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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 OMB No 1545-0047

2011

Open to Public . Inspection

<u> </u>	For the 2	011 cale	ndar year, or tax year beginning		nd endin	g		, 20
B Check if applicable C Name of organization Hope House of Milwaukee, Inc. D Employer Identify								
П	Address ch	nanne	Doing Business As					39-1592900
$\exists$		-	Number and street (or P O box if ma	all is not delivered to street address)	Room/su	ıte	E Telepho	ne number
=	Name char	-	PO Box 04095					414-645-2122
	Initial return			ID . 4				717-043-2122
H	Terminated Amended r		City or town, state or country, and Z Milwaukee, WI 53204	IF + 4			<b>G</b> Gross re	ceipts \$ 2,243,512
$\exists$			F Name and address of principal office	r Kenneth Schmidt		H/m) In thus		
ш	Application	penaing		nis a group return for affiliates? Yes No e all affiliates included? Yes No				
			209 West Orchard Street, Milw					list (see instructions)
<u> </u>	Tax-exemp		✓ 501(c)(3) 501(c) (	) ◀ (insert no ) ☐ 4947(a)(1) or	527	_		
<u>J</u>	Website: 1		w.hopehousemke org			H(c) Grou	ip exemption	
<u>K</u>	Form of org	janization	Corporation Trust Associa	tion ☐ Other ► L Yea	r of format	tion 1987	M State	of legal domicile WI
P	art I	Summ						
	1 B	Briefly de	escribe the organization's miss	ion or most significant activities:	It is th	e mission o	f Hope Ho	use "To end
as a	h	nomeles	sness and create healthy commu	unities." To this end Hope House p	provides:	emergenc	y and trans	sitional shelter for
Activities & Governance	h	nomeles	s men, women, and families, per	manent housing for homeless indi	viduals,	a low-cost n	nedical clir	nic, emergency food
пa				ms, and protective payee services.				
Υē	1			discontinued its operations or dis		of more tha	n 25% of	its net assets
ŝ	1		of voting members of the gove		spooda (		.   3	14
9	1		_					
ies	1			s of the governing body (Part VI,	-			14
₹	1			n calendar year 2011 (Part V, line	2a) .		. 5	46
इ	6 T	otal nur	nber of volunteers (es <del>timated)</del>	negessaly)			. 6	5
•	7a T	otal unr	elated business revenue from	Part All dollima (C), line 12 .			. 7a	0
	b N	let unre	lated business taxable income	from Form 990-T, ine 84			. 7b	N/A
			(40)			Prior Y	′еаг	Current Year
Revenue	8 C	Contribu	tions and grants (Part VIII, line	16) 1 4 2012 X	[		2,240,942	2,243,121
	9 P	rogram	service revenue (Part VIII, Jine	0				
ě				280	109			
æ			ent income (Part VIII, column		F			
				es 5, 6d, 8c, 9c, 10c, and 11e) .	·		(6,613)	282
				nust equal Part VIII, column (A), lin	ie 12)		2,234,609	2,243,512
	<b>13</b> G	Brants a	nd similar amounts paid (Part I	X, column (A), lines 1-3)	· ·		409,110	352,806
	14 B	Benefits	paid to or for members (Part IX	(, column (A), line 4)	· · L		0	0
Ś	<b>15</b> S	alaries,	other compensation, employee I	penefits (Part IX, column (A), lines 5	5–10)		1,346,453	1,441,793
Se	16a P	rofessio	onal fundraising fees (Part IX, c	olumn (A), line 11e)	Г		0	0
Expenses	ЬТ		draising expenses (Part IX, col					
Ж	17 C		penses (Part IX, column (A), lin				462,044	453,868
				equal Part IX, column (A), line 25	′ ŀ		2,217,607	2,248,467
	1		·	•			17,002	(4,955)
	+	everiue	less expenses. Subtract line 1	8 from line 12 <u></u>		Beginning of C		End of Year
sets or			-1- (D-+) (P40)		F	Dogg or c		
SSe	20 T		sets (Part X, line 16)		· ·	· · · · · · · · · · · · · · · · · · ·	1,806,163	1,795,536
Net Ass	21 T		oilities (Part X, line 26)		· ·		184,553	178,881
_			ts or fund balances. Subtract l	ne 21 from line 20	<u> </u>		1,621,610	1,616,655
P	art II	Signa	ture Block					
				etum, including accompanying schedules				ny knowledge and belief, it is
tru	ie, correct, a	and comp	lete Declaration of premarer (other than	officer) is based on all information of whice	n prepare	r has any knov	vleage	
			to				05/09/	2012
Sig	gn 📙	Sign	ature of officer	·		D	ate	
Here Kenneth Schmidt, Executive Director								
			or print name and title					
_			pe preparer's name	Preparer's signature	Da	ate		PTIN
	iid	1 ′		-	Julie		Check (	_] " [
	eparer	<del></del>				Т.	<u> </u>	,-*
Us	se Only	Firm's r	name ►			Fır	m's EIN ▶	
			ddress ▶			Ph	one no	<u> </u>
Ma	y the IRS	discus	s this return with the preparer s	shown above? (see instructions)		<u> </u>		Yes No
_	. Damamua	ale Dade	ction Act Notice, see the separa	to inetructions	C-4 A	lo 11282Y		Form <b>990</b> (2011)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

	0 (2011) Page <b>2</b>
Part	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: It is the mission of Hope House "to end homelessness & create healthy communities." To this end Hope House provides: emergency and transitional shelter for homeless men, women & families, permanent housing for homeless individuals, a low-cost medical clinic, emergency food pantry, youth & adult education, and protective payee services.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 932,861 including grants of \$ 89,408 ) (Revenue \$ )  Transitional Housing for homeless single adult women and familiesHope House provides transitional housing to 14 single women and 10 families. In 2011, 82% of residents obtained permanent housing upon discharge. In addition, 34% of residents who were not disabled had obtained employment upon leaving the program, and 87% had utilized 3 or more supportive services during their stay.  Fusing best practice research, consumer input, and 20 years experience, Hope House has developed a method that includes the following: 1. Extended Shelter and Supportive Case Management, 2. Comprehensive Assessment and Service Planning,  3. Practical On site Education, 4. Consistent Reinforcement and Role Modeling, and 5 Referral, Linkage, and Engagement of Community Based Services. Using this method, Hope House has consistently achieved benchmarks that exceed those set by the Department of Housing and Urban Development for Transitional Housing Programs.
4b	(Code:) (Expenses \$
<b>4</b> c	(Code. ) (Expenses \$ 195,231 including grants of \$ 183,472 ) (Revenue \$ )  USS Food Pantry-Food ServicesThe United Southside Food Pantry has developed a multifaceted continuum of services designed to provide emergency food distribution, reduce hunger, improve nutrition, and enhance the quality of life for households in the 53204 zip code. The three tiershealthful food distribution, applicable education on nutrition, and relevant service and referralcreate a positive, proactive and integrative method for recipients to improve and maintain their quality of life, In 2011, total of 3,824 households received emergency food distributions. This amounts to more than 10,700 people, including 6,411 adults and 4,297 children.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 696,545 including grants of \$ 58,727 ) (Revenue \$ )

Page 2

Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 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," complete Schedule C, Part I	3	✓	
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		<u>√</u>
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? If "Yes," complete Schedule C, Part III	5		✓
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		<b>√</b>
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		<b>\</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	✓	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	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	11c		✓_
	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? If "Yes," complete Schedule D, Part IX	11d 11e	1	<b>✓</b>
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)? If "Yes," complete Schedule D, Part X	11f	<b>V</b>	<b>✓</b>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
	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, XII, and XIII is optional	12b		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		1
14 a b		14b		<b>▼</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
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? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	The state of the s	20a	-	<del>*</del>
_	the contract of the contract o	20b		
		For	n <b>990</b>	(2011)

Part	Checklist of Required Schedules (continued)			
04	Did the expensation valuet make than \$5,000 of grants and other assistance to any government or organization	_	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? If "Yes," complete Schedule I, Parts I and II	21		✓
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	1	
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		<b>√</b>
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		<b>→</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>✓</b>
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		1
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		✓
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? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>✓</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	✓	<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
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		<u>,                                     </u>
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>
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		<b>▼</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
b	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		<u>✓</u>
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		<b>✓</b>
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	
			. 000	(00.44)

Part				
	Check if Schedule O contains a response to any question in this Part V	<del></del>	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
ь	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  46  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b	1	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		•	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		<b>✓</b>
b	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	74		İ
_	See instructions for 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		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>✓</b>
Va	organization solicit any contributions that were not tax deductible?	6a		✓
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).			
а	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		<b>/</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		<b>✓</b>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?.	7f		<b>V</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>✓</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	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		<b>-</b>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<b>✓</b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓_
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   N/A	, <u></u> -	-	
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		ļ,
ь	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	- 000	10000
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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	truct			
	Check if Schedule O contains a response to any question in this Part VI		•	. 🗸		
Secti	on A. Governing Body and Management		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 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 O.		103			
b 2	Enter the number of voting members included in line 1a, above, who are independent .    1b 14  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1		
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1		
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6		<b>√</b>		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	-	<b>√</b>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	<b>√</b>			
þ	Each committee with authority to act on behalf of the governing body?	8b	✓_	-		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	✓		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<b>√</b>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>\</b>			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
<b>12a</b> b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c				
13	Did the organization have a written whistleblower policy?	13	<b>√</b>	-		
14 15	Did the organization have a written document retention and destruction policy?	14	✓			
а	The organization's CEO, Executive Director, or top management official	15a	1			
b	Other officers or key employees of the organization	15b				
16a		16a		<b>√</b>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Secti	on C. Disclosure	100	L	L		
17 18	List the states with which a copy of this Form 990 is required to be filed ► Wisconsin  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)		
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			oolicy,		
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Xuven Vo. 209 W. Orchard Street, Milwaukee, WI 53204 (414) 645-2122	of the	•			

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

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

1a Complete this table for all persons required to be listed. 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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
					C)					
(A)	(B)	(do n	ot ch		ition more	than c	one	(D)	(E)	(F)
Name and Title	Average hours per	box,	box, unless person is both an officer and a director/trustee)		n an	Reportable compensation	Reportable compensation from	Estimated amount of		
	week	-	1					from	related	other
	(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	mple lighe	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations	dual	m	"	륗	st co	"	(W-2/1099-MISC)		organization and related
	ın Schedule	trust	2		yee	mpe	ļ			organizations
	O)	ee	stee			Highest compensated employee				
				$\vdash$		Δ.	_		<u></u>	
(1) Laurel Nelson-Rowe										
President		1		✓			ļ	0	0	0
(2) Daniel E. Schley		١.		١.						
Vice President	ļ	<b>✓</b>		✓				0	0	0
(3) Katherine Durben	_	١.					Ì			
Secretary		<b>/</b>		✓			<u> </u>	0	0	0
(4) Corina Schoenke	4			_						
Treasurer	ļ	<b>/</b>	<u> </u>	✓			_	0	0	0
(5) Ivory Britton										
Board Member		/	<u> </u>					0	0	0
(6) Rosemary Lillich Morby	_									
Board Member		<u> </u>	<u> </u>		L		<u> </u>	0	0	0
(7) Michelle Kempen	1					]				
Board Member		1					<u> </u>	0	0	0
(8) Peter G. Labonte							1			
Board Member		✓						0	0	0
(9) Brian Peters								}		
Board Member		<b>✓</b>			╙		L	0	0	0
(10) Tim Posnanski	1	1								
Board Member		✓					<u> </u>	0	0	.0
(11) Joseph Schubert										
Board Member		✓	_		L.			0	0	0
(12) Kathy Oman										
Board Member		✓		L			<u> </u>	0	0	0
(13) Richard Walters				1						
Board Member		✓	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{ldsymbol{L}}}}$					0	0	0
(14) Susan Scot Fry	_									
Board Member		✓	<u> </u>					0	0	0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(C)													
	(A)	(B)	Position (do not check more that						(D)	(E)		(F)	
	Name and title						is both		Reportable compensation	Reportable compensation from		stimated mount o	
		hours per week		Γ''_	_		or/trust	÷	from	related		other	
		(describe hours for	rdivi	nstitu	Officer	ey e	mplc fighe	Form	the organization	organizations (W-2/1099-MISC		npensati from the	
		related	Individual trustee or director	tion	~	Key employee	st co	er	(W-2/1099-MISC)	,		ganizatio	
		organizations in Schedule	rus	al tr		oyee	ğ					nd relate janizatio	
		O)	l ée	Institutional trustee			Highest compensated employee						
				L			led						
	nneth Schmidt												
	tive Director		<b>✓</b>	<u> </u>	✓				79,135		0		3,294
(16) Xu	yen Vo nting Coordinator				1				49,120		0		13,335
(17)	nung Coordinator		<u> </u>		<b>-</b>	<u> </u>		$\vdash$	49,120		+		13,333
V://													
(18)			<u> </u>										
3													
(19)													
					L								
(20)													
(04)					_								
(21)													
(22)								<del> </del> -					
3==-/													
(23)										_			
					L	<u>L</u> .							
(24)													
				ļ	_			_					
(25)													
	Sub-total		<u> </u>	<u> </u>	ŀ	<u> </u>		<u> </u>	128,255		<del> </del>		16,629
1b c	Total from continuation sheets to Part		 n Δ				•	•	0				0
_	Total (add lines 1b and 1c)							<b>•</b>	128,255		1		16,629
2	Total number of individuals (including but						above	e) w	ho received m	ore than \$100.	000 of		
	reportable compensation from the organi												
											—	Yes	No No
3	Did the organization list any former of											_	اب_ا
	employee on line 1a? If "Yes," complete 3											<del>'</del>	<b>┤✓</b>
4	For any individual listed on line 1a, is the organization and related organizations												
	individual	_							•		. 4	_	\ <u>\</u>
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsai	tion	fro	m any	un un	related organiz	zation or indıvi		$\neg$	+
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	iedu	ıle J f	or s	such person		. 5	5	<b>V</b>
Section	n B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	ar y	year ending wit	n or within the	organiza	ιτιοn's	tax
	year.									· · ·			
	(A) Name and business add	ress							(B) Description of s	ervices		C) ensation	
NONE													
		,						<u>L</u>					<del></del> .
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who			
	received infore man \$ 100,000 or compens	sauon nom	uie 0	ıyal	ıı∠d	uUII							

