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**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2011**  
Open to Public  
Inspection

**A** For the 2011 calendar year, or tax year beginning **07/01/11**, and ending **06/30/12**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="text-align:center"><b>HOPE WORKS, INC.</b></div> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <div style="display:flex"> <div style="flex:1">P.O. BOX 92</div> <div style="flex:1"></div> </div> City or town, state or country, and ZIP + 4 <div style="display:flex"> <div style="flex:1">BURLINGTON</div> <div style="flex:1">VT 05402-0092</div> </div>	<b>D</b> Employer identification number <div style="text-align:center"><b>03-0284577</b></div>
	<b>E</b> Telephone number <div style="text-align:center"><b>802-864-0555</b></div>	<b>G</b> Gross receipts \$ <b>507,643</b>
	<b>F</b> Name and address of principal officer <div style="text-align:center"> <b>CATHLEEN WILSON</b>  <b>68 SETH CIRCLE</b>  <b>WILLISTON VT 05495</b> </div>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website ▶ <b>WWW.STOPRAPEVERMONT.ORG</b>	<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation <b>1973</b>	<b>M</b> State of legal domicile <b>VT</b>

**Part I Summary**

Activities & Governance  
SCANNED JUN 19 2013  
Expenses

**1** Briefly describe the organization's mission or most significant activities  
**SEE SCHEDULE O**

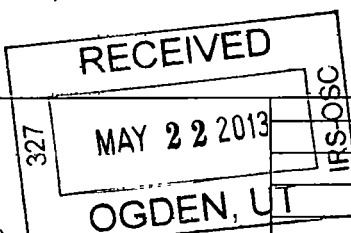
**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

- 3** Number of voting members of the governing body (Part VI, line 1a)
- 4** Number of independent voting members of the governing body (Part VI, line 1b)
- 5** Total number of individuals employed in calendar year 2011 (Part V, line 2a)
- 6** Total number of volunteers (estimate if necessary)
- 7a** Total unrelated business revenue from Part VIII, column (C), line 12
- b** Net unrelated business taxable income from Form 990-T, line 34

- 8** Contributions and grants (Part VIII, line 1h)
- 9** Program service revenue (Part VIII, line 2g)
- 10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)
- 11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
- 12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
- 13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)
- 14** Benefits paid to or for members (Part IX, column (A), line 4)
- 15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
- 16a** Professional fundraising fees (Part IX, column (A), line 11e)
- b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **0**
- 17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
- 18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)
- 19** Revenue less expenses Subtract line 18 from line 12

- 20** Total assets (Part X, line 16)
- 21** Total liabilities (Part X, line 26)
- 22** Net assets or fund balances Subtract line 21 from line 20

	Prior Year	Current Year
3	7	
4	7	
5	16	
6	88	
7a	0	0
7b	0	0
8	507,797	454,103
9	2,164	970
10	295	3
11	54,920	52,567
12	565,176	507,643
13	0	0
14	0	0
15	422,097	397,549
16a	0	0
17	111,006	97,384
18	533,103	494,933
19	32,073	12,710
20	518,858	508,817
21	314,738	291,987
22	204,120	216,830



**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer 	Date <b>5/9/13</b>
	<b>CATHLEEN WILSON</b> Type or print name and title	<b>EXECUTIVE DIRECTOR</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID H. ANGOLANO, CPA</b>	Preparer's signature 
	Firm's name ▶ <b>ANGOLANO &amp; COMPANY CPA PC</b>	Date <b>04/29/13</b>
	Firm's address ▶ <b>PO BOX 639 SHELBURNE, VT 05482-0639</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00124210</b> Firm's EIN ▶ <b>03-0322470</b> Phone no <b>802-985-8992</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

9-17

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**Part III Statement of Program Service Accomplishments**

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

☒**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☒ Yes ☐ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ **267,959** including grants of \$ ) (Revenue \$ )  
**HOTLINE & ADVOCACY - TRAINED STAFF AND VOLUNTEER ADVOCATES PROVIDE CRISIS SUPPORT, ONGOING EMOTIONAL SUPPORT, INFORMATION, AND REFERRALS THROUGH THE HOTLINE. ADVOCATES ARE ALSO AVAILABLE TO ACCOMPANY SURVIVORS TO THE HOSPITAL FOR RAPE EXAMS AND TO POLICE STATIONS FOR THOSE WHO CHOOSE TO REPORT. CHATLINE - WEB-BASED SURVIVOR SUPPORT & ADVOCACY PROVIDED FROM 2PM TO 5PM MONDAY THROUGH THURSDAY BY TRAINED VOLUNTEERS.**

