	000
Form	330

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information

2017 Open to Public Inspection

OMB No. 1545-0047

Inter		nue Service	Go to www.irs.gov/Form990 for instructions and the latest	intornation.		Inspection
Α	For the	e 2017 cale	ndar year, or tax year beginning 01/01 , 2017, and endi	ng 1:	2/31	, 20 17
в	Check in	if applicable:	C Name of organization COLORADO HOMELESS FAMILIES INC		D Employ	er identification number
	Address	s change	Doing business as RB Ranch Inc			84-1049318
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telephor	ne number
	Initial re	eturn	7447 W 61st Avenue			303-420-6634
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
		ed return	Arvada, CO, 80003-5313		G Gross re	eceipts \$ 708,141
	Applicat	tion pending	F Name and address of principal officer: Allison Bristow	H(a) Is this a g	group return for	subordinates? 🗌 Yes 🗹 No
			7447 W 61st Ave, Arvada, CO 80003	` '		s included? 🗌 Yes 🗌 No
<u> </u>	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	If "No," att	ach a list. (s	ee instructions)
J	Website		w.coloradohomelessfamilies.org	H(c) Group	exemption	number 🕨
1			Corporation ☐ Trust	ation: 1987	M State	of legal domicile: CO
P	art I	Summ	*			
	1		scribe the organization's mission or most significant activities: <u>To pr</u>	ovide housin	g and sup	port services for
Activities & Governance		needy fa	nilies and for families with emergency needs.			
'nai						
vel	2		is box \blacktriangleright if the organization discontinued its operations or disposed			
ğ	3		of voting members of the governing body (Part VI, line 1a)			8
ې مې	4		of independent voting members of the governing body (Part VI, line 1b			8
itie	5		nber of individuals employed in calendar year 2017 (Part V, line 2a)			12
ctiv	6		nber of volunteers (estimate if necessary)			65
Ā	7a		elated business revenue from Part VIII, column (C), line 12			0
	b	Net unre	ated business taxable income from Form 990-T, line 34		7b	0
		• • •		Prior Y		Current Year
ne	8		ions and grants (Part VIII, line 1h)		255,763	245,213
Revenue	9	•	service revenue (Part VIII, line 2g)		413,144	458,101
Be	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,082	1,161
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,879	3,666
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		674,868	708,141
	13 14		nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14		paid to or for members (Part IX, column (A), line 4)		0	0
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		437,148 0	408,331
)en	b				U	U
Ä	17				426.024	404 204
	18		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		436,034	404,304
	19		less expenses. Subtract line 18 from line 12		873,182	812,635 -104,494
- 9	-	i levenue		Beginning of C	-198,314 urrent Year	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)		3,041,640	2,928,420
Asse	21		ilities (Part X, line 26)		37,654	2,728,420
Net ^c und	22		ts or fund balances. Subtract line 21 from line 20		37,034	2,899,492
	art II				5,005,700	2,077,472

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

Sign Signature of officer Date Here Karen Allen, Executive Director Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check if self-employed Paid Preparer Firm's EIN ► Firm's name ► **Use Only** Firm's address ► Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) . 🗌 Yes 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2017)					Page 2
Part		of Program Service				
	Check if So	chedule O contains a	response or note t	o any line in this Part	III	<u> </u>
1	Briefly describe t	he organization's mis	sion:			
	To provide housi	ng and support service	s for needy families a	nd for families with eme	ergency needs.	
2	Did the organizat	tion undertake anv sid	inificant program se	rvices during the year	which were not listed on the	
_						∏Yes ⊮No
		e these new services o				
3				cant changes in how	it conducts, any program	
	services?					🗌 Yes 🕑 No
	If "Yes," describe	e these changes on So	chedule O.			
4	expenses. Section)(4) organizations ar	re required to report th	ree largest program services, le amount of grants and alloc	
4-	(Cada:		(of too including	averate of th) (Deversue ¢	
4a	(Code:) (Revenue \$	0)
	Ine organization	was able to provide dis	scounted rent and sup	oport services to homele	ess and needy families.	
4b	(Code:) (Expenses \$	11,070 including	grants of \$) (Revenue \$	<u> </u>
	The organization	was able to assist proc	ram families with em	ergency needs.		
4c	(Code:	_) (Expenses \$	including	grants of \$) (Revenue \$)
4d	Other program se	ervices (Describe in S	chedule O.)			
	(Expenses \$	o including	·	0) (Revenue \$	0)	
4e	Total program se	ervice expenses 🕨	692,268			

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Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	~	
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 "Yes," complete Schedule C, Part I</i>	2	~	~
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		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
0	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 \therefore	10		~
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
с	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11e 11f	~	~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
4 a		14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
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		~
			000	