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts si	1a	Federated campaigns 1a	14,869				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S, E	С	Fundraising events 1c					
a g	d	Related organizations 1d					
iE,	е	Government grants (contributions) 1e	1,460,771				
ë g	f	All other contributions, gifts, grants,					
혈통		and similar amounts not included above 1f	767,481				
a a	g	Noncash contributions included in lines 1a-1f: \$	357,108	0.040.404			
	h	Total. Add lines 1a-1f	Business Code	2,243,121			
Program Service Revenue	0-		Business Code				
ě	2a b						
9	C						
Ž	d						
Š	e						
ga	f	All other program service revenue .				<del></del>	-
P.	g	Total. Add lines 2a–2f					
	3	Investment income (including divide	ends, interest,				
		and other similar amounts)	•	109			109
	4	Income from investment of tax-exempt bo	ond proceeds ►				
	5	Royalties	🕨				
		(ı) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)  Gross amount from sales of (i) Securities	▶				
	7a	assets other than inventory	(11) 5 11 101				
	ь	Less. cost or other basis	-				
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>				
e	8a	Gross income from fundraising					
evenue		events (not including \$					
Re		of contributions reported on line 1c).					
er		See Part IV, line 18 a					
Other	b	Less: direct expenses b					
		Net income or (loss) from fundraising	events . ▶_				
	9a	Gross income from gaming activities.					
	_	See Part IV, line 19 a					
		Less: direct expenses b	uition				
		Net income or (loss) from gaming acti Gross sales of inventory, less	vities ▶			-	
	IVa	returns and allowances a					
	ь	Less: cost of goods sold b					
	C	Net income or (loss) from sales of inve		·			
	Ť	Miscellaneous Revenue	Business Code				
	11a	Returned/Refunded Assistance	541900	99	99		
	b	Miscellaneous	541900	183	183		
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🟲	282			
	12	Total revenue. See instructions	<u> ▶</u>	2,243,512	391		391

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question	in this Part IX		
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<u> </u>	Grants and other assistance to governments and		ехрензез	general expenses	expenses
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in		<del></del>	<del></del>	
2	the United States. See Part IV, line 22	352,806	352,806		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	148,156		145,670	2,486
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,016,200	969,918	10,260	36,022
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,660	14,615		45
9	Other employee benefits	166,631	166,279		352
10	Payroll taxes	119,248	103,727	11,575	3,946
11	Fees for services (non-employees):	,	•	•	· · ·
а	Management				
b	Legal				
С	Accounting	9,500		9,500	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	·			
f	Investment management fees				·
g	Other	4,598	4,166	432	
12	Advertising and promotion				
13	Office expenses	105,946	93,793	7,260	4,893
14	Information technology	12,000	8,264	2,654	1,082
15	Royalties				
16	Occupancy	73,332	73,323	9	
17	Travel	11,846	11,292	538	16
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,265	1,561	704	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	107,520	99,928	7,592	
23	Insurance	17,291	17.291		
24	Other expenses. Itemize expenses not covered				
	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 O.)				
a	Youth Education supplies and field trip	5,481	5,481		
b	Membership, Dues and Fees	6,970	327	5,253	1,390
C	Direct Clients Benefit	14,852	14,852	500	
d	Food-Perishable & Non-Perishable	50,719	49,780	589	350
e	All other expenses Miscellaneous	8,446	4,619	1,772	2,055
25	Total functional expenses. Add lines 1 through 24e	2,248,467	1,992,022	203,808	52,637
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				5000 (044)

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	153,576	1	430,400
2	Savings and temporary cash investments	310,502	2	100,000
3	Pledges and grants receivable, net		3	······································
4	Accounts receivable, net	260,341	4	258,481
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
		<del></del>	5	
6	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 instructions)		6	
7 8	Notes and loans receivable, net		7	
ਵੀ 8	Inventories for sale or use	15,031	8	17,647
9	Prepaid expenses and deferred charges	9,611	9	6,406
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 2,639,128			
Ь	Less: accumulated depreciation 10b 1,656,529	1,043,889	10c	982,602
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	13,213	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,806,163	16	1,795,536
17	Accounts payable and accrued expenses	90,505	17	88,162
18	Grants payable		18	
19	Deferred revenue	0	19	1,601
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons			
	Complete Part II of Schedule L		22	
-   20	Secured mortgages and notes payable to unrelated third parties	34,400	23	
24	Unsecured notes and loans payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	24	· <del>-</del>
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	59,648	25	89,118
26	Total liabilities. Add lines 17 through 25	184,553		178,881
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	10 1,000		.,,,,,,,,
27	Unrestricted net assets	1,594,171	27	1,599,534
28	Temporarily restricted net assets	27,439	28	17,121
27 28 29 30 31 32 33 33	Permanently restricted net assets		29	
5   2   30	Capital stock or trust principal, or current funds		30	<del></del>
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
g   32	Retained earnings, endowment, accumulated income, or other funds.		32	
33	Total net assets or fund balances	1,621,610	33	1,616,655
		1,806,163	34	1,795,536

Page <b>12</b>
2,243,512
2,248,467
(4,955)
1,621,610
0

Form 990 (2011)

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,24	3,512
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,24	8,467
3	Revenue less expenses. Subtract line 2 from line 1	3		(4	1,955)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,62	1,610
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		1,61	6,655
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expl	lain i	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. 2a		✓
b	Were the organization's financial statements audited by an independent accountant?		. 2b	>	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	ersigh	nt 🗀		
	of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, exp	lain i	n 🗀		
	Schedule O		Ì		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	wer	e		
	issued on a separate basis, consolidated basis, or both:				
	☐ 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 set for	orth i	n -		
	the Single Audit Act and OMB Circular A-133?		. За	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	go th	e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	dits	3b	✓	
			For	n <b>990</b>	(2011)

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

### **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

Employer identification number

39-1592900 Hope House of Milwaukee, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (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(iu) Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (i) Name of supported (vi) Is the (v) Did you notify (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support col (i) of your governing document? (i) organized in the above or IRC section. support? US? (see instructions)) Yes No Yes Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part 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.) **Section A. Public Support** (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2007 **(b)** 2008 (c) 2009 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 1,658,260 1,637,808 2,128,082 2,240,942 2,243,121 9,908,213 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 2,240,942 2,243,121 9,908,213 1,658,260 1,637,808 2,128,082 Total. Add lines 1 through 3. . . . 5 The portion of total contributions by (other than each person governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Se 1

6	Public support. Subtract line 5 from line 4.							9,908	,213
	on B. Total Support								
ilen	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010		2011	(f) Tota	
7	Amounts from line 4	1,658,260	1,637,808	2,128,082	2,240,942		2,243,121	9,908	,213
8	Gross income from interest, dividends, payments received on securities loans,								
	rents, royalties and income from similar								
	sources	12,128	7,073	1,392	280		109	20	,982
9	Net income from unrelated business								
	activities, whether or not the business								
	is regularly carried on								
0	Other income. Do not include gain or								
	loss from the sale of capital assets	:							
	(Explain in Part IV.)	4,800	360	1,952	867		282		,261
1	Total support. Add lines 7 through 10	/!		<u> </u>		10		9,937	
2	Gross receipts from related activities, etc					12		- FO1/a\/S	0
3	First five years. If the Form 990 is for the organization, check this box and stop he	-						n 501(c)(3 ■	" ▶ □
o ti	on C. Computation of Public Suppor			· · · · · ·		<u> </u>	<del></del>		
<u>։Շա</u> 4	Public support percentage for 2011 (line			1 column (f))		14		99.7057	7 %
5	Public support percentage from 2010 Sci		•			15		99.5267	
6a	331/3% support test—2011. If the organi					/3 <b>%</b> O	r more, cl		
	box and stop here. The organization qua							. •	V
b	331/3% support test-2010. If the organ					15 is	s 33 <sup>1</sup> /3%	or more,	
	check this box and stop here. The organ	izatıon qualıfie	s as a publicly	supported org	anization .			. ▶	
7a	10%-facts-and-circumstances test 26								
	10% or more, and if the organization me								
	Part IV how the organization meets the "f	acts-and-circi	ımstances" tes	st. The organiza	ation qualifies	as a p	oublicly su	pported	_
	organization					• •			
b	10%-facts-and-circumstances test—2								
	15 is 10% or more, and if the organization may be sufficiently be sufficiently and sufficient to the sufficient of the s								
	supported organization	ieets the ract		tances test. II		ii qua		. Publicly	
R	Private foundation. If the organization di	d not check a	box on line 13	. 16a. 16b. 17a	. or 17b. chec	k this	box and	see	ب
-	instructions							. >	
					Sch	nedule	A (Form 990	or 990-EZ	2011
					<b>V</b> 0.			,	, •

1

#### 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	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	(-)	1-,	(=, ====			.,
	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			<del> </del>			
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge				ŀ		
6	Total. Add lines 1 through 5		-				· · · · ·
	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 amount on line 13 for the year		<u> </u>				<b></b>
_	Add lines 7a and 7b						<b></b>
8	Public support (Subtract line 7c from			ŀ			
Socti	Inne 6.)	<u> </u>	1	L			
	on B. Total Support	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
Calen 9	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2007	(b) 2006	(6) 2009	(u) 2010 _	(6) 2011	(1) 10tai
9 10a	Gross income from interest, dividends,		<del> </del>				<u> </u>
iva	payments received on securities loans, rents,						
	royalties and income from similar sources .				[		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				1		1
	acquired after June 30, 1975		ļ				
С	Add lines 10a and 10b						
11	Net income from unrelated business				1		
	activities not included in line 10b, whether						
40	or not the business is regularly carried on		<del>                                     </del>	<del>                                     </del>			<del> </del>
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,		1	1			<del>                                     </del>
	and 12.)						<u> </u>
14	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he						<b>&gt;</b> 🗀
	on C. Computation of Public Support					1 := 1	
15	Public support percentage for 2011 (line						%_
16	Public support percentage from 2010 Sc			<u> </u>	<u></u>	16	%
	on D. Computation of Investment In			velino 12 octo	mn (f))	17	
17	Investment income percentage for 2011 (						<u>%</u> %
18 19a	Investment income percentage from 2010 331/3% support tests—2011. If the organ	ization did no	rarem, iiie 17 t check the bo	 x on line 14 a	nd line 15 is m	nore than 331/3	
ıyd	17 is not more than 331/3%, check this box						
b	331/s% support tests—2010. If the organiz	-	_				_
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

art II, Section B, Line 10:						
art ii, Section B, Line 10.						
Description	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	
eturned/Refund Assistance	562	15	62	195	99	
liscellaneous Income	4,238	345	1,890	672	183	
otal Line 10	4,800	360	1,952	867	282	
			·			
	<del>-</del>		<b></b>			
			•••••			
·						

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047
2011
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

b. Open to Public Inspection

Employer identification number

Hope .	louse of Milwaukee, Inc.		39-1592900
Par		or Advised Funds or Other Similar F	unds or Accounts. Complete if the
	organization answered "Yes" to Fo		
		(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 funds are the organization's property, subject		
6		e benefit of the donor or donor advisor,	or for any other purpose
Par	II Conservation Easements. Comp	lete if the organization answered "Ye	es" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held I	by the organization (check all that apply).	
	<ul> <li>□ Preservation of land for public use (e.g., l</li> <li>□ Protection of natural habitat</li> <li>□ Preservation of open space</li> </ul>		n of an historically important land area n of a certified historic structure
2	Complete lines 2a through 2d if the organiza easement on the last day of the tax year.	ation held a qualified conservation contrib	
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer		
d	Number of conservation easements includ historic structure listed in the National Regis	led in (c) acquired after 8/17/06, and r	
3	Number of conservation easements modified tax year ►	d, transferred, released, extinguished, or	terminated by the organization during the
<b>4</b> <b>5</b>	Number of states where property subject to Does the organization have a written pol violations, and enforcement of the conservations.	licy regarding the periodic monitoring,	
6	Staff and volunteer hours devoted to monito		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation e	easements during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requiremend	nts of section 170(h)(4)(B)
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation e	text of the footnote to the organization's	
Part		ections of Art, Historical Treasures, vered "Yes" to Form 990, Part IV, line	
1a	If the organization elected, as permitted und works of art, historical treasures, or other public service, provide, in Part XIV, the text of	similar assets held for public exhibition	, education, or research in furtherance of
b	If the organization elected, as permitted ur works of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition	
	(i) Revenues included in Form 990, Part VIII,	, line 1	
2	If the organization received or held works following amounts required to be reported u		niiar assets for financiai gain, provide the
a h	Revenues included in Form 990, Part VIII, lin	ne1	<b>&gt;</b> \$