**4b** (Code ) (Expenses \$ **128,506** including grants of \$ ) (Revenue \$ )  
**EDUCATION & OUTREACH - SERVICES TO RAISE AWARENESS ABOUT SEXUAL VIOLENCE AND SAFETY THROUGH WORKSHOPS, EDUCATION EVENTS, AND PUBLIC AWARENESS CAMPAIGNS.**

**4c** (Code ) (Expenses \$ **51,095** including grants of \$ ) (Revenue \$ )  
**FUNDRAISING DEVELOPMENT - PROVIDES THE STRUCTURE NECESSARY TO ENCOURAGE AND SECURE PRIVATE FINANCIAL SUPPORT FROM INDIVIDUALS, FOUNDATIONS, AND CORPORATIONS.**

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **447,560**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

☒

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	<b>0</b>
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	<b>0</b>
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	
<b>2a</b>	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.	<b>2a</b>	<b>16</b>
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	<b>7a</b>	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>13b</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.	<b>13b</b>	
<b>13c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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	<b>7</b>	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>7</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>	<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	<b>X</b>
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	<b>15b</b>	<b>X</b>
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **CATHLEEN WILSON**  
**336 NORTH AVENUE**  
**BURLINGTON VT 05401**

**802-864-0555**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>CATHLEEN WILSON</b> <b>EXECUTIVE DIRECTOR</b>	32.00	X		X				57,092	0	5,140
(2) <b>THERESA (TESS) RICHARDSON SWETT</b> <b>VICE CHAIR.</b>	1.00	X						0	0	0
(3) <b>MARILYN GILLIS</b> <b>SECRETARY</b>	1.00	X						0	0	0
(4) <b>LEAH MACCARTHY FENCE</b> <b>TREASURER</b>	1.00	X						0	0	0
(5) <b>YVES BRADLEY</b> <b>@ LARGE</b>	1.00	X						0	0	0
(6) <b>ERIN SUE CARROL</b> <b>CHAIR.</b>	1.00	X						0	0	0
(7) <b>RONALD REDMOND</b> <b>@ LARGE</b>	1.00	X						0	0	0
(8) <b>TOM TREMBLAY</b> <b>@ LARGE</b>	1.00	X						0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								<b>57,092</b>		<b>5,140</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>57,092</b>		<b>5,140</b>

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

**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**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	5,354			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	393,182			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	55,567			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> Total. Add lines 1a-1f		454,103			
<b>Program Service Revenue</b>	<b>2a</b> VOLUNTEER TRAINING	Busn Code	690	690		
	<b>b</b> WORKSHOPS		280	280		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		970			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3	3	
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6a</b> Gross rents		(i) Real (ii) Personal				
<b>b</b> Less rental exps						
<b>c</b> Rental inc or (loss)						
<b>d</b> Net rental income or (loss)						
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
<b>b</b> Less cost or other basis & sales exps						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		<b>a</b>	46,389			
<b>b</b> Less direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events			46,389			46,389
<b>9a</b> Gross income from gaming activities See Part IV, line 19		<b>a</b>				
<b>b</b> Less direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>a</b>	899			
<b>b</b> Less cost of goods sold		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory			899			899
Miscellaneous Revenue		Busn Code				
<b>11a</b> OTHER VARIOUS		5,279	5,279			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d		5,279				
<b>12</b> Total revenue. See instructions		507,643	6,252	0	47,288	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	57,092	51,383	5,709	
7 Other salaries and wages	255,994	230,395	25,599	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	51,799	46,619	5,180	
10 Payroll taxes	32,664	29,398	3,266	
11 Fees for services (non-employees)				
a Management				
b Legal	3,500	3,195	305	
c Accounting	4,757	4,343	414	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	11,696	10,586	1,110	
12 Advertising and promotion	707	636	71	
13 Office expenses	13,840	12,456	1,384	
14 Information technology				
15 Royalties				
16 Occupancy	5,970	5,373	597	
17 Travel	1,190	1,071	119	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3	3		
20 Interest	742	668	74	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,693	12,324	1,369	
23 Insurance	12,174	10,956	1,218	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>VICTIM ASSISTANCE</b>	7,188	7,188		
b <b>MEMBERSHIPS</b>	5,157	4,641	516	
c <b>FUNDRAISING</b>	4,485	4,485		
d <b>BEEPERS &amp; ANSWERING SERVI</b>	3,544	3,544		
e All other expenses	8,738	8,296	442	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	494,933	447,560	47,373	0
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	200	1	14,847
	2 Savings and temporary cash investments	500	2	503
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	82,326	4	71,666
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	338	9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 492,297		
	b Less accumulated depreciation	10b 70,496	435,494	10c 421,801
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		518,858	16	508,817
<b>Liabilities</b>	17 Accounts payable and accrued expenses	23,095	17	14,542
	18 Grants payable		18	
	19 Deferred revenue	10,208	19	9,245
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	257,200	23	251,200
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	24,235	25	17,000
	26 <b>Total liabilities.</b> Add lines 17 through 25	314,738	26	291,987
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	204,120	27	216,830
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	204,120	33	216,830
34 <b>Total liabilities and net assets/fund balances</b>	518,858	34	508,817	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>507,643</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>494,933</b>
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	<b>12,710</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>204,120</b>
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	<b>216,830</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?	<b>X</b>	
<b>2b</b> Were the organization's financial statements audited by an independent accountant?	<b>X</b>	
<b>2c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>X</b>	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**HOPE WORKS, INC.**