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Part	V Checklist of Required Schedules (continued)		N	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		r
	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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		~
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? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		~ ~
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		· ·
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<i>v</i>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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? <i>If "Yes," complete Schedule R,</i>			
38	<i>Part VI</i>	37		~
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	
		Forr	n 990	(2017)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		~
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		~
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a L	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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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		

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 throu response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in				
	Check if Schedule O contains a response or note to any line 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.	a <u>8</u>			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, trustee, or key employee?	-	2		~
3	Did the organization delegate control over management duties customarily performed by or unc supervision of officers, directors, or trustees, or key employees to a management company or other per		3		r
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 v Did the organization become aware during the year of a significant diversion of the organization's Did the organization have members or stockholders?	assets? .	4 5 6		ン ン ン
b	one or more members of the governing body?	y) members,	7a 7b		~
8	Did the organization contemporaneously document the meetings held or written actions under the year by the following:		7b		-
а	The governing body?		8a	~	
b	Each committee with authority to act on behalf of the governing body?		8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b				
<u></u>			9		~
Secti	on B. Policies (This Section B requests information about policies not required by the Ir	iternal Reven		Ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	165	NO 1
b	If "Yes," did the organization have written policies and procedures governing the activities of su affiliates, and branches to ensure their operations are consistent with the organization's exempt p		10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	-	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-			
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to conflicts?	12a 12b	ン ン	
С	Did the organization regularly and consistently monitor and enforce compliance with the polic describe in Schedule O how this was done		12c		
13 14	Did the organization have a written whistleblower policy?		13 14	レ レ	
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation and				
а	The organization's CEO, Executive Director, or top management official		15a		~
b	Other officers or key employees of the organization		15b		~
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?		16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to		10a		
	participation in joint venture arrangements under applicable federal tax law, and take steps to s organization's exempt status with respect to such arrangements?	afeguard the	16b		
Secti	on C. Disclosure				·
17 18	List the states with which a copy of this Form 990 is required to be filed ► <u>CO</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply.	990-T (Section	501(c)(3)s	only)
19	 ○ Own website ○ Another's website ✓ Upon request ○ Other (explain in Sched Describe in Schedule O whether (and if so, how) the organization made its governing documents financial statements available to the public during the tax year. 		erest	policy	/, and

	Colorado Homeless Families, (303)420-6634
20	State the name, address, and telephone number of the person who possesses the organization's books and records: I

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 nor any related organization compensated any current officer, director, or trustee.

			(C)							
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per	office	ficer and a director/trustee)					compensation	compensation from	amount of
	week (list any hours for	۹ آي	5	Q	Ā	막 프	T	from the	related organizations	other compensation
	related	divid	stitu	Officer	ey e	ghe	Former	organization	(W-2/1099-MISC)	from the
	organizations	dual	Itior	r	mp	st c	4	(W-2/1099-MISC)		organization
	below dotted line)	r	al ti		Key employee	duc				and related organizations
		Individual trustee or director	Institutional trustee		ι Φ	ens				organizationo
			ee			Highest compensated employee				
Karen Allen	40									
Executive Director	0	~		~				76,197	0	0
Terri Taylor	3									
President	0	~		~				0	0	0
Vicky Reier	3									
Vice President	0	~		~				0	0	0
Jan Wiens	3									
Secretary	0	~		~				0	0	0
Tom Faulkner	3									
Treasurer	0	~						0	0	0
Aruna Kumar	2									
Director	0	~						0	0	0
Gaye Andersen	2									
Director	0	~						0	0	0
Eric Kumar	2									
Director	0	~						0	0	0
Don Mathison	2									
Director	0	~						0	0	0

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd H	lighe	st C	ompensated E	mployees	(contin	ued)		
					(0	C)								
	(A)	(B)				ition			(D)	(E)			(F)	
	Name and title	Average	(do not check more the box, unless person is b						Reportable	Reportal	ole	Estimated		d
		hours per					or/trust		compensation	compensatio			amount o	
		week (list any	2 3	5	0	x	₫т	Ţ	from	related			other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	the organization	organizati (W-2/1099-I		C	compensat from the	
		organizations	ect	utio	er	mp	est o	ler	(W-2/1099-MISC)		vii00)		organizatio	
		below dotted	or #	nal		loy	eom						and relate	
		line)	uste	trus		e	Iper					0	organizatio	ns
			ď	stee			Isat							
							ed							
			1											
		+	1											
		+	-											
			1											
		+												
			-											
1b	Sub-total						· · ·		76,197		0			0
c	Total from continuation sheets to Part		nΔ		-	-								
d	■ 1 1 / 1 1 P → 1 1 / 1 → 1			•	•	• •	•••		76,197		0			
		 					· ·	<u> </u>			•	<u> </u>		0
2	Total number of individuals (including bu		to tr	lose	list	ed	above	e) w	no received m	ore than \$1	100,00	U OT		
	reportable compensation from the organ	Ization							0					
													Yes	i No
3	Did the organization list any former of													
	employee on line 1a? If "Yes," complete	Schedule J	for si	uch	indi	ividı	ual	•					3	~
4	For any individual listed on line 1a, is the	e sum of re	portal	ble	com	nper	nsatic	n a	and other comp	ensation f	rom th	ie 🗌		
	organization and related organizations													
												- 17	4	V
5									-					
5	for services rendered to the organization												E	
		: 11 163, 0	Jompi	616	007	ieut		01 3	such person		• •		5	~
	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	port compe	nsatio	on fo	or th	ne c	alend	lar y	year ending wit	h or within	the or	rgani	zation's	tax
	year.													
	(A)								(B)				(C)	