Part	Organizations Maintaining							
3	Using the organization's acquisition,		ther reco	rds, chec	k any of th	e follow	ing that are a	significant use of its
	collection items (check all that apply):			_				
а	Public exhibition				or exchang			
b	Scholarly research		е					
C	Preservation for future generations							
4	Provide a description of the organizat	tion's collections	and expla	ain how th	ney further	the orga	anization's exe	mpt purpose in Part
_	XIV.	11 21						I
5	During the year, did the organization assets to be sold to raise funds rather							
Dowl								
Part	line 9, or reported an amoun	t on Form 990, I	Part X, li	ne 21.				
1a	Is the organization an agent, trustee,							
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and compl	ete the fo	ollowing to	able:		1	\
						-	<u> </u>	Amount
С	Beginning balance					1c	<del></del>	
d	Additions during the year					1d	<del></del>	
e	Distributions during the year					1e		
f	Ending balance					1f		☐ Yes ☐ No
2a	Did the organization include an amount		art X, line	217 .				☐ Tes ☐ No
Par	If "Yes," explain the arrangement in P.  Endowment Funds. Complete	arı AIV. ete if the organiz	zation ar	newored	"Ves" to F	Form 90	00 Part IV lin	o 10
гаі	Endowine it i dids. Comple	(a) Current year		or year			(d) Three years bad	
1a	Beginning of year balance	(2) 00.10.11.) 00.1	<b>\-/</b> ···	,	(0) 1110 ) 011	-	,	(6)
b	Contributions							
C	Net investment earnings, gains, and						· · ·	
·	losses		İ			İ		
d	Grants or scholarships							
e	Other expenditures for facilities and							
•	programs					1		
f	Administrative expenses		<del> </del>					
g g	End of year balance	<u></u>	<del> </del>				-	
2	Provide the estimated percentage of t	he current vear er	nd balanc	e (line 1a	, column (a	a)) held a	ıs:	<del>'</del>
а	Board designated or quasi-endowmen			, ,	•	,,		
b	Permanent endowment ▶							
С	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2		00%.					
За	Are there endowment funds not in the	e possession of th	he organi	zation tha	at are held	and adr	ministered for t	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(.,,							3a(ii)
b	If "Yes" to 3a(ii), are the related organi							3b
4	Describe in Part XIV the intended uses							
Part						T	<del></del>	
	Description of property	(a) Cost or of (investment)		1	r other basis ther)		Accumulated preciation	(d) Book value
1a	Land				40,000			40,000
b	Buildings				2,223,383		1,354,103	869,280
С	Leasehold improvements							
d	Equipment				343,491		272,222	71,269
е	Other				32,253		30,200	2,053
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	X, column	(B), line 10	O(c).) .	▶	982,602

A	Part VII	Investments - Other Securities.	See Form 990, Part X,	line 12.	
	(4	a) Description of security or category		(c) Method of val	
(3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financia	Il derivatives			
A	(2) Closely-	held equity interests [			
(G) (C) (D) (E) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (G) (F) (F) (G) (G) (F) (F) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(3) Other				
C					
Column   C					
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)	**********				
(G) (G) (G) (F) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I					
G					
(i) (i) (ii) (iii) (iii) (iiii)  (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiii) (iiiiii)  (iiiiii) iiii) (iiiii) (iiii) i) (iiii) (iiii) (iiiiii) (iiii)  (iiii) iiii) (i					
10   10   10   10   10   10   10   10					
Total,   Column (b) must equal Form 990, Part X, col. (B) line 12,   Part X   Total.   Column (b) must equal Form 990, Part X, col. (B) line 15,   Part X   Other Liabilities. See Form 990, Part X, line 25.   (a)   (b) Book value   (c) Method of valuation   (c) Method of valua					
Investments - Program Related. See Form 990, Part X, line 13.					
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			Cae Form 000 Dort V	line 12	
(1)   Cost or end-of-year market value   (1)   (2)   (3)   (4)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (10)	Part VIII				
(2) (3) (4) (5) (6) (7) (8) (9) (10) 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) Book value (c) Book		(a) Description of investment type	(b) Book value		
(3) (4) (5) (6) (7) (8) (9) (10) 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) (c) Book value (c) Book va					
(6) (6) (7) (8) (9) (10) 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) (4) (5) (6) (7) (8) (9) (10) 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 lability (b) Book value  (7) Federal income taxes (2) Protective Payee 63,502 (3) Capital Lease 25,616 (4) (5) (6) (7) (6) (9) (10) (10) (11)					
(5)   (6)   (7)   (8)   (9)   (10)   Total. (Column (b) must equal Form 990, Part X, col (B) line 13)   Part IX			<del></del>		· · · · · · · · · · · · · · · · · · ·
(6) (7) (8) (9) (10) 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) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) 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) Book value  (1) Federal income taxes  (2) Protective Payee 63,502 (3) Capital Lease 25,616 (4) (5) (6) (7) (8) (9) (10) (10) (11)					
(7) (8) (9) (10) 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) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) 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) Book value  (1) Federal income taxes (2) Protective Payee 63,502 (3) Capital Lease 25,616 (4) (5) (6) (7) (8) (9) (10) (10) (11)			····		
(B) (9) (10)  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) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) 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) Book value  (1) Federal income taxes  (2) Protective Payee (3,502 (3) Capital Lease (25,616 (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (11)					
(9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)   Part IX   Other Assets. See Form 990, Part X, line 15.					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.					
Part IX		(b) must equal Form 990, Part X, col. (B) line 13.)			
(a) 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 15). ▶  Part X Other Liabilities. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) Protective Payee 63,502 (3) Capital Lease 25,616 (4) (5) (6) (7) (8) (9) (10) (11)			t X. line 15.		:
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) 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) Book value (1) Federal income taxes (2) Protective Payee 63,502 (3) Capital Lease 25,616 (4) (4) (5) (6) (7) (8) (9) (10) (11)	Tartix				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)  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) Book value (1) Federal income taxes (2) Protective Payee 63,502 (3) Capital Lease 25,616 (4) (5) (6) (7) (8) (9) (10) (11)	(1)		<u></u>		
(3) (4) (5) (6) (7) (8) (9) (10) 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) Book value (1) Federal income taxes (2) Protective Payee 63,502 (3) Capital Lease 25,616 (4) (5) (6) (7) (8) (9) (10) (11)					
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(5) (6) (7) (8) (9) (10) 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) Book value (1) Federal income taxes (2) Protective Payee 63,502 (3) Capital Lease 25,616 (4) (5) (6) (7) (8) (9) (10) (11)					-
(6) (7) (8) (9) (10)  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) Book value (1) Federal income taxes (2) Protective Payee 63,502 (3) Capital Lease 25,616 (4) (5) (6) (7) (8) (9) (10) (11)					
(7) (8) (9) (10)  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) Book value (1) Federal income taxes (2) Protective Payee 63,502 (3) Capital Lease 25,616 (4) (5) (6) (7) (8) (9) (10) (11)					
(9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(7)				
(9) (10)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(8)				<u> </u>
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) Book value           (1) Federal income taxes           (2) Protective Payee         63,502           (3) Capital Lease         25,616           (4)         (5)           (6)         (7)           (8)         (9)           (10)         (11)			11 -1		
Part X   Other Liabilities. See Form 990, Part X, line 25.	(10)				
1. (a) Description of liability       (b) Book value         (1) Federal income taxes       63,502         (2) Protective Payee       63,502         (3) Capital Lease       25,616         (4)       (5)         (6)       (7)         (8)       (9)         (10)       (11)				<u> ▶</u>	
(1) Federal income taxes (2) Protective Payee 63,502 (3) Capital Lease 25,616 (4) (5) (6) (7) (8) (9) (10)					
(2) Protective Payee 63,502 (3) Capital Lease 25,616 (4) (5) (6) (7) (8) (9) (10) (11)			(b) Book value		
(3) Capital Lease     25,616       (4)     (5)       (5)     (6)       (7)     (8)       (9)     (10)       (11)     (11)				-	
(4) (5) (6) (7) (8) (9) (10)				4	
(5) (6) (7) (8) (9) (10) (11)		Lease	25,616	4	
(6) (7) (8) (9) (10) (11)	(5)			1	
(7) (8) (9) (10) (11)				1	
(8) (9) (10) (11)	(7)			-	
(9) (10) (11)	(8)			1	
(10) (11)				1	
(11)				1	
				†	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(b) must equal Form 990, Part X, col. (B) line 25 ) ▶	89,118	1	

Je per	1 2 3 4 5 6 7 8 9 10 Return	2,243,512 2,248,467 (4,955)
ie per	3 4 5 6 7 8 9 10 Return	(4,955)
e per	4 5 6 7 8 9 10 Return	
e per	5 6 7 8 9 10 Return	(4,955)
ie per	6 7 8 9 10 Return	(4,955)
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Je per	10 Return	(4,955)
ıe per	Return	(4,955)
•	1	
		2,246,429
2,917	7	
	1	
	2e	2,917
	3	2,243,512
	7	
	4c	
	5	2,243,512
ses p	er Return	
	1	2,251,384
2,917	7	
	1	
	2e	2,917
	3	2,248,467
	7	
	4c	0
	5	2,248,467
	2,91	3

# SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

2011

OMB No. 1545-0047

Open to Public Inspection

Employer identification number ► Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization

Hope House of Milwaukee, Inc.							39-1592900
Part   General Information on Grants and Assistance	on Grants and	Assistance	of the grants or	assistance the d	rantees' elicibility fo	r the grants or assistan	and and
The organization maintain records to substantiate firs at the selection criteria used to award the grants or assistance?	am records to subs	or assistance?				י י י י י י י י י י י י י י י י י י י	. · · · · Ves · · No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring t	he use of grant fur	ds in the United	States.		
Part II 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.	ssistance to Go line 21, for any r	vernments and ecipient that rec	Organizations i	n the United St \$5,000. Check	tates. Complete if this box if no one	f the organization ans recipient received mo	wered "Yes" ore than \$5,000.
Part II can be duplicated if additional space is needed	ted if additional	space is needed					□
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(6)							
(4)							
(5)							
(9)							
(i)							
(8)							
(6)							
(10)							
(11)							
(12)							
<ul> <li>Enter total number of section 501(c)(3) and government organizat</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>	n 501(c)(3) and govorganizations listed	emment organization of the line 1 table	organizations listed in the line 1 table ne 1 table	ne 1 table			<b>A A</b>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Number of (c) A	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1. In Kind Donation	108		\$ 943	Donor Stated Value	Books and Publications
2. In Kind Donation	208		\$ 36,146	Donor Stated Value	Clothing and Household Goods
3. In Kind Donation	10,700		\$ 233,836	Donor Stated Value	Food
4. In Kind Donation	208		\$ 906'6	Donor Stated Value	Hygiene
5. In Kind Donation	82		\$ 4,300	Donor Stated Value	Furniture
6. In Kind Donation	25		\$ 2,121	Donor Stated Value	Event Tickets
7. In Kind Donation	206		892'6 \$	Donor Stated Value	Toys
8. In Kind Donation	249		\$ 16,548	Donor Stated Value	Holiday Gift Bags
9. In Kind Donation	809		\$ 32,117	Donor Stated Value	Office/School Supplies
10. In Kind Donation	-		\$ 500	Donor Stated Value	Computer Equipment
11. In Kind Donation	4		\$	Donor Stated Value	Infant Items
12. In Kind Donation	208		\$ 8.257	Donor Stated Value	Other

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. **Part IV**  All Other Assistance are in-kind donations Donors record in-kind item descriptions and value, records are kept on all donations. The donations are distributed

through appropriate program area. Food is the largest in-kind item, its distribution is made to clients of the Food Pantry and Residential Programs. Client

at an annual Street Fair/Shinning Stars Programs), Household Goods (graduates of Residential Programs), Holiday Gift Bags (Community Outreach , Residential

files record food distributions and meals served. In addition food pantry inventory is audited annually. Other donated items including School Supplies (distributed

Programs), Hygiene Items (Food pantry, Residential Programs). All donations are stored in secure locations prior to distribution.

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered "Yes" on Form 990. Part IV. lines 29 or 30. Attach to Form 990.

