01/09 , and ending

08/31/10

2009

Name

For calendar year 2009, or tax year beginning

Employer Identification Number

HOUSING FOR NEW HOPE, INC.

58-2089068

_Form 990,	Part X,	Line 23	- Additional	Information

	Name of lender	Relationship to disqualified person
(1)	CITY OF DURHAM	
(2)	CITY OF DURHAM	
(3)	COUNTY OF DURHAM	
(4)	CITY OF DURHAM	
(5)	NORTH CAROLINA HOUSING FINANCE AGEN	c
(6)	NC HOUSING FINANCE AGENCY	
(7)	CITY OF DURHAM	
(8)	NC HOUSING FINANCE AGENCY	
(9)	CITY OF DURHAM	
(10)	RBC BANK	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)			09/01/15	\$3,500 FORGIVEN ANNUALLY	0.000
2)			10/01/15	\$260 MONTHLY	0.000
3)			01/01/11	\$3,820 ANNUALLY	0.000
1)	123,300	07/01/05	07/01/35	342.50 MONTHLY	0.000
5)	75,000	07/01/06	07/01/36	\$300 MONTHLY & FORGIVABLE	10.000
3)	154,170	09/01/06	08/31/26	FORGIVABLE 10%/YR AFT 20YR	0.000
7)	140,155	01/19/06	01/19/26	FORGIVEN 10%/yr AFTER 20YR	0.000
8)	107,800	07/01/06	07/01/36	\$300 MONTHLY	0.000
9)	452,000	03/30/10	03/30/30	FORGIVEN AFTER 20 YEARS	0.000
10)	316,000	05/26/10	05/26/30	P&I OF \$1,339 PER MONTH	3.000

	Security provided by borrower	Purpose of loan
(1)	DEED OF TRUST	
<u>(2)</u>	DEED OF TRUST	
(3)	DEED OF TRUST	
(4)	DEED OF TRUST	
(5)	DEED OF TRUST	
(6)	DEED OF TRUST	
<u>(7)</u>	DEED OF TRUST	
(8)	DEED OF TRUST	
(9)	DEED OF TRUST	
(10)	DEED OF TRUST	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
CASH	21,000	17,500
CASH	17,387	14,270
CASH	4,314	494
CASH	106,189	102,079
CASH	75,000	75,000
CASH	154,170	154,170
CASH	140,155	140,155
CASH	93,427	90,131
CASH		452,000
O) CASH		314,028
Totals	611,642	1,359,827

. H115 HOUSING FOR NEW HOPE, INC.
58-2089068 Federal Statements

FYE: 8/31/2010

2/4/2011 10:05 AM

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST ON BANK ACCOUNTS	\$ 209		14		
Total	\$ 209				

H115 HOUSING FOR NEW HOPE, INC. 58-2089068 FYE: 8/31/2010	Federal Statements	atements		
Form 990,	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	Fees for Service (Non-e	mployee)	
Description	Exp	Program Service	Manage	Fund Raising
Staff Training Maintenance & Security Contractors	\$ 11,334 30,013 21,478	\$ 8,753 26,650 5,929	\$ 2,438 3,363 15,549	\$ 143
Total	\$ 62,825	\$ 41,332	\$ 21,350	\$ 143
	Form 990, Part IX, Line 24f - All Other Expenses	tf - All Other Expenses		
Description	Total Expenses	Program Service	Management & General	Fund Raising
sus				
Total	\$ 110	\$	\$ 110	٠ \$