	(A) Name and business address	(B) Description of services	(C) Compensation
None			
2	Total number of independent contractors (including but not limited to	those listed above) who	
	received more than \$100,000 of compensation from the organization ►	0	

Form 990 (2017)
Part VIII Statement of Revenue

Fall		Check if Schedule C		a res	nonse or note tr	any line in this	Part VIII		
			Contains			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns		1a	0				
Gra	b	Membership dues .		1b	0				
ts, α	c	Fundraising events .		1c	0				
Gif İlar	d	Related organizations		1d	0				
ns, Sim	е	Government grants (con	1e	0					
utio er (f	All other contributions, g							
đ		and similar amounts not inc		1f	245,213				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ			0				
	h	Total. Add lines 1a-1	T		Business Code	245,213			
Program Service Revenue	2a	Rent			532000	458,101	458,101	0	0
Rev	b				532000	438,101	436,101	0	<u>U</u>
Ce.	c								
ervi	d								
E S	е								
ogra	f	All other program ser	vice revenu	e.		0	0	0	0
Pro	g	Total. Add lines 2a-2	f		🕨	458,101			
	3	Investment income	(including	divid	ends, interest,				
		and other similar amo	-			1,161	0	0	1,161
	4	Income from investmen		•		0	0	0	0
	5	Royalties	 (i) Deal		>	0	0	0	0
	0-		(i) hear						
	6a	Gross rents Less: rental expenses		0	-				
	b c	Rental income or (loss)		0					
	d	Net rental income or	loss)			0	0	0	0
	7a	Gross amount from sales of (i) Securities			(ii) Other		0		
		assets other than inventory		0	0				
	b	Less: cost or other basis							
		and sales expenses .		0	0				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss) .			🕨	0	0	0	0
Other Revenue	8a		ed on line 1	a	0				
δ	b	Less: direct expenses Net income or (loss) f				0		0	0
	с 9а	Gross income from ga				0		0	0
	, ou	-			0				
	b	Less: direct expenses	S	. b					
	с	Net income or (loss) f			ivities 🕨	0	0	0	0
	10a	Gross sales of in returns and allowance			0				
	b	Less: cost of goods s			-				
	c	Net income or (loss) f		of inve		0	0	0	0
	44	Miscellaneous R	levenue		Business Code				
	11a								
	b								
	c d	All other revenue				3,666	3,666	0	0
	e	Total. Add lines 11a-				3,666	3,000	0	0
	12	Total revenue. See in				708,141	461,767	0	1,161
				•		700/141	101/101	0	Form 990 (2017)

Sectio	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	Il other organizatior	ns must complete col	umn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		<u> </u> . 🗌
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members	0	0		
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	76,197	53,135	23,062	0
_	persons described in section 4958(c)(3)(B)	0	0	0	0
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	246,602	199,439 9,237	47,163 2,353	<u> </u>
9	Other employee benefits	49,060	37,208	11,852	0
10	Payroll taxes	24,882	19,513	5,369	0
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	6,925		6,925	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	23,165	22,134		1,031
12	Advertising and promotion	2,898		13	2,885
13	Office expenses	13,256	1,960	11,296	0
14	Information technology				
15		17 100	40.401	4.500	
16 17	Occupancy	47,199	42,691	4,508	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	521	521		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	162,898	162,898	0	0
23	Insurance	22,959	22,959		
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.)				
а	Auto Expenses	25,122	25,122	0	0
b	Repair and Maintenance	52,055	52,055	0	0
c d	Family Assistance	47,306	43,396	20	3,890
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	812,635	692,268	112,561	7,806
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 ▶				
	•				