Open To Public Inspection

Employer identification number

Hope House of Milwaukee, Inc. 39-1592900 **Types of Property** Part I (c) (a) Noncash contribution Check If Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . . . 2 Art-Historical treasures . . . 3 Art - Fractional interests . . . 4 Books and publications . . . 1 943 Donor stated values 5 Clothing and household goods . . . . . . . . . 36,146 Donor stated values 6 Cars and other vehicles . . . 7 Boats and planes . . . . . 8 Intellectual property . . . . 9 Securities-Publicly traded . . 10 Securities—Closely held stock . Securities - Partnership, LLC, 11 or trust interests . . . . . 12 Securities-Miscellaneous . . Qualified conservation contribution-Historic structures . . . . . . . . . . Qualified conservation 14 contribution-Other . . 15 Real estate - Residential . . . 16 Real estate -- Commercial . 17 Real estate - Other . . . . Collectibles . . . . . . . 18 236,453 Donor stated values 19 Food inventory . . . . . . 601 20 Drugs and medical supplies . . . 21 Taxidermy . . . . . . . 22 Historical artifacts . . . . 23 Scientific specimens . 24 Archeological artifacts . . 25 Other ► ( Holiday Gift Items ) 81 26.316 Donor stated values 26 Other ▶ ( Office/School suppl) 41 32.617 Donor stated values Other ► ( Hygiene items 27 80 9,906 Donor stated values Other ▶ ( Miscellaneous 28 69 14,727 Donor stated values 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Part II	Form 990) (2011)  Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b,
	and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the
	number of items received, or a combination of both. Also complete this part for any additional information.
Part 1, Line	e 28 - Bicycle \$15 + Furniture \$4,300 + Infant Item \$50 + Event Tickets \$2,121 + plants \$50 + Others \$8,191 = \$14,727.
"Others" ir	ncludes craft materials, games, bus tickets, misc garden and outdoor items, etc.
	······································

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 39-1592900 HOPE HOUSE OF MILWAUKEE INC Part III Line 4d Description of Other Program Services **Expenses** Protective Payee Services for disabled adults and families (Expenses \$125,047 including Grant of \$ 8,915 ) (Revenue \$ The Protective Payee Program is designed to provide financial oversight, budget counseling and supportive case management for individual with severe mental illness and other disabilities who need that little extra support to prevent homelessness. The program provides careful financial oversight for individuals with limited disability income, so that the individual stays in housing and has the resources to provide for basic needs. (Expenses \$87,597 including Grant of \$ (Revenue \$ **Homeless Management Information Systems** (Expenses \$45,353 including Grant of \$ 5,462 ) (Revenue \$ Single Room Occupancy-Surgeon's Quarters (Expenses \$12,910 including Grant of \$ (Revenue \$ **Angle of Hope Clinic-Medical Services** (Expenses \$123,910 including Grant of \$ 17,169 ) (Revenue \$ **Shining Star-Youth Education Program** (Expenses \$62,932 including Grant of \$ 14,746 ) (Revenue \$ **Community Outreach** (Revenue \$ (Expenses \$154,731 including Grant of \$ 3,300 ) Mercy Housing-Johnston Center Resident Services Homelessness Prevention & Rapid Re-Housing (Expenses \$76,749 including Grant of \$ 7,402 ) (Revenue \$ (Expenses \$7,316 including Grant of \$ 1,733 ) (Revenue \$ Path to Progress **Total Other Program Services Part III Line 4d** (Expenses \$696,545 including Grant of \$ 58,727 ) (Revenue \$ Part VI Section B Policies Line 11b - At the time of annual financial audit approval process the 990 form is presented to the executive Director, Finance-Personnel Committee and Board of Directors. Line 12c - Board member sign acknowledgement of receipt of policy, Board signs off on purchases more than \$5,000 including monitoring of vendor. Line 15a and Line 15b - The organization monitors local wage studies issued by the NonProfit Center of Milwaukee and the salary range for officers of similar sized non-profits operating in Southeastern Wisconsin. Part VI Section C. Disclosure Line 19 - Governing conflict of interest and financial statement documents are available upon written request.

# HOPE HOUSE OF MILWAUKEE, INCORPORATED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010



# HOPE HOUSE OF MILWAUKEE, INCORPORATED

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#### Independent Auditor's Report

Board of Directors Hope House of Milwaukee, Incorporated

We have audited the accompanying balance sheets of Hope House of Milwaukee, Incorporated as of December 31, 2011 and 2010, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of Hope House of Milwaukee, Incorporated's management. Our responsibility is to express an opinion on these financial statements based on our audit

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hope House of Milwaukee, Incorporated as of December 31, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

In accordance with *Government Auditing Standards*, we have also issued our report dated April 24, 2012, on our consideration of Hope House of Milwaukee, Incorporated's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grants. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audit

Our audit was performed for the purpose of forming an opinion on the basic financial statements of Hope House of Milwaukee, Incorporated taken as a whole. The accompanying schedules of unrestricted functional revenue and expenses, program revenue and expenses and the schedule of expenditures of federal and state awards required by U. S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and in accordance with applicable State of Wisconsin audit guides, are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

RITZ HOLMAN LLP
Certified Public Accountants

Milwaukee, Wisconsin April 24, 2012

Rıtz Holman LLP

Serving businesses, nonprofits, individuals and trusts

Two Plaza East, Suite 550 330 East Kilbourn Avenue

t 414 271 1451 f 414 271 7464

Milwaukee, WI 53202

rıtzholman com

# HOPE HOUSE OF MILWAUKEE, INCORPORATED BALANCE SHEETS DECEMBER 31, 2011 AND 2010

	ASSETS				
OUDDENT ASSETS		_	2011	_	2010
CURRENT ASSETS  Cash and Cash Equivalents  Accounts Receivable  Grants Receivable Investments	  -  -	\$	366,898 46,175 212,306 100,000	\$	404,430 48,470 211,871 
Inventory Prepaid Expenses Total Current Assets		\$	17,647 6,406 749,432	<u>\$</u>	15,031 9,611 689,413
FIXED ASSETS  Land  Building and Improvements  Furniture and Equipment  Less: Accumulated Depreciation  Total Fixed Assets		\$ <u>\$</u>	40,000 2,223,383 375,745 (1,656,526) 982,602	\$	40,000 2,219,483 333,412 (1,549,006) 1,043,889
OTHER ASSETS Cash - Protective Payee Accounts WHEDA Replacement Reserve Total Other Assets	 	\$ <u>\$</u>	63,502  63,502	\$ <u>\$</u>	59,648 13,213 72,861
TOTAL ASSETS	i i 	<u>\$</u>	1.795.536	<u>\$</u>	1.806.163
l	IABILITIES AND NET ASSETS				
CURRENT LIABILITIES Accounts Payable Accrued Payroll Accrued Vacation Current Portion of Long-Term Liability Total Current Liabilities	ties	\$	21,956 55,365 12,442 5,289 95,052	\$	27,352 52,555 10,598 10,000 100,505
LONG-TERM LIABILITIES  Mortgage Payable Less: Current Portion of Mortgage payable Capital Leases Less: Current Portion of Capital Lease Total Long-Term Liabilities		\$	25,616 (5,289) 20,327	\$	34,400 (10,000)  24,400
OTHER LIABILITIES Protective Payee Liability Total Other Liabilities Total Liabilities		\$ \$ \$	63,502 63,502 178,881	\$ \$ \$	59,648 59,648 184,553
NET ASSETS Unrestricted Temporarily Restricted Total Net Assets		\$ <u>\$</u>	1,599,534 17,121 1,616,655	\$ <u>\$</u>	1,594,171 27,439 1,621,610
TOTAL LIABILITIES AND NET	ASSETS	<u>\$</u>	1.795.536	\$	1.806.163

The accompanying notes are an integral part of these financial statements

# HOPE HOUSE OF MILWAUKEE, INCORPORATED STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	1	2011			2010							
				emporarily					Temporarily			
	1	Jnrestricted		Restricted		Total		Unrestricted		Restricted		Total
REVENUE	1											
Department of Housing and	ļ											
Urban Development	1		_		_		_		_		_	
Supportive Housing Program	\$	584,741	\$		\$	584,741	\$	582,193	\$		\$	582,193
Homeless Management												
Information System		67,160				67,160		48,384				48,384
Homeless Management	1											
Information System Expansion	i							11,231				11,231
Supportive Services -	- 1											
Single Room Occupancy Program	1	31,423				31,423		31,482		_		31,482
City of Milwaukee												
Shelter Grant		96,520				96,520		106,327				106,327
Community Organizer	- ;	44,563				44,563		46,901				46,901
HPRP Families		72,673				72,673		69,892				69,892
Youth Program		27,233				27,233		28,986				28,986
Emergency Shelter Grant	ı	86,971				86,971		87,068				87,068
Health Care for the Homeless												
State Shelter		21,664				21,664		25,664				25,664
Angel of Hope Clinic		10,000				10,000		10,000				10,000
Department of Public Instruction		23,979				23,979		28,227				28,227
Mercy Housing		141,534				141,534		80,245				80,245
Milwaukee County -		,				·		,				•
Department of Health Services	,											
Adult Service	- 1	20,482				20,482		20,482				20,482
Community Advocates	1					•		•				, -
Protective Payee		96,826				96,826		90,913				90,913
Emergency Shelter Grant	1	28,945				28,945		40,359				40,359
Emergency Food and Shelter	I	21,174				21,174		31,484				31,484
Brighter Futures	1	71,436				71,436		73,078				73,078
Wisconsin Housing and Economic	!	11,400				7 1, 100		.0,0.0				10,070
Development Authority	1							5,000				5.000
Other Governmental Grants		13,447				13.447		14,073				14,073
Community Shares		14,869				14,869		15,320				15,320
Contributions	ı	393,252		17,121		410,373		354,104		27.439		381,543
Interest Income		109		17,121		109		280		27,400		280
Donated Goods and Services	l	360.025				360.025		415,134				415,134
Other Income	i	282				282		867				867
Loss on Disposal of Fixed Assets	ı	202						(7,480)				(7,480)
Net Assets Released From Restrictions	-	27,439		(27,439)				32,500				(7,400)
	_		_		_	0.040.400	_		_	(32,500)	_	0.007.050
Total Revenue	\$_	2,256,747	\$	(10,318)	<u>\$</u>	2,246,429	<u>\$</u>	2,242,714	<u>\$</u>	(5,061)	<u>\$</u>	2,237,653
EXPENSES	ſ											
Program Services	\$	1,994,890	\$		\$	1,994,890	\$	1,962,603	\$		\$	1,962,603
Management and General	•	203,857	-		•	203,857	•	202,287	•		-	202,287
Fund-Raising		52,637				52,637		55,761				55,761
Total Expenses	\$	2,251,384	\$		\$	2,251,384	\$	2,220,651	\$		\$	2,220,651
•	Ť				_		_				÷	
CHANGE IN NET ASSETS	\$	5,363	\$	(10,318)	\$	(4,955)	\$	22,063	\$	(5,061)	\$	17,002
Net Assets, Beginning of Year	[	1,594,171		27,439		1,621,610		1,572,108		32,500		1,604,608
	+		_		_				_		_	
NET ASSETS, END OF YEAR	\$	1,599,534	\$	<u> 17,121</u>	\$	1,616,655	\$	1,594,171	\$	27,439	\$	1,621,610

The accompanying notes are an integral part of these financial statements

# HOPE HOUSE OF MILWAUKEE, INCORPORATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	_	2011		2010
CASH FLOWS FROM OPERATING ACTIVITIES	•	(4.055)	•	47.000
Change in Net Assets	\$	(4,955)	\$	17,002
Adjustments to Reconcile Change in Net Assets to				
Net Cash Provided by Operating Activities  Depreciation		107,520		101,041
Loss on Disposal of Fixed Assets		107,520		7,480
Decrease in Accounts Receivable		2,295		17,440
Increase in Grants Receivable		(435)		(74,375)
(Increase) Decrease in Inventory		(2,616)		2,889
(Increase) Decrease in Inventory (Increase) Decrease in Prepaid Expenses		3,205		(5,374)
(Increase) Decrease in Other Assets		13,213		(3,529)
Increase (Decrease) in Accounts Payable		(5,396)		(3,329)
Increase in Accrued Payroll		2,810		8,791
Increase (Decrease) in Accrued Vacation		1,844		(246)
increase (Decrease) in Accided Vacation	_	1,044		(240)
Net Cash Provided by Operating Activities	\$	117,485	\$_	71,496
CASH FLOWS FROM INVESTING ACTIVITIES				
Purchase of Fixed Assets	\$	(17,017)	\$	(46,166)
Purchase of CD Investment	Φ	(100,000)	Ψ	(40, 100)
Fulchase of CD investment		(100,000)		
Net Cash Used in Investing Activities	\$	(117,017)	\$	(46,166)
CACH ELONIO EDOM EINANOINO ACTIVITIES				
CASH FLOWS FROM FINANCING ACTIVITIES	•	(24.400)	•	(40,000)
Payments on Mortgage	\$	(34,400)	\$	(10,000)
Payments on Capital Lease		(3,600)		
Net Cash Used in Financing Activities	\$	(38,000)	\$_	(10,000)
Net (Decrease) Increase in Cash and Cash Equivalents	\$	(37,532)	\$	15,330
The (Decrease) morease in Gash and Gash Equivalents	Ψ	(07,002)	Ψ	10,000
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR		404,430		389,100
CASH AND CASH EQUIVALENTS AT END OF YEAR	<u>\$</u>	366,898	\$	404,430
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION Interest Paid	\$	2,162	\$	2,176

Capital lease obligations of \$21,106 and \$8,110 were incurred when the Organization entered into new leases for new phone and copier equipment in 2011.