Employer identification number

**03-0284577**

**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 11, 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.)
- 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 organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	486,004	475,608	402,652	507,797	454,103	2,326,164
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3	486,004	475,608	402,652	507,797	454,103	2,326,164
<b>5</b> 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)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						2,326,164

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	486,004	475,608	402,652	507,797	454,103	2,326,164
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,028	1,337	277	295	3	5,940
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)	29,403	31,603	29,973	57,084	53,537	201,600
<b>11</b> <b>Total support.</b> Add lines 7 through 10						2,533,704
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	6,252

**13** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	91.81%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	92.15%
<b>16a</b> <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12 )						
<b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐



**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

**PART II, LINE 10 - OTHER INCOME DETAIL**

SPECIAL EVENTS 2007-2011	\$	156,512
OTHER REVENUES 2007-2011	\$	35,387
MERCHANDISE SALES 2007-2011	\$	4,082
WORKSHOPS 2007-2011	\$	4,929
VOLUNTEER TRAINING 2011	\$	690

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

**HOPE WORKS, INC.**

Employer identification number

**03-0284577****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- ☐ **a** Public exhibition  
☐ **b** Scholarly research  
☐ **c** Preservation for future generations  
☐ **d** Loan or exchange programs  
☐ **e** Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**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? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to 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? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

- c** Beginning balance  
**d** Additions during the year  
**e** Distributions during the year  
**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**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 ☐ %

The percentages in 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

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** 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
<b>1a</b> Land		85,000		85,000
<b>b</b> Buildings		388,845	55,005	333,840
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		18,452	15,491	2,961
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				421,801

**Part VII Investments—Other Securities.** See 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 value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LINE OF CREDIT</b>	<b>17,000</b>
(3) <b>CASH OVERDRAFT</b>	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>17,000</b>

2. FIN 48 (ASC 740) Footnote In Part XIV, 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)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	<b>507,643</b>
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	<b>494,933</b>
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	<b>12,710</b>
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV )	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 through 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	<b>10</b>	<b>12,710</b>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>770,128</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>262,485</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV )	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>262,485</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>507,643</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV )	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 )	<b>5</b>	<b>507,643</b>

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>757,418</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>262,485</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV )	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>262,485</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>494,933</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV )	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 )	<b>5</b>	<b>494,933</b>

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open To Public  
Inspection

Name of the organization

**HOPE WORKS, INC.**

Employer identification number

**03-0284577**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 <b>MARDI GRAS PARA</b> (event type)	(b) Event #2 <b>CLOTHING EXCHAN</b> (event type)	(c) Other events <b>1</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	23,476	22,913	5,354	51,743
	2 Less Charitable contributions			5,354	5,354
	3 Gross income (line 1 minus line 2)	23,476	22,913		46,389
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				
11 Net income summary Combine line 3, column (d), and line 10				46,389	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

9a ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☐ No

b If "Yes," explain

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

## 16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
☐ Employee
☐ Independent contractor

## 17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

**HOPE WORKS, INC.**

Employer identification number  
**03-0284577**

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

WOMEN'S RAPE CRISIS CENTER (WRCC) IS DEDICATED TO ENDING ALL SEXUAL VIOLENCE. WE ARE COMMITTED TO SERVING THE CHITTENDEN COUNTY, VT, COMMUNITY THROUGH THE CONTINUED PROVISION OF OUR SERVICES, AND TO BE A LEADING VOICE IN THE STATE OF VERMONT FOR MEANINGFUL CHANGE IN LAW AND SOCIETY. WRCC PROVIDES CRISIS COUNSELING AND ADVOCACY FOR THOSE WHOSE LIVES HAVE BEEN AFFECTED BY SEXUAL VIOLENCE. OUR EDUCATION/OUTREACH STRIVES TO CHANGE THE ATTITUDES AND BELIEFS THAT PERPETUATE AND CONDONE THE CYCLE OF VIOLENCE. WE CONSTANTLY SEEK TO EXPAND TO MEET THE NEEDS OF AN INCREASINGLY DIVERSE COMMUNITY AND WELCOME ALL TO OUR AGENCY.