Form 990 (2017)

	n 990 (20 art X	,			Page 11
		Check if Schedule O contains a response or note to any line in this Par	tΧ		. 🗌
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	138,482	1	141,944
	2	Savings and temporary cash investments	240,134	2	280,420
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	697	4	1,518
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets	_	organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
◄	8	Inventories for sale or use	4,100	8	0
	9 10a	Prepaid expenses and deferred charges	5,746	9	5,358
	h			10-	
	b		2,594,928	10c 11	2,438,031
	11 12	Investments—publicly traded securities	17.4//	12	0
	12		47,466	13	50,310
	13	Investments – program-related. See Part IV, line 11		14	0
		Intangible assets	40.007		0
	15	Other assets. See Part IV, line 11	10,087	15	10,839
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,041,640	16	2,928,420
	17 18	Accounts payable and accrued expenses	17,079	17 18	9,928
	10 19	Grants payable		10	0
	19 20			20	0
	20 21	Tax-exempt bond liabilities			0
		Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
.iat	00		0	22	0
-	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	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	20,575	25	19,000
	26	Total liabilities. Add lines 17 through 25	37,654	26	28,928
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	3,003,986	27	2,899,492
Bai	28	Temporarily restricted net assets	0	28	0
pc	29	Permanently restricted net assets	0	29	0
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here ►			
ts (30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets	33	Total net assets or fund balances	3,003,986	33	2,899,492
-	34	Total liabilities and net assets/fund balances	3,041,640	34	2,928,420
					- 000 (2011)

	90 (2017)			Pa	age 12
Par					
	Check if Schedule O contains a response or note to any line in this Part XI	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		70	8,141
2	Total expenses (must equal Part IX, column (A), line 25)	2		81	2,635
3	Revenue less expenses. Subtract line 2 from line 1	3		-10	4,494
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,00	3,986
5	Net unrealized gains (losses) on investments	5			(
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10		2,89	9,492
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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," exp Schedule O.	lain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compireviewed on a separate basis, consolidated basis, or both:	led or			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	V	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	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	olain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Employer identification number

-	
COLORADO HOMELESS FAMILIES INC	84-1049318

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 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.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ✓ 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No								
(A)												
(B)												
(C)												
(D)												
(E)												
Total												

Schedu Pari	ule A (Form 990 or 990-EZ) 2017 Support Schedule for Organiza (Complete only if you checked th						-
	Part III. If the organization fails to						
Sect	ion A. Public Support			<i>/</i> 1		,	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ion B. Total Support		1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for th	•			· ·		
Saat	organization, check this box and stop he ion C. Computation of Public Suppor						🕨 🗋
<u>3ect</u> 14	Public support percentage for 2017 (line 6			1 column (f)		14	%
15 16a	Public support percentage for 2017 (inter 33 ¹ / ₃ % support test — 2017. If the organi box and stop here. The organization qua	nedule A, Part zation did not	II, line 14 . check the box	 x on line 13, ar	 nd line 14 is 3	15 3 ¹ /3% or more,	% check this
b	331 /3% support test—2016. If the organi this box and stop here. The organization	zation did not	check a box o	on line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumst	ances" test, ch	neck this box	and stop here	Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets the factor	ne "facts-and-o ts-and-circum	circumstances' stances" test.	" test, check The organizat	this box and sion qualifies as	stop here. a publicly

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

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Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support			<i>*</i> 1	•	,	
Calen	dar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	233,816	226,816	229,303	255,763	245,213	1,190,911
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an	455,232	368,958	407,194	413,144	458,101	2,102,629
5	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	689,048	595,774	636,497	668,907	703,314	3,293,540
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	448,318	362,991	400,820	401,500	451,068	2,064,697
С	Add lines 7a and 7b	448,318	362,991	400,820	401,500	451,068	2,064,697
8	Public support. (Subtract line 7c from						
	line 6.)						1,228,843
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	689,048	595,774	636,497	668,907	703,314	3,293,540
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.	2,338	892	946	1,082	1,161	6,419
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,338	892	946	1,082	1,161	6,419
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	691,386	596,666	637,443	669,989	704,475	3,299,959
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, second		, or fifth tax ye	ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor						· · · ·
15	Public support percentage for 2017 (line 8			3. column (fl)		15	37.24 %
16	Public support percentage from 2016 Sch					16	37.19 %
	on D. Computation of Investment In	come Percer	nțage				57.17 70
17	Investment income percentage for 2017 (v line 13 colun	nn (f))	17	0.2 %
18	Investment income percentage from 2016					18	0.19 %
19a	33 ¹ / ₃ % support tests – 2017. If the organ						
.54	17 is not more than $33^{1/3}$ %, check this box						
b	331 /3% support tests—2016. If the organiz line 18 is not more than 331/3%, check this I	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
20	Private foundation. If the organization di	-	-	-			
20	rivate ioundation. It the organization di	u not check a l		13a, 01 190, C		edule A (Form 99	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11a b A family member of a person described in (a) above? 11b 11c c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Yes Yes Yes