The accompanying notes are an integral part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

# HOPE HOUSE OF MILWAUKEE, INCORPORATED NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2011 AND 2010

#### NOTE A - Summary of Significant Accounting Policies

#### Organization

Hope House of Milwaukee, Incorporated (the "Organization") is a not-for-profit corporation organized under the laws of the State of Wisconsin. The mission of the Organization is to end homelessness and create healthy communities within the city of Milwaukee.

#### **Financial Statement Presentation**

The Organization follows accounting standards contained in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) The ASC is the single source of authoritative accounting principles generally accepted in the United States (GAAP) for nongovernmental entities.

#### Cash and Cash Equivalents

The Organization considers all highly liquid debt instruments with original maturities of three months or less to be cash equivalents

The Organization currently services protective payee accounts. Included in the protective payee accounts is cash, which is required to be held in a separate bank account. Restricted cash as of December 31, 2011 and 2010 was \$63,502 and \$59,648, respectively.

#### **Fixed Assets**

Fixed Assets are recorded at cost. Depreciation is computed on a straight-line basis over the estimated useful lives of buildings (27 years), improvements (5 to 27 years) and furniture and equipment (3 to 10 years). Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. The Organization capitalizes all fixed assets greater than \$1,500

#### **Accounts Receivable**

Accounts and grants receivable are considered fully collectible; therefore, no allowance for doubtful accounts is considered necessary. It is the policy of the Organization to write off doubtful amounts directly to expense when deemed uncollectible.

#### Inventory

Donated product inventory is computed using the average wholesale value of one pound of product and the number of cases of formula as reported by a local food pantry.

#### **Basis of Presentation**

The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Assets of the restricted classes are created only by donor-imposed restrictions

# HOPE HOUSE OF MILWAUKEE, INCORPORATED NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2011 AND 2010

### NOTE A - Summary of Significant Accounting Policies (continued)

#### Contributions

All contributions are considered available for the Organization's general programs unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor are reported as temporarily or permanently restricted support and increase the respective class of net assets. Contributions received with temporary restrictions that are met in the same reporting period are reported as unrestricted support and increase unrestricted net assets. Investment income that is limited to specific uses by donor restrictions is reported as increases in unrestricted net assets if the restrictions are met in the same reporting period as the income is recognized.

#### **Contract Services**

Contract Services revenue represents grants and contracts with various funding sources. Revenue is recognized on cost reimbursement contracts in the accounting period when the expenses are incurred. Revenue is recognized on performance contracts in the accounting period based on the accomplishment of contract objectives without regard for expenditures Grants and contracts received by the various funding sources remain subject to audit for all years not closed by grantors. In the opinion of management, no provision is needed for any adjustments that may result from such audits.

#### **Contributions of Volunteer Services and Personal Property**

The accompanying financial statements reflect the value of individuals providing the Organization with certain specialized skills (i.e. doctor or teacher). Contributed volunteer services are recorded based upon the actual number of hours provided at the volunteer's prevailing hourly rates. Other unpaid volunteers provide services to the Organization, but these services do not meet the criteria for recognition as contributed services and, therefore, are not reflected in the accompanying financial statements.

Donations of personal property are recorded as contributions based upon estimated fair market value. Personal property includes items such as equipment, food and clothing.

The accompanying financial statements include volunteer services and personal property as donated goods and services and amounted to \$360,025 and \$415,134 for the years ended December 31, 2011 and 2010, respectively. Included in this amount is \$17,647 and \$15,031, which is reflected as inventory on the financial statements as of December 31, 2011 and 2010, respectively. All donations, including those classified as general and administrative, are passed through to clients.

#### Allocation of Functional Expenses

Functional expenses are allocated to each program based on direct expenditures incurred Any expenditure not directly chargeable is allocated to the programs based on the (1) appropriate level of employee full-time equivalents worked within that program or (2) square footage available to the applicable program.

#### Reclassifications

Certain amounts in the prior-year financial statements have been reclassified for comparative purposes to conform to the presentation in the current-year financial statements.

# HOPE HOUSE OF MILWAUKEE, INCORPORATED NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2011 AND 2010

### NOTE A - Summary of Significant Accounting Policies (continued)

#### **Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates

#### NOTE B - Grants Receivable

Grants Receivable consists of the following as of December 31.

Source	<u>2011</u>	<u>2010</u>
U.S. Department of Housing		
and Urban Development	\$ 89,122	\$ 87,928
City of Milwaukee	38,368	44,125
Health Care for the Homeless	4,247	729
Department of Public Instruction	3,526	5,295
Mercy Housing	3,695	39,032
Community Advocates	66,395	34,286
Department of Health and Human Services	3,414	
Other Government	<u>3,539</u>	476
Total	<u>\$212,306</u>	<u>\$211,871</u>

#### NOTE C - Mortgage Payable

The Organization paid off the remaining mortgage payable with the Wisconsin Health and Education Development Authority (WHEDA) with \$11,061 cash and the required reserve balance of \$13,575 in February of 2011

#### NOTE D - Temporarily Restricted Net Assets

At December 31, 2011 and 2010, the Organization had temporarily restricted net assets that were available for the following purposes:

i	<u>2011</u>	<u>2010</u>		
Protective Payee	\$ 10,000	\$		
Shining Star		12,000		
Food Pantry	7,121	3,955		
Mercy Housing		11,484		
Total	<u>\$ 17,121</u>	<u>\$ 27,439</u>		

# HOPE HOUSE OF MILWAUKEE, INCORPORATED NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2011 AND 2010

### NOTE E - Concentration of Risk

The Organization received grants from various agencies whose programs rely on the availability of funding from the United States government. For the years ended December 31, 2011 and 2010, approximately 66% and 64%, respectively, of the Organization's revenue was from sources which relied on revenue from the United States government.

# NOTE F - Operating Leases

The Organization leases certain office equipment under terms of non-cancelable operating leases ending at various times. Rent expense for the office equipment was \$10,322 and \$12,150 for the years ended December 31, 2011 and 2010, respectively.

The following is a schedule, by years, of the future minimum payments required under the leases as of December 31, 2011.

<u>Year</u>	<u>Amount</u>
2012	\$ 7,882
2013	2,755
2014	1,739
2015	1,231
2016	615
!	
Total	<u>\$ 14,222</u>

# NOTE G - Capital Lease - Phone System

During 2011, the Organization entered into a capital lease obligation for a phone system. The cost of \$21,106 is included in fixed assets. Total accumulated depreciation was \$3,518 at December 31, 2011. Amortization of the capital lease is included in depreciation expense for the year ended December 31, 2011.

Future minimum lease payments are as follows:

<u>Year</u>	<u>Amount</u>
2012	\$ 3,719
2013	4,110
2014	4,543
2015	5,020
2016	887
Total	<u>\$18,279</u>

# HOPE HOUSE OF MILWAUKEE, INCORPORATED NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2011 AND 2010

# NOTE H - Capital Lease - Copier

During 2011, the Organization entered into a capital lease obligation for a copier. The Fair Market Value of the copier of \$8,110 is included in fixed assets. Total accumulated depreciation was \$811 at December 31, 2011. Amortization of the capital lease is included in depreciation expense for the year ended December 31, 2011.

Future minimum lease payments are as follows:

<u>Year</u>	<u>Amount</u>
2012	\$ 1,570
2013	1,604
2014	1,639
2015	1,674
2016	850
Total	<u>\$ 7,337</u>

### NOTE I - Retirement Plan

The Organization made a discretionary payment of the lesser of three percent of an employee's gross wages or the employee's annual contribution to the plan Employer contributions to the plan during the year ended December 31, 2011 and 2010, were \$18,602 and \$14,387, respectively.

# NOTE J - Fair Value Measurements

The Organization has adopted the Financial Accounting Standards Board guidance on fair value measurements. A three-tier hierarchy is used to maximize the use of observable market data inputs and minimize the use of unobservable inputs and to establish classification of fair value measurements for disclosure purposes. Financial assets valued using level 1 inputs are based on unadjusted quoted market prices within active markets. Financial assets valued using level 2 inputs are based primarily on quoted prices for similar assets in active or inactive markets. Financial assets valued using level 3 inputs are based primarily on valuation models with significant unobservable pricing inputs and which result in the use of management estimates.

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of December 31, 2010:

Investment Category	Fair Value	Level 1	Level 2	Level 3
Money Market Funds - 2010	\$ 310,502	\$ 310,502	\$	\$

The money market funds are included in cash and cash equivalents on the financial statements. The net investment income consisted entirely of interest income. Interest income was \$280 in 2010.

# HOPE HOUSE OF MILWAUKEE, INCORPORATED NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2011 AND 2010

### NOTE K - Line of Credit

The Organization has a \$100,000 line of credit which matures November 15, 2012 Amounts borrowed under this agreement bear interest at the prime rate plus 2 75%, but not less than 5.0%. The line of credit is secured by the Organization's investments. As of December 31, 2011, none of the line of credit was drawn on.

### NOTE L - Line of Credit

The Organization is exempt from income tax under Section 501(c)(3) of the Internal Revenue Code and is classified as other than a private foundation. Management has reviewed all tax positions recognized in previously filed tax returns and those expected to be taken in future tax returns. As of December 31, 2011, the Organization had no amounts related to unrecognized income tax benefits and no amounts related to accrued interest and penalties. The Organization does not anticipate any significant changes to unrecognized income tax benefits over the next year.

# NOTE M - Subsequent Events

The Organization has evaluated events and transactions occurring after December 31, 2011 through April 24, 2012, the date the financial statements are available to be issued, for possible adjustments to the financial statements or disclosures. The Organization has determined that no subsequent events need to be disclosed.

# HOPE HOUSE OF MILWAUKEE, INCORPORATED SCHEDULE OF UNRESTRICTED FUNCTIONAL REVENUE AND EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2011