**FORM 990, PART I, LINE 6**

APPROX. 88 VOLUNTEERS WHO WERE EITHER ONE-TIME EVENT VOLUNTEERS WHO HELPED WITH VARIOUS ASPECTS OF THE MARDI GRAS EVENT, OR WHO HELPED WITH THE 24 HOUR HOTLINE, EDUCATION/OUTREACH, FUNDRAISING & BUILDING MAINTENANCE.

**FORM 990, PART III, LINE 2**

INCLUDED IN HOTLINE & ADVOCACY IS NOW: CHATLINE - WEB-BASED SURVIVOR SUPPORT AND ADVOCACY PROVIDED FROM 2PM TO 5PM MONDAY THROUGH THURSDAY BY TRAINED VOLUNTEERS.

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT**

**FORM 990, PART V, LINE 3B - FORM 990-T NOT FILED EXPLANATION**

Name of the organization

HOPE WORKS, INC.

Employer identification number

03-0284577

THERE WAS NO INCOME OUTSIDE OF THE TAX EXEMPT PURPOSE OF THE ORGANIZATION.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS  
SEE ATTACHED REVISED BY-LAWS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS  
MEMBERS OF THE BOARD SHALL BE RECRUITED BY THE BOARD DEVELOPMENT COMMITTEE  
AND ELECTED BY THE BOARD ITSELF. BOARD MEMBERS SHALL SERVE A TERM OF THREE  
YEARS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS  
THE BOARD MAKES POLICY DECISIONS, STAFFING DECISIONS, INITIATES THE  
PLANNING AND BUDGETING PROCESS, EVALUATES THE AGENCY ON AN ON-GOING BASIS,  
AND IS RESPONSIBLE FOR THE APPROVAL OF ALL MAJOR BORROWING AND PURCHASES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
REVIEWED BY BOTH THE BOARD & THE EXECUTIVE DIRECTOR PRIOR TO MAILING TO THE  
IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
AS DESCRIBED IN THE BY-LAWS: MEMBERS OF THE BOARD OF DIRECTORS SHALL  
NOT KNOWINGLY ENGAGE IN ANY ACTIVITIES OR TRANSACTIONS IN MATERIAL CONFLICT  
WITH THEIR DUTIES AND OBLIGATIONS TO THE CORPORATION WHILE SERVING IN SUCH  
A CAPACITY. ANY BOARD MEMBER INTERESTED IN APPLYING FOR A POSITION WITHIN  
THE AGENCY MUST RESIGN FROM THE BOARD PRIOR TO SUBMITTING THEIR  
APPLICATION.

Name of the organization

HOPE WORKS, INC.

Employer identification number

03-0284577

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
EXECUTIVE DIRECTOR'S SALARY DECIDED BY THE BOARD.

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION  
THERE WAS NO INCOME OUTSIDE OF THE TAX EXEMPT PURPOSE OF THE ORGANIZATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Forms  
**990 / 990-PF**

**Mortgages and Other Notes Payable**

**2011**

For calendar year 2011, or tax year beginning **07/01/11**, and ending **06/30/12**

Name

Employer Identification Number

**HOPE WORKS, INC.**

**03-0284577**

**FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>BERNARD BEAUDOIN</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>301,200</b>	<b>10/05/07</b>	<b>10/01/13</b>	<b>1,000 MNTH W/ BALLOON PMNT</b>	<b>4.110</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>NORTH AVENUE LAND &amp; BUILDING</b>	<b>MORTGAGE</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>257,200</b>	<b>251,200</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	<b>257,200</b>	<b>251,200</b>

Women's Rape Crises Center  
Depreciation Schedule  
For The Year Ended June 30, 2012