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- Yes No
 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
- the organization maintained a close and continuous working relationship with the supported organization(s).
 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

1

2

2

3

2a

2b

3a

3b

Yes No

Page 5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

tegrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	t on Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	ons must complete Sectio	ns A through E.
		(B) Current Year

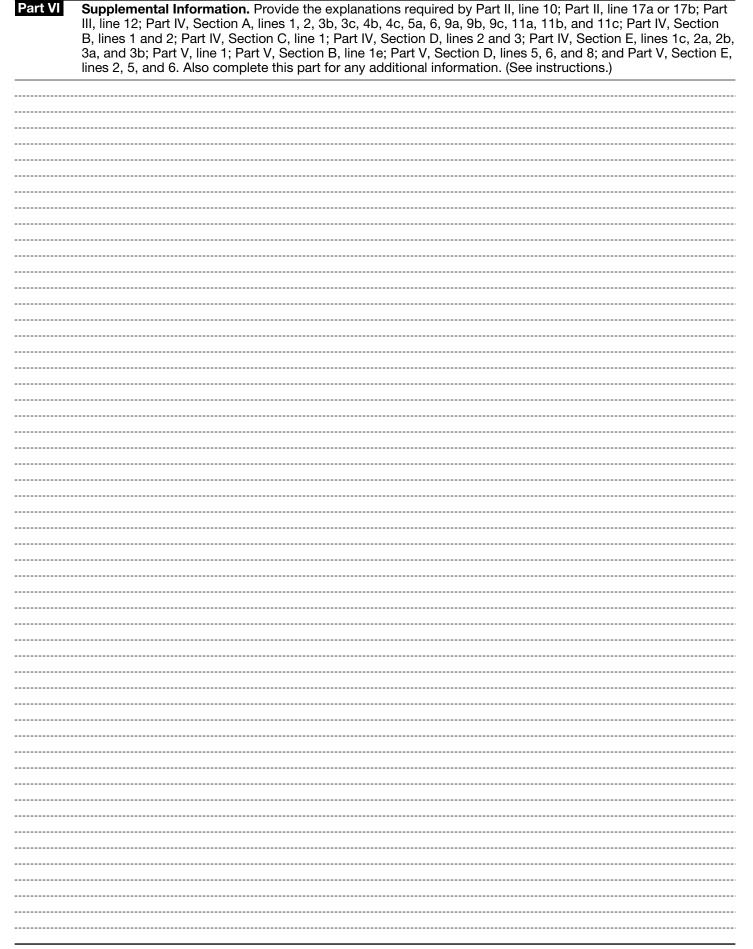
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check have if the summer user is the summination's first as a new functional	- المعالية		las superinsting (

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

	le A (Form 990 or 990-E2) 2017			Page
Part		b) Supporting Organi	zations (continued)	Current Veer
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
 h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
4	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
-	Applied to 2017 distributions of phot years			
c	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2017, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
<u>с</u>	Excess from 2015			
	Excess from 2016			
~	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017



SCHEDULE	D
(Form 990)	

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047					
2017					
Open to Public Inspection					

