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|------|-----|
| 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. | |
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| | | | | | | |
| 4b | (Code: |) (Expenses \$ | 11,070 including | grants of \$ |) (Revenue \$ | <u> </u> |
| | The organization | was able to assist proc | ram families with em | ergency needs. | | |
| | | | | | | |
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| | | | | | | |
| 4c | (Code: | _) (Expenses \$ | including | grants of \$ |) (Revenue \$ |) |
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| | | | | | | |
| 4d | Other program se | ervices (Describe in S | chedule O.) | | | |
| | (Expenses \$ | o including | · | 0) (Revenue \$ | 0) | |
| 4e | Total program se | ervice expenses 🕨 | 692,268 | | | |

| | 0 (2017) | | | Page 3 |
|--------|--|------------|-----|--------|
| 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 | |

| | 0 (2017) | | | Page 4 |
|----------|--|------------|--------------|---------------|
| 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) |

| Form 99 | 0 (2017) | | F | Page 5 |
|---------|---|-----|-----|--------|
| 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 | | |

| Form 99 | 90 (2017) | | | F | Page 6 |
|-------------------|---|------------------|-------------|--------------|-------------|
| 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 |
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| 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 |
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| | | | | | | | | | | | | | | |
| 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 |

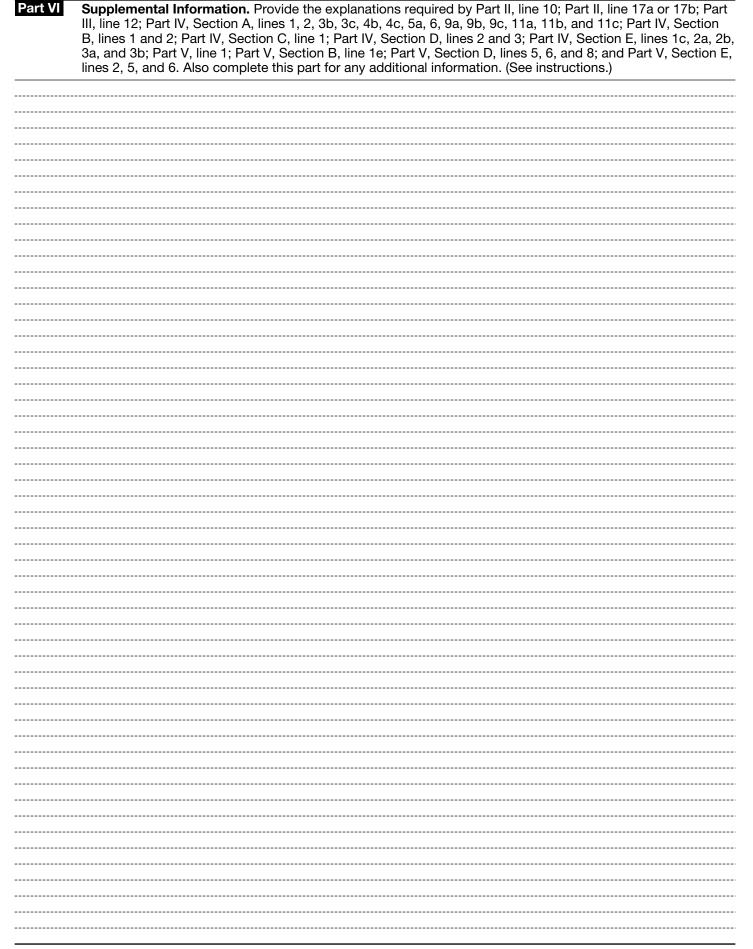
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|------------|----------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 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. | |
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| (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. | | | | | | | | |
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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