<u>Num</u>	<u>Description</u>	<u>Method</u>	<u>Life</u>	<u>Date Acquired</u>	<u>Cost</u>	<u>Accum. Depr.</u>	<u>Current Depr.</u>	<u>Remaining Basis</u>
1	Toshiba Laptop	S/L	50	1/30/1998	1,559	1,559	-	-
2	Dubot Sofa	S/L	100	1/5/2001	499	499	-	-
3	HP Pavilion 6835 PC	S/L	50	6/5/2001	880	880	-	-
4	Dell 4550 w/ monitor and p1500 print	S/L	50	4/14/2003	614	614	-	-
5	Dell 4550 w/ monitor and p1500 print	S/L	50	4/14/2003	614	614	-	-
6	Dell 4550 w/ monitor, printer, modem	S/L	50	4/14/2003	644	644	-	-
7	Z65 Color Jet Printer Lexmark	S/L	50	4/14/2003	272	272	-	-
8	Dell Dimension 2400 Desktop	S/L	50	7/29/2003	846	846	-	-
9	Quickbooks Payroll software	S/L	30	11/6/2003	169	169	-	-
10	Air Purifier	S/L	50	2/1/2004	181	181	-	-
11	Dell Laptop	S/L	50	2/24/2004	1,079	1,079	-	-
12	Dell Laser Printer 1700	S/L	50	8/16/2004	199	199	-	-
13	HP Computer / Monitor	S/L	50	12/7/2004	828	828	-	-
14	Network Wiring and setup	S/L	50	1/13/2005	810	810	-	-
15	Dell Marketing Laptop	S/L	50	4/27/2006	428	428	-	-
16	Office Cabinets	S/L	100	5/31/2006	1250	1250	0	0
17	Compaq Presario Computer	S/L	50	7/19/2007	285	200	57	28
18	Lexmark Printer	S/L	50	7/20/2007	526	368	105	53
19	Dell Computer	S/L	50	7/25/2007	420	294	84	42
20	Dell Computer	S/L	50	7/25/2007	420	294	84	42
21	Lexmark Printer	S/L	50	8/1/2007	268	189	54	25
22	Gateway GT5464 w/ Canon Printer	S/L	50	8/22/2007	632	441	126	65
23	Phone System Upgrad	S/L	70	9/26/2007	774	385	110	279
24	2 Dell P4 XP Computers	S/L	30	9/25/2008	523	435	87	1
25	Security System Camera/Monitor	S/L	100	8/27 & 10/22/08	3,732	933	373	2426
	Subtotal				\$ 18,452	\$ 14,411	\$ 1,080	\$ 2,961
366 North Ave Building								
24	Building	S/L	390	10/5/2007	\$ 229,005	\$ 20,552	\$ 5,872	\$ 202,581
25	Building Improvements	S/L	390	2007-2008	\$ 95,426	\$ 8,564	\$ 2,447	\$ 84,415
26	Paving	S/L	150	11/12/2008	\$ 7,669	\$ 1,278	\$ 511	\$ 5,880
27	Building Improvements	S/L	150	July & Oct '08	\$ 3,179	\$ 530	\$ 212	\$ 2,437
28	Heating System Upgrade	S/L	150	Jan-March '08	\$ 45,846	\$ 10,696	\$ 3,056	\$ 32,094
29	Roof Repairs	S/L	150	6/30/2010	\$ 7,720	\$ 772	\$ 515	\$ 6,433
	Subtotal				\$ 388,845	\$ 42,392	\$ 12,613	\$ 333,840
27	Land	S/L	n/a	10/5/2007	\$ 85,000	\$ -	\$ -	\$ 85,000
<b>TOTALS</b>					\$ 492,296	\$ 56,803	\$ 13,693	\$ 421,800

## H.O.P.E. Works Advocacy Statistics

(from July 1, 2011 to June 30, 2012)

HOPE Works provided comprehensive crisis intervention, support, and advocacy to **686** survivors of sexual violence and their loved ones between July 2011 and June 2012. HOPE Works handled **3957** hotline calls during the year, or about **11** calls a day.

HOPE Works provided support and assistance to survivors at the hospital, police stations, courthouse, in support groups, and at other service organizations a total of 730 times. In both in-person and hotline support, staff had on average **7** contacts with each person we served.

**\*\*In the last five years, we have witnessed a thirty percent increase in Vermonters reaching out for our crisis and support services.**

Of the survivors we served whose gender and age was disclosed...

- ⌘ **46%** were adult women;
- ⌘ **39%** were female youth (age thirteen to twenty-four);
- ⌘ **8%** were adult men;
- ⌘ **6%** were male youth (thirteen to twenty-four); and
- ⌘ **1%** was transgender youth and adults.

Types of victimization (some callers disclosed multiple forms of abuse):

- ⌘ **82%** had survived a sexual assault;
- ⌘ **11%** had experienced sexual abuse other than rape; and
- ⌘ **8%** had been stalked.

Of the people who identified their relationship with their offender...

- ⌘ **45%** had been victimized by a current or former partner;
- ⌘ **36%** by an acquaintance;
- ⌘ **12%** by a family member or other relative; and
- ⌘ **7%** by a stranger.

Advocacy Services Multi-year Trends:

- ⌘ HOPE Works staff provided support and advocacy to **82%** more youth survivors of rape and sexual assault as compared to last year.
- ⌘ Compared to last year, HOPE Works served **two and a half** times as many survivors through its support groups located at HOPE Works, the University of Vermont, Lund, and Spectrum Youth and Family Services Drop-in Location.
- ⌘ HOPE Works staff accompanied **37%** more survivors through medical and hospital systems from the previous year.
- ⌘ In part to better outreach efforts among vulnerable populations, HOPE Works served **double** the homeless survivors compared to its previous year (almost 14% of total number of survivors were homeless—many due to their victimization).