Internal I	Revenue Service	► Go to www.irs.gov/Form	990 for instructions and the latest inforr	mation.	Inspection
Name o	of the organization			Employer id	entification number
COLO	RADO HOMELES	SS FAMILIES INC			84-1049318
Par	t I Organi	izations Maintaining Donor Adv	vised Funds or Other Similar Fun	ds or Acc	counts.
	Comple	ete if the organization answered '	'Yes" on Form 990, Part IV, line 6.		
		ž	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number a	at end of year			
2	Aggregate valu	ue of contributions to (during year)			
3	Aggregate valu	ue of grants from (during year)			
4		ue at end of year			
5	Did the organ	ization inform all donors and donor	advisors in writing that the assets h	eld in done	or advised
	funds are the o	organization's property, subject to th	e organization's exclusive legal contro	ol?	· · · 🗌 Yes 🗌 No
6	Did the organi	zation inform all grantees, donors, a	nd donor advisors in writing that grai	nt funds ca	n be used
			fit of the donor or donor advisor, or f		
	conferring imp	ermissible private benefit?			· · · 🗌 Yes 🗌 No
Par		rvation Easements.			
	Comple	ete if the organization answered '	'Yes" on Form 990, Part IV, line 7.		
1		conservation easements held by the			
	• • • •	•	tion or education) Preservation or	f a historica	ally important land area
	Protection	of natural habitat	Preservation o	f a certified	historic structure
	Preservatio	on of open space			
2			eld a qualified conservation contribution	on in the fo	m of a conservation
	easement on t	he last day of the tax year.			Held at the End of the Tax Year
а	Total number of	of conservation easements		2a	
b	Total acreage	restricted by conservation easement	S	2b	
с	-	-	nistoric structure included in (a) .		
d			(c) acquired after 7/25/06, and not		
	historic structu	ure listed in the National Register .		· · 2d	
3	Number of cor tax year ►	nservation easements modified, trans	sferred, released, extinguished, or terr	minated by	the organization during the
4		tes where property subject to conse	rvation easement is located ►		
5			garding the periodic monitoring, ins	pection. h	andling of
			sements it holds?		
6	Staff and volunt	eer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservatior	
•					
7	Amount of expe	enses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservatio	n easements during the year
	▶\$				
8			2(d) above satisfy the requirements of	f section 17	0(h)(4)(B)(i)
	and section 17	′0(h)(4)(B)(ii)?			· · · 🗌 Yes 🗌 No
9	In Part XIII, de	scribe how the organization reports o	conservation easements in its revenue	e and exper	ise statement, and
			of the footnote to the organization's fin	nancial state	ements that describes the
		accounting for conservation easeme			
Part	III Organi	izations Maintaining Collection	s of Art, Historical Treasures, or	Other Si	nilar Assets.
	Comple	ete if the organization answered '	'Yes" on Form 990, Part IV, line 8.		
1a	If the organiza	tion elected, as permitted under SF	AS 116 (ASC 958), not to report in its	s revenue s	tatement and balance sheet
			assets held for public exhibition, ec		
	public service,	, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	t describes	these items.
b	works of art,	historical treasures, or other similar	FAS 116 (ASC 958), to report in its assets held for public exhibition, ec		
	-	, provide the following amounts relati	-		
	(i) Revenue in	cluded on Form 990, Part VIII, line 1			▶ \$
			· · · · · · · · · · · · · ·		
2	If the organization	ation received or held works of art,	historical treasures, or other similar FAS 116 (ASC 958) relating to these it	r assets for	
а	Revenue inclu	ded on Form 990, Part VIII, line 1 .			▶ \$
b					