31,423		Chrysalis- Transitonal	HMIS	Threshold - Emergency	SRO	US Food Pantry Food Service	Angel of Hope Clinic	Shirring Star	Path to Progress	Community	Protective Payee	Mercy Housing	Rapid Re-Housing	Management and General	Fund- Raising	Total
The following mind the following mind the following mind the following mind the following mind the following program and selected in the following mind the following program and selected in the following mind the following										İ						
Frequency   See, 386   S   S   S   S   S   S   S   S   S	KEVENUES															
ing brogams 1 594398 5 1 5	Department of Housing and Urban Development										ŀ		1	1		
The secretary of the se	Comment Covering Country		ì	1			1		1	•	•			•	•	
Figure 1	Supportive nousing Program Homeless Management		İ	i		i				1	1	•		1		
onest-Granten  interpretation	Information System	1	67,160	i	į	l	ı	ı	ı	I	I	I	1	ļ	ı	67,160
Congativity Program  Teleform  Telef	Homeless Management															
tendent control frogation	Information System Expansion	ŀ	1	I	i	ı	1	ł	ì	i	I	ł	I	ł	i	i
Cocpanny Program  76410  ———————————————————————————————————	Supportive Services -															
Figure 1.78 (10)	Single Room Occupancy Program		i	I	31,423	ı	1	i	i	ı	i	I	I	I	1	31,423
Total Care   Tot	City of Milwaukee															
74,906	Shelter Grant	76,410	ı	20,110	!	I	ı	ŀ	i	i	I	l <sup>i</sup>	 		!!!!	96 520-
14.001	Community Organizer	1		  - 	,			1	1 	44.563	1	!	!	i	!	44,563
74,996	HPRP Families	ı	4 031	į	ł	i	1	l	I	!!!	ì	ı	68 642	1	i	72.673
14,906	Vorth Program	1	1	i		!	1	27 233	ļ	1	ı	1	! !	!	ı	27 233
17.300	total Carallel Carall	24.000		2000				3								96 074
23.979	Looth Comforth Handler	14,930	i	12,035	l	I	!	i	I	i	ŀ	ł	I	I	i	, 6 8
23.379																
23.979	State Sherrer	I	i	21,664	ŧ	l	1	ł	i	•	i	1	1	١_	i	500
23.979	Angel of Hope Clinic	I	ł	I	i	I	10,000	i	i	i	i	1	ì	ı	ŀ	10,000
17,371	Department of Public Instruction	23,979	I	i	I	i	i	I	1	i	ŀ	i	l	I	ı	23,979
17.371	Mercy Housing	!	I	ŀ	i	ı	ì	ı	i	ı	i	141,534	i	l	į	141,534
17,371	Milwaukee County - DHHS															
17,371	Adult Service	i	ı	20,482	i	l	i	1	l	I	ì	I	I	I	1	20,482
11,371	Community Advocates															
17,371	Protective Payee	1	I	i	I	I	I	1	ŀ	ı	96,826	i	ı	ı	!	96,826
Information   13,447	Emergency Shelter Grant	17,371	i	11,574	I	i	!	ł	1	1	I	I	1	1	i	28,945
13,447	Emergency Food and Shelter	i	l	21,174	I	į	i	I	ı	I	I	i	I	J	1	21,174
13,447	Bnghter Futures	i	ı	I	1	1	!	71,436	I	i	I	ļ	I	i	I	71,436
29,030	Wisconsin Housing and Economic															
29,030	Development Authority	i	ı	ı	i	I	I	i	l	ł	i	i	i	i	l	ı
29,030 — 44,300 1,000 12,926 — 19,304 7,500 — 25,000 — 254,092 100 3  1 Services 91,543 — 21,785 5,512 185,483 — 17,472 1,733 14,746 8,915 3,300 7,402 2,134 — 4  Fixed Assets — 3,955 — 12,000 \$ 147,830 \$ 9,412 \$ 59,309 \$ 130,741 \$ 156,318 \$ 76,044 \$ 256,438 \$ 14,969 \$ 2,22,344 \$ 14,969	Other Governmental Grants	i	13,447	l	i	İ	I	i	ı	I	i	ŧ	i	i	ł	13,447
29,030 — 44,300 1,000 12,926 — 19,304 7,500 — 25,000 — 254,092 100 3  1 Services 91,543 — 21,785 5,512 185,483 — 17,472 1,733 14,746 8,915 3,300 7,402 2,134 — 3    Fixed Assets	Community Shares	I	i	i	I	ı	i	1	ı	i	ŀ	ŀ	ı	I	14,869	14,869
s end Services 91,543 — 21,785 5,512 185,483 — 17,472 1,733 14,746 8,915 3,300 7,402 2,134 — 198	Contributions	29,030	ı	44,300	1,000	12,926	ı	19,304	7,500	I	25,000	1	1	254,092	100	393,252
send Services 91,543 — 21,785 5,512 185,483 — 17,472 1,733 14,746 8,915 3,300 7,402 2,134 — 3 14,746 Assets — — — — — — — — — — — — — — — — — — —	Interest Income	•	I	ı	i		ı	I	ı	ı	ı	ı	1	109	ł	109
asl of Fixed Assets — — — — — — — — — — — — — — — — — — —	Donated Goods and Services	91,543	ı	21,785	5.512	185,483	i	17,472	1,733	14,746	8,915	3,300	7,402	2,134	ł	360,025
** 897625 \$ 84638 \$ 173,124 \$ 37,935 \$ 202,364 \$ 10,000 \$ 147,830 \$ 9,412 \$ 59,309 \$ 130,741 \$ 156,318 \$ 76,044 \$ 256,438 \$ 14,969 \$ 2.55	Other Income	i	1	ı	!	I	I	I	179	I	i	i	ł	103	i	282
\$ 897625 \$ 84638 \$ 173,124 \$ 37,935 \$ 202,364 \$ 10,000 \$ 147,830 \$ 9,412 \$ 59,309 \$ 130,741 \$ 156,318 \$ 76,044 \$ 256,438 \$ 14,969 \$ 2.5	Loss on Disposal of Fixed Assets	ı	ì	I	ł	I	I	l	ı	ı	1	i	l	i	i	i
\$ 897,625 \$ 84,638 \$ 173,124 \$ 37,935 \$ 202,364 \$ 10,000 \$ 147,830 \$ 9,412 \$ 59,309 \$ 130,741 \$ 156,318 \$ 76,044 \$ 256,438 \$ 14,969 \$ 2.2	Net Assets Released From															
and) \$ 897.625 \$ 84.638 \$ 173,124 \$ 37,935 \$ 202,364 \$ 10,000 \$ 147,830 \$ 9,412 \$ 59,309 \$ 130,741 \$ 156,318 \$ 76,044 \$ 256,438 \$ 14,969 \$	Restrictions				i	3,955		12,000		i	1	11,484	ı İ	i	ı	27,439
and) \$ 897,625 \$ 84,638 \$ 173,124 \$ 37,935 \$ 202,364 \$ 10,000 \$ 147,830 \$ 9,412 \$ 59,309 \$ 130,741 \$ 156,318 \$ 76,044 \$ 256,438 \$ 14,969 \$	Total Revenue		•					!	İ							
	(Carned Forward)	897,625	84,638	173,124		202,364	10,000	147,830	9.412	59,309	130,741	156,318	76,044	256,438	14,969	

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# HOPE HOUSE OF MILWAUKEE, INCORPORATED SCHEDULE OF UNRESTRICTED FUNCTIONAL REVENUE AND EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2011

	Chrysalis- Transitonal	SIWIE	Threshold - Emergency	SRO	US Food Pantry Food Service	Angel of Hope Clinic	Shaning Star	Path to Progress	Community	Protective Payee	Mercy Housing	Rapid Re-Housing	Management and General	Fund- Raising	Total
Total Revenue (Brought Forward)	\$ 897,625 \$	84,638 \$	173 124 \$	37,935 \$	· •	\$ 000,01	147,830 \$		\$ 608'69	130,741 \$	156,318	76,044	\$ 256,438 \$	14,969 \$	2,256,747
SENSES							;	,	,	1	1	1	i		•
Employee Expenses	I I		i I	1											
Salanes and Wages	\$ 521,112 \$	ξ	91,303 \$	30,177 \$	2,641 \$	7,029 \$	82,672	12 669 \$	33,347 \$	91,082	117,956	47,987	\$ 11,298 \$	38,409	1,147,662
Retrament	8,199	1,415	924	902	6/ 5	1	455	379	714	2,468	2.479	940	- F		10,002
Payroll Taxes	38,167	4,425	6,770	2,218	19/ 00	کر ا	6,180	44	2,432	17/0	8,000 000 000 000	2,302,	9 40	5,0,0	2, 100 2, 100 2, 100
Unemployment Insurance	5,725	209	98.	230	R, 9	۵,	55.	8 5	5.4	17/	770'-	8 8	<u> </u>	676	12,046
Worker Compensation	10,540	1,229	1,774	611	8	142	1,6/4	553	8	1,841	2,382	8 5	2 2	7 0	23, 102
Health, Dental, Disability Ins	78,127	9,772	098'6	5,209	229	6	8,057	1,111	8,393	11,351	28,091	18,440	857	3/8	286,87
Training	ı	1,043	i	i	i	ł	2	l	6	თ	332	67	\$	1	2,265
Travel	1,243	1,847	54	971	121	ς	႙	<b>6</b>	<del>1</del>	3,413	1,074	2,392	238	16	11,846
Total Employee Expenses	663,113	80,313	111,794	40,318	3,379	7.877	100,271	15,442	<b> 46,177</b>	—117,656 —	161,872-	74,010 -	-13,918-	42,866	1,479,006
-Outside Services							!						ç		9
Professional Fees	1	4,016	i	1	ı	i	150	i	l	l	I	i	432	1	88C,4
Audit Fees	2,600	291	920	ı	i	1	190	190	i	l	l	!	279	l	9,500
Insurance	13,141	519	1,728	ı	519	346	346	173	i	519	i	ł	i	i	17,291
Advertising	1	i	i	i	1	1	!	i	i	i	į	l	175	1	175
Recruitment	405	100	20	ļ	i	ı	5	i	1	ı	i	I	ı	i	625
Membership, Dues and Fees	54	88	=	I	]	•	2	!	131	ı	i	1	5,253	1,390	6,970
Subscriptions	ŧ	i	ı	l	i	I	1	ı	ı	i	I	1	25	43	89
Bank Fees and Interest	1.401	8	184	i	55	4	37	18	i	9	I	1	2,650	1	4,449
Total Outside Services	22,590	5.064	2.893	i	574	350	877	381	131	699	l	ı	8,814	1,433	43,676
Operating Expenses			i												
Food-Penshable and Non-Penshable	31.448	1	14.022	231	2.706	!	1,101	l	272	!	l	i	589	200	50,569
General Program Expenses		1	68	1	25	I		i	i	ı	i	1	1,126	40	1,716
Office Supplies	275	145	505	212	276	œ	464	4	126	579	446	89	2,158	1,249	6,536
Computer Software	; l	!	¦	! 1		۱ ا	i	1	i	j	1	1	2,654	1,073	3,727
Postane	90	i	i	15	I	ł	5	ı	9	480	15	15	237	1,030	1,897
Proting/Publication	565	ì	7.4	!!	22	4	5	7	i	544	!	ı	217	393	1,851
Total Operating Expenses	32.444	145	14.640	458	3.029	22	1,595	=======================================	458	1,603	461	<u>\$</u>	6,981	4,345	66,296
Clent Expenses	Ī	!	! !	!											
Adult Education Fees	ı	i	ļ	I	;	i	!	437	1	ı	I	ŀ	1	I	437
Voith Education Field Ton Morkshop		;	1	i	1	i	5 481	ı	ı	I	i	i	ļ	1	5,481
Beneficiary Supplies	448	: 1	727	!	i	ı	;	91	i	-	1,086	ł	ı	!	1,778
Transportation Assistance	2 839		2730	i	l	ł	5 808	!	ı	1	1.260	1	1	i	12,637
Rent Assistance		i	}	ļ	ı	i	١	I	!	i		!	1	ł	ı
Clothing Assistance	! 1	. 1		ı	1	ı	ı	i	ı	١	i	i	ı	ł	i
Donated Contract on Contract	67 273		21 785	5.4E7	183 472		17 317	1 733	14 746	8 915	3 300	7 402	1.584	150	357,409
Total Client Expenses	04 830	<b>i</b> 1	24.742	5,462	183.472	1	28,506	2,186	14 746	8 916	5.646	7.402	1584	150	377.742
Building Operating Expenses	3			1	1			ī	2		<u>!</u>	•			
Building Stronges	21 102	010	2 748	1	810	546	546	273	į	819	ł	I	153	I	27.825
Building Maintenance Services	19 293	632	3 112	J	632	421	421	210	!	632	!	I	I	ı	25,353
Kitchen Supplies	149	,	!	i	! !	į I	; !		ı	1	ı	ł	I	i	149
Edition and	<u> </u>	416	. !	1	i	ł	1 657	ı	i	i	ŀ	i	645	ł	2,729
	0 706	2 5	900		990		132	8	i	901	J	•	905	1	10 634
	90.0	900	3 5	1	2 4	\$	330	3 5	608	287	ĺ	1	(199)	2 179	19 408
Companient Neman	EC. 37	8	707'1	ı	3	<u> </u>	2	2	3 6	5	ł	ı		1655	1678
Storage Refit	1 2	i	1 6	i	l	ı	I	1	3	İ		. 1	1	3 1	2 173
Fumishings	06.	1	200	1 }	1 }	1 ;	1 5	1 8	1 2	1 5	1 5				0.00
Telephone	20,219	1,359	2,580	202	773	515	1,063	258	ŝ	2,113	200'L	l	i	1 9	20,00
Internet Services	6,021	280	792	i	238	82	8	£ ;	ı	867	i	I	۱ ۹	n	070,7
Utilities	36,472	1,434	4,796	i	1,439	926	828	480	!	1,434	i	i	ָר פּר	ł	D/D/74
Deprecation		106	10,616	i	3,185	2,053	2,123	1,061	i	105	1	l	7,592	1 ;	107,520
Total Building Operating Expenses	207,481	5,841	27,564	205	7,955	4,661	7,398	2,597	1,420	5,837	1,053	1	8,509	3,843	284,664
Total Expenses	\$ 1,020,458	\$ 91,363	П	46,743 \$	198,409	12,910	138,747	\$ 20,617	62,932	134,581	\$ 169,032	\$ 81,516	\$ 39,806	\$ 52,637	2,251,384
CHANGE IN NET ASSETS	\$ (122,833)	\$ (6,725) \$	\$ (605'8)	(8,808)	3,955	(2,910)	\$ 9,083	\$ (11,205)	(3,623)	(3,840)	\$ (12,714)	\$ (5,472)	\$ 216,632	\$ (37,668)	5,363
CAPITAL EXPENSES	\$ 31,787	8	3,870 \$	1	2,391	1	\$ 5,752		217	1	ا چ	 •	\$ 2,149	1	5 46,166

HOPE HOUSE OF MILWAUKEE, INCORPORATED SCHEDULE OF UNRESTRICTED FUNCTIONAL REVENUE AND EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2010