# **H.O.P.E. WORKS**

## **By-laws**

REVISED December 2011

**Article I**

**ORGANIZATION**

Section 1.01 Name. The name of this Corporation shall be H.O.P.E. Works, Inc.

Section 1.02 Powers. The Corporation may hold property, real and personal, incidental to carrying out its purposes and subject to established legal requirements.



## **Article II**

### **PURPOSE**

Section 2.01 Purpose. H.O.P.E. Works exists to address the issue of rape in Chittenden County. H.O.P.E. Works is a feminist agency organized for the following purposes: to provide short-term counseling and advocacy for survivors of sexual violence, their families and friends; to heighten awareness and prevention of sexual violence through community education and advocacy; to encourage survivor's self-empowerment; and H.O.P.E. WORKS is committed to maintaining an organization which empowers the Board, staff, and volunteers. To achieve these goals, we are operating by a modified consensus decision making process within the Board of Directors and staff.

### **Article III**

#### **GENERAL MEMBERSHIP**

Section 3.01 Membership. The Members of the Corporation shall be 18 years of age or older, will not have utilized H.O.P.E. WORKS's services in the 6 months prior to becoming a Member, and will include all Members of the Board of Directors, all Advisory Board Members, all Committee Members, all Hotline/Advocacy and Social Change volunteers, and all regular staff. Minors 16 or 17 years of age a) who have not been H.O.P.E. WORKS service users in the 6 months prior to volunteering, and b) who provide H.O.P.E. WORKS written, parental permission that indemnifies and holds H.O.P.E. WORKS harmless, may attend a H.O.P.E. WORKS volunteer orientation session and serve in limited, pre-determined capacities as outreach and administrative volunteers.

Section 3.02 Meetings.

(a) There shall be an annual meeting of the Members of the Corporation which will be held on a date designated by the Board.

(b) Special meetings of the Members of the Corporation shall be held upon the call of the Board of Directors or by 10% of the General Membership.

Section 3.03 Notice of Meetings. Notices of every meeting of the Members, stating the time, place, and agenda, shall be given to each Member and such notices shall be delivered personally or by first-class mail not less than fifteen calendar days prior to the meeting. Included in this notification shall be the announcement of any nominees and all business items.

Section 3.04 Quorum. Twenty-five percent of the Members entitled to make decisions at a meeting, present in person or represented by proxy, shall constitute a quorum for transaction of business at any meeting of the Members. If twenty-five percent of the Members are not present, a vote cannot be taken, and the issue must be presented again to be voted upon at the next meeting or by referendum.

Section 3.05 Decision Making. Decisions will be made by a two-thirds majority vote due to the large size of the General Membership. However, all other decision making which occurs in Board and Standing Committee meetings will adhere to the modified consensus process as outlined in the attached "Modified Consensus Based Meeting Process." If issues need to be decided upon by the general Membership, and it is not possible to call a meeting, all Members will be notified by mail of the issue for a referendum. The Board of Directors will post a ballot box in the office and Members will be responsible for casting their vote. Twenty-five percent of the Members must cast their vote in order for the vote to be valid. If less than twenty-five percent of the Members choose to vote, the issue must be voted upon again.

Section 3.06 Advisory Board Members. Individuals from the community at large, who are 18 years of age or older, may be selected to serve on the Advisory Board. They shall be individuals who have particular expertise in any of the aims and pursuits of H.O.P.E. Works. Advisory Board Members are invited to attend the annual meeting, and may serve on a Board Subcommittee. If an Advisory Board Member is not serving on a Board Subcommittee, that Member will not have any decision making power concerning policy decisions of the organization.

## Article IV

### BOARD OF DIRECTORS

Section 4.01 Management and Function. The property and business of the Corporation shall be managed by a Board of Directors ("B.O.D."). The B.O.D. makes policy decisions, that is those decisions which are broad, affect the entire organization, and have ongoing time frames. The B.O.D. also makes staffing decisions and takes fiduciary and legal responsibility for the organization. The B.O.D. is responsible for initiation of the planning process, budget process, and the evaluation of the agency. Each Board Member is required to attend 8 hours of Board specific training per year.

Section 4.02 Membership Term and Election. Members of the Board of Directors shall be recruited by the Board Development Committee and elected by the Board of Directors. Members shall serve a term of three years. There shall be no less than 3 but no more than 15 elected Directors, all of whom shall be residents of or work in Chittenden County.