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contlinued) 0 Using the organization's acculation, accosesion, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public achibition d Loan or exchange programs b Scholarly research e Other Check all that apply): c Preservation for future generations e Other Check all that apply in the second of the organization's collection? yes No c Preservation for future generations e Other No Part N No No c Preservation for future generations e Other yes No d Loan of the organization's collection? yes No No d Hot organization an agent of the organization's collection? yes No d Hot organization an agent of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No d Additions during the year 1e 1e 1e 1e 1e 1e 1e <	Schedu	le D (Form 990) 2017							Page 2
collection items (oheck all that apply): a □ public exhibition d □ Loan or exchange programs b □ Prosearcation for future generations c □ Other	Part	III Organizations Maintaining	Collections of	of Art, His	torical 1	Freasures,	or Ot	her Similar A	ssets (continued)
b Scholarly research e Other c Prevention for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3			other reco	rds, chec	k any of th	e follov	wing that are a	significant use of its
b Scholarly research e Other c Prevention for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, idd the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 900, Part X? Yes No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 900, Part X? Yes No b If "Yes," explain the arrangement in Part XIII. And complete the following table: Amount E c Beginning balance Id Id Id Id d Additions during the year Id Id Id Id d Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. Image ande and administered on Part XIII.	а	Public exhibition		d	🗌 Loan	or exchang	e prog	rams	
c Provide a description of thure generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research				-			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to risks funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete II the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 90, Part X, Ine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 90, Part X, Ine 21. Bit dro organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the escrow or custodial account liability? Yes No b Contributions Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Second basing the preventing of the current year and balance (line 10, column (a)) held as: Sord Ogen balance	с	Preservation for future generations	5						
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? yes No Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X? Yes No 90, Part X? Yes No Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Amount Image:	4	Provide a description of the organization		s and expla	ain how t	hey further	the org	ganization's exe	empt purpose in Part
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?. Image: Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X?. b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Baginning balance . 1e d Additions during the year 1e f Ending balance . 1e a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b H"Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions . Image: Complete II (e) For year back (e) For year back (e) For years back (e) For years back (e) For years back in the prostement endowment Image: Complete if the organization programs . a Grants or scholarships . Image: Complete II (e) For year back in the prostement endowment Image: Complete II (e) For year back in the prostemase of the current year end balance (line 1g, colum	5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar							
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ves No c Additions during the year 1d Id	Part								
Included on Form 990, Part X?		Complete if the organization		es" on For	m 990, F	Part IV, line	e 9, or	reported an a	mount on Form
c Beginning balance . Image: Construction of the set of the	1a				-				
c Beginning balance . 10 10 d Additions during the year . 10 Distributions during the year . 11 10 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. (e) Four year' (b) Prior year' (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance	b	If "Yes," explain the arrangement in P	art XIII and com	plete the fo	llowing ta	able:			
d Additions during the year 1d e Distributions during the year 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII									Amount
e Distributions during the year 1e 1f f Ending balance 1f 1f 2D id the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Part V Endowment Funds. (a) Current year (b) Prior year (c) Twee years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Twee years back (e) Four years back 1b Contributions (a) (b) Prior year (c) Twee years back (e) Four years back 1a Beginning of year balance (a) (b) Prior year (c) Twee years back (e) Four years back 1b Contributions (c) (c) Tree years back (e) Four years back (e) Four years back 1a Beginning of year balance (c) (c) Tree years back (e) Four years back (e) Four years back 1b Broard designated or quasi-endowment ▶ % % (c) The porearity restricted endowment ▶ % 1c Chrein strate or schola	с	Beginning balance					10	;	
f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b ft "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	d	Additions during the year					10	1	
f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b ft "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	е	Distributions during the year					16	•	
b H"Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses losses Image: Control of the expenditures for facilities and programs programs Image: Control of the expenditures for facilities and programs. g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment > % Mere endowment > % Temporarily restricted endowment > % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment for the organizations (i) unrelated organizations (ii) related organizations (iii) related organizations. % Describe in Part XIII the intended uses of the organization's endowment funds. B End (organizations. (iii) related organization send (othereashould endowment funds.	f						1f	:	
PartV Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Current year (c) Two years back (d) Three years back (e) Four years back 1b Contributions (b) Current year (c) Two years back (d) Three years back (e) Four years back 1c Net investment earnings, gains, and losses (b) Cher expenditures for facilities and programs (c) the expenditures for facilities and programs (c) the expenditures for facilities and programs 1c Other expenditures for facilities and programs (c) the extinated percentage of the current year end balance (line 1g, column (a)) held as: (c) Temporarily restricted endowment >% 2 Provide the estimated percentages of the current year end balance (line 1g, column (a)) held as: (c) Temporarily restricted endowment >% 3a Are there endowment to most in the possession of the organization that are held and administered for the organizations (c) there weat and administered for the organizations (i) unrelated organizations (c) the organizations (c) Sa(i) administration (c) Sa(i) administration <t< td=""><td>2a</td><td>Did the organization include an amou</td><td>nt on Form 990,</td><td>Part X, line</td><td>e 21, for e</td><td>scrow or cu</td><td>ustodia</td><td>l account liabili</td><td>ty? 🗌 Yes 🗌 No</td></t<>	2a	Did the organization include an amou	nt on Form 990,	Part X, line	e 21, for e	scrow or cu	ustodia	l account liabili	ty? 🗌 Yes 🗌 No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions	b	If "Yes," explain the arrangement in P	art XIII. Check h	ere if the e	xplanatio	n has been	provid	ed on Part XIII	🛛
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (c) Two years back (e) Four years back c Net investment earnings, gains, and programs (c) Two years back (e) Two years back f Administrative expenses (c) Two years back (e) Two years back g End of year balance (c) Two years back (c) Two years back g End of year balance (c) Two years back (c) Two years back g End of year balance (c) Two years back (c) Two years back g End of year balance (c) Two years back (d) Two years back g End of year balance (c) Two years back (d) Two years back g End of year balance (c) Two years back (d) Two years back g	Par	t V Endowment Funds.							
1a Beginning of year balance		Complete if the organization	answered "Ye	es" on For	m 990, F	Part IV, line	e 10.		
b Contributions			(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years ba	ick (e) Four years back
c Net investment earnings, gains, and losses	1a	Beginning of year balance							
Iosses Image: Substrain Strain S	b								
e Other expenditures for facilities and programs	С								
programs	d	Grants or scholarships							
g End of year balance	e	•							
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f	Administrative expenses							
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	g	End of year balance							
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations Yes No 3a(i) 3b 3c 3c <td>2</td> <td>Provide the estimated percentage of t</td> <td>he current year</td> <td>end balanc</td> <td>e (line 1g</td> <td>, column (a</td> <td>)) held</td> <td>as:</td> <td>•</td>	2	Provide the estimated percentage of t	he current year	end balanc	e (line 1g	, column (a)) held	as:	•
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations Yes No 3a(i) 3b 3c 3c <td>а</td> <td>Board designated or quasi-endowment</td> <td>nt 🕨</td> <td>%</td> <td></td> <td></td> <td></td> <td></td> <td></td>	а	Board designated or quasi-endowment	nt 🕨	%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (i) unrelated organizations (i) unrelated organizations (ii) related organizations (iii) related organization (iii) related organization (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (iii) Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (other) (d) Book value (d) Book value (d) Book value <	b								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (investment) (i) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 406,342 406,342 b Buildings 0 0 0 1a Land 0 0 0 0 1a Land 0 0 <td< td=""><td>с</td><td>Temporarily restricted endowment ></td><td>····· %</td><td>,)</td><td></td><td></td><td></td><td></td><td></td></td<>	с	Temporarily restricted endowment >	····· %	,)					
organization by: Yes No (i) unrelated organizations 3a(i) 3a(i) <td></td> <td>The percentages on lines 2a, 2b, and</td> <td>2c should equa</td> <td>l 100%.</td> <td></td> <td></td> <td></td> <td></td> <td></td>		The percentages on lines 2a, 2b, and	2c should equa	l 100%.					
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) 1a Land 0 406,342 b Buildings 0 406,342 b Buildings 0 0 0 4,182,193 2,197,128 1,985,065 c Leasehold improvements 0 41,220 40,103 1,117 e Other 0 128,903 83,396 45,507	3a	Are there endowment funds not in the	e possession of	the organi	zation tha	at are held	and ad	ministered for	the
(ii) related organizations		organization by:							Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land 0 406,342 406,342 b Buildings 0 0 0 0 0 c Leasehold improvements 0		(i) unrelated organizations							. 3a(i)
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1a Land 0 406,342 406,342 406,342 0 0 4,182,193 2,197,128 1,985,065 c Leasehold improvements 0 41,220 40,103 1,117 e Other 0 128,903 83,396 45,507		(ii) related organizations							. 3a(ii)
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 406,342 406,342 b Buildings 0 4,182,193 2,197,128 1,985,065 c Leasehold improvements 0 0 0 0 d Equipment 0 41,220 40,103 1,117 e Other 0 128,903 83,396 45,507	b								. 3b
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand0406,342406,342bBuildings04,182,1932,197,1281,985,065cLeasehold improvements.0000dEquipment041,22040,1031,117eOther.0128,90383,39645,507	4		-	ation's endo	owment fu	unds.			
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land0406,342406,342b Buildings04,182,1932,197,1281,985,065c Leasehold improvements0000d Equipment041,22040,1031,117e Other0128,90383,39645,507	Part							_	
Image: Instruction Image: Instruction Image: Instruction Image: Instruction 1a Land		Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
b Buildings		Description of property							(d) Book value
c Leasehold improvements 0 0 0 0 d Equipment 0 41,220 40,103 1,117 e Other	1a	Land		0		406,342			406,342
d Equipment	b	Buildings		0		4,182,193		2,197,128	1,985,065
e Other	с	Leasehold improvements		0		0		0	0
	d	-		0		41,220		40,103	1,117
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2,438,031	e	Other	•	0		128,903		83,396	45,507
	Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part 2	X, columr	n (B), line 10	c.) .		2,438,031