		Chrysalis-		Threshold -			US Food Pantry	Angel of	Shining	Path to	Community	Protective	Mercy	Rapid	Management and	Fund-	•	
		Transitional	HMIS	Emergency		SRO	Food Service	Hope Clinic	Star	Progress	Outreach	Рауве	Housing	Re-Housing	General	Raising	Tota	
	REVENUES																	,
,	Department of Housing and	I		1			!		1		1	1	ı	:	1	1		1
	Supportive Housing Program	\$ 576,229	·	•	<b>5</b>		i	! •	5,964	ا •	ا چ	•	1	-	i ••	! •	\$	582,193
	Homeless Management		;														•	70 307
	Information System	i	48,384		i	I	I	I	I	l	i	l	I	i	I	I	ŧ	to, 'o
	Homeless Management		44 234		;	į	-	!	ı	i	į	١	!	I	1	I	-	11,231
	Connection Separation	I	167,11		i	ł	l		I									<u> </u>
	Single Room Occupancy Program	!	ı		ı	31,482	i	ł	I	I	i	i	I	I	1	1	6	31,482
	City of Milwaukee					į										i		
	Shelter Grant	83,157		23,170	120				!	i	ı		:	i	l	I	우	106,327
	Community Organizer	ı	1		1	i	!	i	I	!	46,901	ı	!	i	i	I	4	46,901
	HPRP Families	i	I		ı	1	l	l	J	I	i	1	l	69,892	I	I	9	59,892
	Youth Program	!	1		ı	i	I	I	28,986	!	ì	i	ı	I	i	i	7	28,986
	Emergency Shelter Grant	75,045	i	12,1	12,023	į	I	i	1	i	!	i	ŀ	i	I	i	æ	87,068
	Health Care for the Homeless																,	
	State Shelter	ŀ	1	25,664	<b>364</b>	ı	ł	I	1	1	l	I	ł	I	I	!		25,564
	Angel of Hope Clinic	i	1		ı	1	I	10,000	!	ı	I	l	I	1	I	i	- '	10,000
	Department of Public Instruction	28,227	1		ł	i	1	I	i	l	I	I	ŀ	i	i	i	2	28,227
4.	Mercy Housing	i	i		ł	i	l	i	1	1	I	I	80,245	i	i	ŀ		60,245
	Milwaukee County - DHHS																•	90,
	Adult Service	i	I		20,482	i	1	1	I	I	i	i	1	I	l	I		20,482
	Community Advocates																•	6
	Protective Payee	1	I		i	i	!	!	l	1	i	90,913	I	l	l	!	٠, رو	516,08
	Emergency Shelter Grant	25,835	i	4.	14,524	i	i	ł	1	I	1	1	I	I	I	!	•	40,359
	Emergency Food and Shelter	i	ŀ	31,	31,484	i	!	I	I		I	i	į	I	i	I	.,	31,484
	Brighter Futures	i	1		i	ı	i	1	73,078	l	I	ı	i	1	i	I		/3,0/8
	Wisconsin Housing and Economic																	
	Development Authority	5,000	I		ı	I	I	i	i	1	I	i	ŀ	ŀ	ŀ	i		3
	Other Governmental Grants	I	14,073		ı	i	ı	i	ł	i	i	i	I	i	ł	i		14.073
	Community Shares	i	l		i	I	l	i	ı		į	!	1	1	i	15,320		15,320
	Contributions	32,891	l		2	١	9,349	1	28,407	8,100	i	i	ł	l	274,119	1,168	<del>గ</del>	354,104
	Interest income	i	ł		ı	ı	I	1	1	1	l	ŀ	ł	I	280	1		280
	Donated Goods and Services	102,469	ı	28,	28,619	10,310	202,099	I	10,052	4	30,928	12,399	1,984	6,378	5,870	1	4	415,134
	Other Income	ı	1		ı	ı	1	ı			i	I	1	I	772	I		867
	Loss on Disposal of Fixed Assets	(5,685)	1	_	(748)	i	(224)	(150)	(150)	(75)	!	i	I	l	(448)	ŀ		(7,480)
	Net Assets Released From Restrictions	2,500	•		ı	ļ	5,000	1	i	I	1	25,000	1	1	•			32,500
					1													

9,850 \$ 146,337 \$ 12,146 \$ 77,829 \$ 128,312 \$ 82,229 \$ 76,270 \$ 280,593 \$ 16,488 \$ 2,242,714

155,288 \$ 41,792 \$ 216,224 \$

73,688 \$

925,668 \$

Total Revenue (Camed Forward)

# HOPE HOUSE OF MILWAUKEE, INCORPORATED SCHEDULE OF UNRESTRICTED FUNCTIONAL REVENUE AND EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2010

Forward) \$ 531,039 \$ 44,810 \$ 7,252 1,312 3,269 \$ 7,3688 \$ 7,3688 \$ 7,3688 \$ 7,3688 \$ 7,3688 \$ 7,252 1,312 3,249 1,166 1,166 1,167 1,1737 965 5,369 1,164 1,164 1,1737 965 5,369 1,164 1,164 1,1737 965 5,369 1,164 1,166 1,1737 965 9,649 1,166 1,1207 9,649 1,164 1,165 1,1207 9,649 1,164 1,164 1,164 1,164 1,164 1,164 1,164 1,164 1,164 1,164 1,164 1,164 1,164 1,164 1,164 1,164 1,164 1,164 1,163 1,164 1,163 1,1						SN	US Food						:		Management		•
Secretificacy-invalues (1 1918) (2 1918) (3 1918		Chrysalis- Transitional	HWIS	Threshold - Emergency	SRO	F 70		Angel of Hope Clinic	Shining Star	Path to Progress	Community	Protective Payee	Mercy Housing	Re-Housing	General	Raising	Total
The control of the co	Total Revenue (Brought Forward)	925,668			ام	,	i	9,850					- 1	"	ŀ	16,488	l
Street   S	EXPENSES	 	ļ !														
String   S	Employee Expenses					•	į	9	.,	•					11 201	44.030	1 085 008
National N	Salanes and Wages	531,038		ת	•	•	2	0/8'6	409	130		1.275	9	<b>?</b>	119	217	14,387
State   Stat	Payroll Taxes	39.425	3.269	7,405		4.	28	525	6,333	782	2,912	6,338			887	3,285	80,600
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Unemployment Insurance	5,809	340	1,222		22	2	83	1,208	8	637	069			198	355	11,528
Name   Name	Worker Compensation	13,940	1,166	2,602		72	Ξ	180	2,265	291	1,021	2,250			586	1,149	28,398
The control of the co	Health, Dental, Disability Ins	74,571	11,737	11,737		22	i	95	13,152	1,152	4,219	11,249			108	411	154,929
Figure 1 - 1,444	Training	962	182	243		65	9	62	13	9	S	625			38	1	2,564
The control of the co	Travel	1.64	_1,826_		б   	55	!   <b>2</b> 	5	701	2	 	4,711			265	7	12,780
the state of the s	Total Employee Expenses	674,642	64,642	123,777	38,4	31	538	7,800	108,532	12,895	47,796	111,971			13,619	49,458	1,390,194
1,5,2,4   1,5,5   1,	Outside Services		•		•	9									2215		8 003
1,244   1,25	Professional Fees	1	6,438	1		₽	i	I	1 5	1 8	i	1	i	i	C12,2	l	6,99
13.50   15.5	Audit Fees	7,274	552	910		ı	Lį	1 !	182	182	I	1 8	•	i	i	i	9.5
The control of the	Insurance	13,348	513	1,711		ı	171	342	342	171	ł	Ļ		i	1	!	11,11
The control of the co	Recuitment	750	i	9		ı	1 :	1	1,200	Į	1 5	1	2/3	l	1 8	1 8	2,323
1,555   1,55	Membership, Dues and Fees	27	I	1 ;		i	<u>چ</u> ا	1:	123	1 8	799	l	•	i	90,0	8	0,133
	Bank Fees and Interest	1,655	1	218		1	92	4	4	R (	1 8	1 5		I	2,132	1 8	4, 101
Operation and Supplies         226 displayed         12 23 displayed         147 displayed         <	Total Outside Services	23,054	7,503	2,939		<b>Q</b>	286	386	1,89,1	3/6	907	Ŕ		i	D at.	200	3
The proper section of the proper section of	Operating Expenses	0000		1000		ű	277		COR	i	787		2		286	117	44.020
10   10   10   10   10   10   10   10	Cooper Description Cooper	29,049		167'7		2	<u>;</u>	1 1	260	i !	i i				1.800	. 1	1,800
Section   Sect	Ceneral Program Expenses	188	1 %	856		1 5	1 5	<b>(</b>	44	1 2	137	573			2.443	1.210	6,722
Figure   F	Community Software	8 8	2 8	5		3 1	4	000	373	4	139	2			3,182	820	4,927
Housing Expenses   30,234   130   12,704   503   256   17   1,756   21   650   2,011   618   610   6456   4,774   618	Postade	8	9 8	3. 4		93	-		21	•	1	789			462	1,805	3,165
Particle   Particle	Pronting/Publication	3 1	1	:		; i	١.	۱ ،	;	1	I	744			183	749	1,676
Press   Pres	Subscrittons	I	!	i		ı	I	I	ł	i	i	ı	I	i	69	43	112
Figure 3 (1974)  Figure	Total Operating Expenses	30.324	130	12.704		60	295	٦,	1,726	21	983	2,011			8,435	4,774	62,422
Flees   Flee	Clent Expenses			ļ													
Northalpo	Adult Education Fees	1	ŀ	I		;	i	I	ı	1,188	ı	ı		1	1	i	1,188
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Youth Education Field Trip/Workshop	I	ŀ	ı		i	ı	i	7,483	1	ı	1		1	I	i	7,483
10,446   10,2468   10,310   204,989   10,050	Beneficiary Supplies	766	l	1,013		18	I	i	ł	i	1	ਲੱ		1	I	l	10,661
102,468     2,975	Transportation Assistance	2,048	i	2,816	~	i	i	I	5,094	I	i	1	4,584	1	i	1	14,544
10, 246   1, 10   1,	Rent Assistance	I	ı	2,975		ł	I	ı	I	i	I	:	1	1	ŀ	I	2,975
102,488	Clothing Assistance	83	I	į		ı	1.	I	1		1 ;				1 6	l	78
105,364 — 35,425 10,328 204,989 — 22,629 5,214 30,928 12,434 7,535 3 570 — 4  23,762 874 2,912 69 291 562 291 29 873 — 649 — 6	Donated Services and Supplies	102,468	i	28,615		9	204,989	1	10,052		30,928				0/8/6	1	418,024
Case         646         2,161         65         291         292         291         23         873          649          659          670           670 <td>Total Client Expenses</td> <td>105,364</td> <td>1</td> <td>35,425</td> <td></td> <td>28</td> <td>204,989</td> <td>i</td> <td>22,629</td> <td></td> <td>30,928</td> <td></td> <td></td> <td></td> <td>0/8 c</td> <td>ł</td> <td>454,957</td>	Total Client Expenses	105,364	1	35,425		28	204,989	i	22,629		30,928				0/8 c	ł	454,957
1,216	Building Operating Expenses	73 763	87.4	210 6		g	201	582	582		23	87:	-	ı	l	I	30,259
1,216   1,207   248	Building Maintenance Services	16.856	648	2.161		3 1	217	432	432		}	: <b>3</b>	ا	ı	629	i	22,240
1,216   1,207   248	Kitchen Supplies	90	: 1	: 1 ī		ı	I	ı	1		l	ı		1	1	ł	8
6,136 169 867 — 232 — 155 77 — 169 — 169 — 126 — 126 — 127 — 1280 — 127 — 1280	Eaupment	1,216	1,207	246	~	i	I	ı	166		898		1		813	903	6,144
12,580 369 1,614 — 484 12 323 161 907 369 — 231 — 211 — 1,068 — 231 — 23	Equipment Maintenance	6,136	169	857		i	232	ı	155		i	16		1	126	i	7,921
Rent         1,068         —<	Equipment Rental	12,580	369	1,614		1	484	12	323		206	æ		1	231	1	17,050
1,068	Storage Rent	I	1	í		i	Ì	ı	i	I	I	ľ			ì	ł	1
17.819   1.183   2.251   142   224   449   652   229   113   1.201   58   222	Fumishings	1,068	ł	1		ŀ	i	i	1	1		9			i	*	1,668
Services 4,654 179 597 — 60 119 119 59 — 179 — 9 26  37,702 1,450 4,834 — 8,83 — 1,450 — 6,150 867  30,702 1,450 4,834 — 8,150 8,150 867  30,1002 1,450 — 1,450 — 6,159 — 1,450 — 6,183 8,1439 8,17,853 8,1404 8,120 8,120 8,1409	Telephone	17,819	1,183	2,251		42	224	449	652			-			!	i	24,543
Total control         1,450         4,834         483         967         967         483	Internet Services	4,654	179	.69	~	1	09	119	119		l	11	1		o	92	6,001
75,857 — 9,981 — 3,125 1,984 2,520 982 16 — 6,596 — 6,	Utilities	37,702	1,450	4,834		ŀ	483	296	967					1	ł	1	48,336
ng Operating Expenses 197,680 6,079 25,455 211 5,116 4,525 5,916 2,498 1,957 6,183 58 222 8,404 829 2  solidaring Expenses 197,680 6,079 25,455 211,224 140,694 5 21,004 8 1,510 5 133,113 5 181,439 5 77,653 5 45,744 5 55,761 5 2, 203,004 5 103,004	Deprecation	75,857	l	.86'6	_	ı	3,125	1,964	2,520						6,596	ł	101,041
\$\frac{5}{1,031,064}\$ \frac{5}{5}\$ \frac{10,031,064}{5}\$ \frac{5}{5}\$ \frac{10,031,064}{5}\$ \frac{5}{5}\$ \frac{10,031,064}{5}\$ \frac{5}{5}\$ \frac{10,031,064}{5}\$ \frac{5}{5}\$ \frac{10,031,064}{5}\$ \frac{5}{5}\$ \frac{10,031,064}{5}\$ \frac{5}{5}\$ \frac{10,04}{5}\$ \frac{5}{5}\$ \	Total Building Operating Expenses	197,680	6,079	25,45		11	5,116	4,525	5,916							929	- 1
\$ (105,396) \$ (4,666) \$ (45,012) \$ (8,071) \$ 5,000 \$ (2,878) \$ 5,643 \$ (8,856) \$ (3,681) \$ (4,801) \$ 790 \$ (1,583) \$ 234,849 \$ (39,273) \$ \$ \$ \$ (105,396) \$ (4,801) \$	Total Expenses			l	ما	<b>8</b> 3	211,224	l		<u>ر</u>	اما	<u>~</u>	رم ا	۵,	س	\$ 55,761	- 1
\$ 1000000 \$ 1000000 \$ 100000 \$ 100000 \$ 100000 \$ 100000 \$ 1000000 \$ 1000000 \$ 1000000 \$ 1000000 \$ 10000000 \$ 10000000 \$ 100000000	OTBOOK TOWNS BOWALD			١,	,	711 6								•	v	ø.	
	CIDINGE IN MET ASSETS	$\parallel$	1	。  ,	.∥.	.  . 		1	,  ,	,∥.	,  ,	,  ,	,  .	.  _	.  .	,∥.,	1