#### Section 4.03 Resignation and Removal; Vacancies.

(a) Any Director may resign at any time delivering a written notice of resignation signed by such Director to the Board; unless otherwise specified therein, such resignation shall take effect upon delivery. Any vacancy occurring in the B.O.D. may be filled by a modified consensus decision of the remaining Directors. A Director elected to fill a vacancy shall be elected for the unexpired term of his/her predecessor in office.

(b) Any Director who is absent from three of any six consecutive meetings of the B.O.D. shall be eligible for removal from the Board. A Director may also be removed at any time whenever the Board feels the best interests of the Corporation are not being served. To discuss the removal of a Board Member, a special meeting shall be called. Notice of such meetings shall state the name of the Director whose removal is proposed and the cause assigned for removal. The Director to be removed must be given an opportunity to present evidence and arguments on his/her own behalf at the meeting at which removal is considered. A consensus decision must be reached to affirm the removal of a Board Member. The Director in question will be recused from voting.

#### Section 4.04 Meetings.

(a) A regular meeting of the Board shall be held at least once every month on such day of the month as shall be established by the Board. The Board of Directors may hold such other meetings from time to time as the business of the corporation might require and such meetings may be called by any Board Member or by request of 10% of the volunteer Membership. B.O.D. meetings are open to any member of the agency who wishes to attend.

(b) A notice of every meeting of the B.O.D., stating the time, place and object thereof, shall be delivered personally, emailed or mailed to each Director at a reasonable time prior thereto, but notice of any meeting may be waived by any Director. Agenda and minutes of each B.O.D. meeting will be posted in the office for all Members of the agency to review.

Section 4.05 Decision Making and Quorum. At every meeting of the Board, two-thirds of the Directors will constitute a quorum for the transaction of the business. Decisions will be made by a modified consensus process as outlined in the attached "Modified Consensus Based Meeting Process". Any Member of the agency may give input about a proposal at a B.O.D. meeting, but final decision-making responsibility lies with the elected Directors

Section 4.06 Telephone Meetings. Members of the B.O.D. may participate in a meeting of the B.O.D. by means of a conference telephone or similar communications equipment by means of which all persons participating in the meeting can hear each other, and participation in a meeting in such a manner shall constitute presence in person at such meeting.

Section 4.07 Executive Committee. The Executive Committee shall be composed of all of the elected officers (see Article V). The function of the executive committee is to discuss issues generated at B.O.D meetings that warrant closer examination than time would allow at a B.O.D. meetings, and to draft subsequent proposals for final approval by the B.O.D.

Section 4.08 Compensation. The Directors shall receive no compensation for their services as such.

Section 4.09. Conflict of Interest. Members of the Board of Directors shall not knowingly engage in any activities or transactions in material conflict with their duties and obligations to the corporation while serving in such a capacity. Any Board Member interested in applying for a position within the agency must resign from the Board prior to submitting their application.

## Article V

### OFFICERS

Section 5.01 Officers. The officers of the corporation shall be a Board Coordinator(s), a Secretary, a Treasurer, and such other officers as the B.O.D. from time to time may appoint. No two offices may be held by the same person, and no staff person can be an officer.

Section 5.02 Selection of Officers. The Board Coordinator(s), Secretary and Treasurer shall be elected to the B.O.D. from its Membership and shall hold office for a term of two years and until their successors are chosen unless sooner removed by a modified consensus of the B.O.D.

Section 5.03 Removal and Resignation. Any officer may be removed at any time by the B.O.D. whenever in the judgment of the Board the best interests of the organization will be served thereby. A meeting will be called for such a purpose, naming the officer(s) whose removal is proposed and the causes for the removal. The officer to be removed must be given an opportunity to present evidence and arguments on his/her own behalf at the meeting at which removal is considered. A decision must be reached, via the modified consensus model, by the Board in order to remove an officer. The Director in question will be recused from a vote. Any officer may resign at any time by delivering a written notice to the Board signed by such officer. A verbal resignation to the Board, followed-up in writing, is likewise a valid resignation. Unless otherwise specified therein, a written or verbal resignation shall take effect upon delivery or utterance.

Section 5.04 Vacancies. Any vacancy occurring in any office of the Corporation by reason of death, resignation, removal of an officer or otherwise shall be filled by the Directors in the same manner as provided for ordinary elections of officers by Directors, and an officer so chosen shall hold office until the next regular selection for that office, or until earlier death, resignation or removal.

Section 5.05 Board Coordinator(s). The Board Coordinator(s) for the Corporation shall have such powers and duties as shall be assigned by the B.O.D. The Board Coordinator(s) shall convene all meetings of the Members and B.O.D. and the Executive Committee. The Board Coordinator(s) shall have general charge of the affairs of the Corporation and general supervision over its officers, employees and agents.