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part	IV line 11h See I	Form 990 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val
(1) Financial	derivatives		
• •	neld equity interests		
	· ·		
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(F) (G)			
(C) (H)			
	o) must equal Form 990, Part X, col. (B) line 12.) ►		
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11c. See I	Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market val
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See	Form 990, Part X, line 15
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		. ►
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11	f. See Form 990, Part X,
	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in			
	Deposits Payable		19,0
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 25.) ►		19.0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2017				Page 4
Par				Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV	', line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	708,141
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	0		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	· · .		3	708,141
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	-	
b	Other (Describe in Part XIII.)		0		
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	708,141
Part				er Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements	• •		1	812,635
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	0	-	
b	Prior year adjustments		0		
С	Other losses		0	-	
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1	· · ·		3	812,635
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b		0	-	
b	Other (Describe in Part XIII.)		0		
с 5	Add lines 4a and 4b			4c 5	0
Part		ie 10.)		5	812,635
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4; Pa	rt IV, lines 1b and 2b	; Part V, lin	e 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to prov	vide any additional in	formation.	

(Form 990 or 990-EZ)	990 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.								
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection						
Name of the organization		Employer identifica	ation number						
COLORADO HOMELES	SS FAMILIES INC	84-	1049318						
Form 990, Part VI, Sec	tion B, Line 11b - Form 990, Part VI, Section B line 11b - All of the Board of Direc	ctors took training	on understanding						
the Form 990 and all w	vere given a copy of the 990 to review before it was filed.								
Form 990, Part VI, Sec	tion B, Line 12c - Form 990, Part VI, Section B, Line 12c - The conflict of interest	policy is monitor	ed on an on-going						
	basis by the officers and directors to ensure its compliance.								
Form 990, Part VI, Sec	tion C, Line 19 - Form 990, Part VI, Section C, Line 19 - Governing documents, c	onflict of interest	policy and financial						
	ble to the public upon request.								

Supplemental Information to Form 990 or 990-EZ

SCHEDULE O

(Form 990 or 990-EZ)

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

OMB No. 1545-0047