# HOPE HOUSE OF MILWAUKEE, INCORPORATED SCHEDULE OF PROGRAM REVENUE AND EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2011

Program Name : Emergency Shelter

	 Actual	 Approved Budget		/ariance om Budget
REVENUE				
Contributions and Donations	\$ 66,085	\$ 82,731	\$	(16,646)
Grants From Government Agencies	86,556	86,912		(356)
Department of Human Services Revenue	 20,482	20,482	_	
Total Revenue	\$ 173,123	\$ 190,125	\$	(17,002)
EXPENSES				
Salaries	\$ 91,303	\$ 89,960	\$	1,343
Employee Benefits	10,784	10,447		337
Payroll Taxes	9,683	11,993		(2,310)
Professional Fees	970	950		20
Supplies	505	443		62
Telephone	3,373	3,356		17
Postage and Shipping		50		(50)
Occupancy	21,456	20,305		1,151
Equipment Costs	3,963	3,997		(34)
Printing and Publications	74	189		(115)
Employee Travel	24	100		(76)
Conferences, Conventions, and Meetings		200		(200)
Specific Assistance to Individuals	36,034	45,500		(9,466)
Membership Dues	11			11
Client Transportation	2,730	1,955		775
Miscellaneous	687	680		7
Total Expenses	\$ 181,597	\$ 190,125	\$	(8,528)

# HOPE HOUSE OF MILWAUKEE, INC. SCHEDULE OF PROGRAM REVENUE AND EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2010

Program Name: Emergency Shelter

DEVENUE		Actual	_	Approved Budget	/arıance om Budget
REVENUE	•	00.000	•	70.005	(44.540)
Contributions and Donations	\$	28,689	\$	70,235	\$ (41,546)
Grants From Government Agencies		106,865		101,474	5,391
Department of Human Services Revenue		20,482		20,482	
Loss on Disposal of Fixed Assets		(748)			(748)
Total Revenue	\$	155,288	\$	192,191	\$ (36,903)
EXPENSES					
Salaries	\$	99,253	\$	96,721	\$ 2,532
Employee Benefits		12,875		12,115	760
Payroll Taxes		11,229		11,725	(496)
Professional Fees		1,010		910	`100 <sup>′</sup>
Supplies		397		400	(3)
Telephone		2,848		2,550	298
Postage and Shipping		16		50	(34)
Occupancy		20,535		20,384	151
Equipment Costs		3,665		3,912	(247)
Printing and Publications				73	(73)
Employee Travel		177		135	42
Conferences, Conventions, and Meetings		243		180	63
Specific Assistance to Individuals		44,897			
•		•		40,000	4,897
Client Transportation		2,818		2,700	118
Miscellaneous	_	337		336	 1 100
Total Expenses	<u>\$</u>	200,300	\$	192,191	\$ 8,109

# HOPE HOUSE OF MILWAUKEE, INCORPORATED SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS FOR THE YEAR ENDED DECEMBER 31, 2011

Federal Grantor/ Pass-Through Grantor/ Program or Cluster Title	Federal CFDA Number	Federal Expenditures
FEDERAL EXPENDITURES		
U.S. Department of Agriculture		
State of Wisconsin - Department of Public Instruction		
Child and Adult Food Program	10.558	\$ 23,979
U.S. Department of Housing and Urban Development	10.000	20,010
City of Milwaukee		
Community Development Block Grant		
Shelter Grant	14 218	96,520
Community Organizer	14 218	44,563
Youth Programs	14.218	27,233
Emergency Shelter Grant	14.231	86,971
Homelessness Prevention and Rapid Re-Housing- ARRA	14.257	72,673
Direct Award	14.237	12,013
Transitional Housing Program	14 235	584,356
Youth Education	14 235	385
	14.235	67,160
Supporting Housing Program (HMIS)	14.235	•
Supportive Services - SRO	14.233	31,423
Community Advocates	14 004	20.045
Emergency Shelter Grant	14.231	28,945
Protective Payee	14 235	96,826
U.S Department of Health and Social Services	00.004	40.000
Milwaukee Health Care for the Homeless	93 224	10,000
Milwaukee County Department of Health and Human Services	00.050	00.400
Emergency Shelter Grant	93.658	20,482
Community Advocates		
Brighter Futures	93.959	71,436
U.S. Department of Homeland Security		
Community Advocates		
Emergency Food and Shelter Program	97 024	21,174
TOTAL FEDERAL EXPENDITURES		<u>\$ 1,284,126</u>
State Grantor/		
Pass-Through Grantor/		State
Program or Cluster Title		Expenditures
STATE EXPENDITURES		
Milwaukee Health Care for the Homeless		\$ 21,664
TOTAL OTATE EVENIETIES		m 04.004
TOTAL STATE EXPENDITURES		\$ 21,664

The accompanying note is an integral part of this schedule.

# HOPE HOUSE OF MILWAUKEE, INCORPORATED NOTE TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AND STATE AWARDS FOR THE YEAR ENDED DECEMBER 31, 2011

# NOTE 1 - Basis of Presentation

The accompanying schedule of expenditures of federal and state awards includes the federal and state grant activity of Hope House of Milwaukee, Incorporated and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and applicable State of Wisconsin audit guides. Therefore, some amounts presented in these schedules may differ from amounts presented in, or used in the preparation of, the basic financial statements



Report on Internal Control Over Financial Reporting and on Compliance and Other Matters

Based on an Audit of Financial Statements Performed in Accordance With

Government Auditing Standards and Applicable State of Wisconsin Audit Guides

To the Board of Directors of Hope House of Milwaukee, Incorporated

We have audited the financial statements of Hope House of Milwaukee, Incorporated as of and for the years ended December 31, 2011 and 2010, and have issued our report thereon dated April 24, 2012 We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and in accordance with applicable State of Wisconsin audit guides

# Internal Control Over Financial Reporting

In planning and performing our audit, we considered Hope House of Milwaukee, Incorporated's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected on a timely basis

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

### Compliance and Other Matters

As part of obtaining reasonable assurance about whether Hope House of Milwaukee, Incorporated's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards* or in accordance with applicable State of Wisconsin audit guides.

Ritz Holman LLP

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Two Plaza East, Suite 550 330 East Kilbourn Avenue

t 414 271 1451

f 414 271 7464

- 20 **-**

To the Board of Directors of Hope House of Milwaukee, Incorporated Page Two

We noted certain matters that we reported to management of Hope House of Milwaukee, Incorporated in a separate letter dated April 24, 2012.

This report is intended solely for the information and use of the Board of Directors, management, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties

RITZ HOLMAN LLP

Certified Public Accountants

Milwaukee, Wisconsin April 24, 2012



# Report on Compliance with Requirements That Could Have a Direct and Material Effect on Each Major Program and on Internal Control Over Compliance in Accordance with OMB Circular A-133

To the Board of Directors of Hope House of Milwaukee, Incorporated

### Compliance

We have audited the compliance of Hope House of Milwaukee, Incorporated with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of its major federal programs for the years ended December 31, 2011 and 2010. Hope House of Milwaukee, Incorporated's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of Hope House of Milwaukee, Incorporated's management. Our responsibility is to express an opinion on Hope House of Milwaukee, Incorporated's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Hope House of Milwaukee, Incorporated's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on Hope House of Milwaukee, Incorporated's compliance with those requirements.

In our opinion, Hope House of Milwaukee, Incorporated complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the years ended December 31, 2011 and 2010

# Internal Control Over Compliance

Management of Hope House of Milwaukee, Incorporated is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered Hope House of Milwaukee, Incorporated's internal control over compliance with the requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Hope House of Milwaukee, Incorporated's internal control over compliance.

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t 414 271 1451 f 414 271 7464

- 22 -

To the Board of Directors of Hope House of Milwaukee, Incorporated Page Two

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the Board of Directors, management, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties

RITZ HOLMAN LLP

Certified Public Accountants

Milwaukee, Wisconsin April 24, 2012

# HOPE HOUSE OF MILWAUKEE, INCORPORATED SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2011

# A. SUMMARY OF AUDITOR'S RESULTS

9. Auditee qualified as low-risk auditee?

# **Financial Statements**

1. Type of auditor's report issued Unqualified 2. Internal control over financial reporting Material weakness(es) identified? No Significant deficiencies identified? None Reported 3. Noncompliance material to financial statements noted? No **Federal Awards** Internal control over major programs: a. Material weakness(es) identified? No Significant deficiencies identified? None Reported 5. Type of auditor's report issued on compliance for major programs: Unqualified 6. Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of Circular A-133? No CFDA No. Identification of major programs: U.S. Department of Housing and Urban Development Transitional Housing Program 14.235 8 Dollar threshold used to distinguish between Type A and Type B programs. \$300,000

No

# HOPE HOUSE OF MILWAUKEE, INCORPORATED SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED DECEMBER 31, 2011

# **B. FINANCIAL STATEMENT FINDINGS**

No matters were reported.

### C. FEDERAL AND STATE AWARD FINDINGS AND QUESTIONED COSTS

No matters were reported.

### D. OTHER ISSUES

1 Does the auditor have substantial doubt as to the auditee's ability to continue as a going concern?

No

2. Does the audit report show audit issues (i.e., material noncompliance, non-material noncompliance, questioned costs, material weakness, significant deficiency, management letter comment, excess revenue or excess reserve) related to grants/contracts with funding agencies that require audits to be in accordance with applicable State of Wisconsin audit guides?

Department of Children and Families

Department of Health Services

N/A

Department of Workforce Development

N/A

Department of Corrections

N/A

Was a Management Letter or other document conveying audit comments issued as a result of this audit?

4. Name and signature of partner

**3**......

5. Date of report April 24, 2012



Hope House of Milwaukee, Incorporated 209 W. Orchard Street Milwaukee, WI 53204-2957

In planning and performing our audit of the financial statements of Hope House of Milwaukee, Incorporated for the year ended December 31, 2011, we considered the Organization's internal control structure to determine our auditing procedures for the purpose of expressing an opinion on the financial statements and not to provide assurance on the internal control structure.

However, during our audit we became aware of the following matters that are opportunities for strengthening internal controls and operating efficiency:

- 1 Bank reconciliation statements are not reviewed monthly after prepared by accountant. It is recommended that reconciliation statements be reviewed each month and initialed by the reviewer.
- 2. Per the Organization's policy! two signatures are required on all checks. During the testing of canceled checks, one of the 40 canceled checks was signed by only one authorized signer. It is recommended that all checks be signed by two authorized signers in accordance with the Organization's check signing policy.

This letter does not affect our report dated April 24, 2012, on the financial statements of Hope House of Milwaukee, Incorporated.

We will review the status of these comments during our next audit engagement. We have already discussed many of these comments and suggestions with various Organization personnel, and we will be pleased to discuss them in further detail at your convenience, to perform any additional study of these matters, or to assist you in implementing the recommendations.

RITZ HOLMAN LLP
Certified Public Accountants

April 24, 2012

Ritz Holman LLP

Serving businesses, nonprofits, individuals and trusts

Two Plaza East, Suite 550

t 414 271 1451

330 East Kilbourn Avenue

f 414 271 7464

Milwaukee, WI 53202

ritzholman com