Section 5.06 Treasurer. The Treasurer, subject to the direction and under the supervision of the Board, shall be the financial officer of the Corporation and shall have general charge of the financial concerns of the Corporation. The Treasurer shall have the care and custody of all the funds of the Corporation and shall deposit the same in such banks or other depositories as the board from time to time directs or approves. In the absence of the Board Coordinator, the Treasurer can convene regular and emergency meetings of the Board.

Section 5.07 Secretary. The Secretary, subject to the direction and under the supervision of the Board, shall make and maintain a written record of all Board meetings and all actions taken by the Board. In the absence of either or both of the Board Coordinator(s) and of the Treasurer, the Secretary can convene regular and emergency meetings of the Board.

## Article VI

### COMMITTEES

Section 6.01 There shall be the following Standing Committees of the Board: Finance and Board Development. The General Membership Committees shall be: Social Change and Hotline/Advocacy.

Section 6.02 Membership. All Board Subcommittees shall have one representative from the Board who will be designated the Chair of the Committee. This Chairperson will be elected by modified consensus of the B.O.D. for a term of one year. Any other member of H.O.P.E. Works Membership may also choose to serve on a committee, provided she has followed the responsibilities outlined in the volunteer job description.

Section 6.03 Decision-making. Decisions will be made by a modified consensus process as outline in the attached "Modified Consensus Based Meeting Process". All decisions made by a Board Standing or General Membership Committee are regarded as proposals and need to be presented to the B.O.D. for final approval.

Section 6.04 Function and Duties. The function and duties of the various committees shall be defined by the Members of each committee, subject to approval by the B.O.D. The B.O.D. may appoint other committees and delegate rights, duties or responsibilities to any committee as is necessary to further expedite the work of the organization.

Section 6.05 Meetings. Meetings of each standing committee shall be held as needed, with the usual frequency being once a month. Meetings are open to any member of the agency who wishes to attend.



## Article VII

### GENERAL PROVISIONS

Section 7.01 Execution of Instruments. Subject to the approval of the B.O.D., the Board Coordinator(s) may enter into any contract or execute or deliver any instruments in the name and on behalf of the corporation. The board may authorize any other officer or agent to enter into any contract or execute and deliver any instrument in the name and on behalf of the corporation. Any such authorization may be general or limited to specific contracts or instruments.

Section 7.02 Deposits. Any funds of the corporation may be deposited from time to time in such banks, trust companies or other depositories as may be determined by the B.O.D., or by such officers or agents as may be authorized by the board from time to time to make such determination.

Section 7.03 Check, Drafts, etc. All notes, drafts, bills of exchange, acceptances, checks, endorsements, and other evidences of indebtedness of the organization shall be documented by the Treasurer, Coordinator(s) or designated agents and likewise shall be paid by those parties, subject to approval by the Board.

Section 7.04 Fiscal Year. Unless otherwise determined by the B.O.D., the fiscal year of the corporation shall commence on the first day of July and terminate on the last day of June.

## **Article VIII**

### **AMENDMENT**

Section 8.01 Amendments. These by-laws may be amended at any time at a meeting of the Members called for that purpose, fifteen days' notice of such hearing having been given in writing, either by mail or in personal service upon, or delivery of the same to such Members.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** on page 2 of this form

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

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

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

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

Part I only

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

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions  <b>HOPE WORKS, INC.</b>	Employer identification number (EIN) or  <input checked="" type="checkbox"/> <b>03-0284577</b>
	Number, street, and room or suite no. If a P.O. box, see instructions  <b>P.O. BOX 92</b>	Social security number (SSN)  <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>BURLINGTON VT 05402-0092</b>	

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

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CATHLEEN WILSON**  
**336 NORTH AVENUE**

- The books are in the care of ► **BURLINGTON**

**VT 05401**Telephone No ► **802-864-0555**FAX No ► **802-863-8449**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/13**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year \_\_\_\_\_ or

- ☒ tax year beginning **07/01/11**, and ending **06/30/12**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions  <b>HOPE WORKS, INC.</b>	Employer identification number (EIN) or  <input checked="" type="checkbox"/> <b>03-0284577</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>P.O. BOX 92</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>BURLINGTON VT 05402-0092</b>	

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

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**CATHLEEN WILSON**  
**336 NORTH AVENUE**

- The books are in the care of **BURLINGTON**

**VT 05401**

Telephone No **802-864-0555**

FAX No **802-863-8449**

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4** I request an additional 3-month extension of time until **05/15/13**
- 5** For calendar year , or other tax year beginning **07/01/11** , and ending **06/30/12**
- 6** If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7** State in detail why you need the extension  
**NEED ADDITIONAL TIME TO COMPLETE AN ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b>	\$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☐

Title **CPA**

Date **02/05/13**

Form **8868** (Rev 1-2012)