

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2001 calendar year, or tax year beginning JULY 1, **2001, and ending** JUNE 30, 2002

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
 SOBRIETY HOUSE, INC
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 107 ACOMA ST
 City or town, state or country, and ZIP + 4
 DENVER, CO 80223

D Employer identification number
 84-0575023
E Telephone number
 303-722-5746
F Accounting method
 Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? Yes No
 (If "No" attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site _____

J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

I Enter 4-digit GEN _____

M Check if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 **595,417**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	Expenses	Not Assets	Line	Amount
1				
a			1a	18,243
b			1b	
c			1c	
d			1d	18,243
2			2	552,972
3			3	
4			4	13,017
5			5	1,664
6a			6a	
b			6b	
c			6c	0
7			7	5,460
8a			8a	
b			8b	
c			8c	0
d			8d	0
9				
a			9a	
b			9b	
c			9c	0
10a			10a	
b			10b	
c			10c	0
11			11	4,061
12			12	595,417
13			13	527,391
14			14	118,248
15			15	0
16			16	
17			17	645,639
18			18	(50,222)
19			19	1,133,603
20			20	(7,072)
21			21	1,076,309

RECEIVED
 DEC 12 2002
 OGDEN, UT

SCANNED JAN 02 2003

NS

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	50,085	30,051	20,034	
26	Other salaries and wages	26	293,672	234,938	58,734	
27	Pension plan contributions	27	0			
28	Other employee benefits	28	18,991	17,092	1,899	
29	Payroll taxes	29	28,204	22,178	6,026	
30	Professional fundraising fees	30	0			
31	Accounting fees	31	9,043	9,043		
32	Legal fees	32	0			
33	Supplies	33	11,284	10,156	1,128	
34	Telephone	34	7,115	6,404	711	
35	Postage and shipping	35	0			
36	Occupancy	36	0			
37	Equipment rental and maintenance	37	0			
38	Printing and publications	38	0			
39	Travel	39	0			
40	Conferences, conventions, and meetings	40	0			
41	Interest	41	0			
42	Depreciation depletion etc (attach schedule)	42	39,931	35,938	3,993	
43	Other expenses not covered above (itemize) a	43a	0			
	b SEE SCHEDULE 1	43b	187,314	161,591	25,723	
	c	43c	0			
	d	43d	0			
	e	43e	0			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	645,639	527,391	118,248	0

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes" enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____
(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? SUBSTANCE ABUSE REHABILITATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

a	ALCOHOL AND SUBSTANCE ABUSE TREATMENT LOCATION IN A RESIDENTIAL SETTING FOR MEN (36 BEDS) ----- (Grants and allocations \$ _____)	431,005
b	ALCOHOL AND SUBSTANCE ABUSE TREATMENT LOCATION IN A RESIDENTIAL SETTING FOR WOMEN (14 BEDS) ----- (Grants and allocations \$ _____)	162,806
c	INDEPENDENT REHABILITATION LOCATION ----- (Grants and allocations \$ _____)	51,828
d	LESS MANAGEMENT AND GENERAL ----- (Grants and allocations \$ _____)	(118,248)
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	527,391

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45 Cash - non-interest-bearing		900	45	700
	46 Savings and temporary cash investments		576,454	46	506,368
	47a Accounts receivable	47a	34,425		
	b Less allowance for doubtful accounts	47b		47c	34,425
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	0
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	0
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		10,606	53	9,158
	54 Investments - securities (attach schedule) SCH 2	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	75,868	54	68,796
	55a Investments - land, buildings, and equipment basis SCHEDULE 4	55a	1,137,887		
	b Less accumulated depreciation (attach schedule)	55b	662,982	55c	474,905
56 Investments - other (attach schedule)			56		
57a Land, buildings, and equipment basis	57a				
b Less accumulated depreciation (attach schedule)	57b		57c	0	
58 Other assets (describe ▶ FOOD STAMPS AND BUS TOKENS)		567	58	507	
59 Total assets (add lines 45 through 58) (must equal line 74)		1,145,423	59	1,094,859	
Liabilities	60 Accounts payable and accrued expenses		10,170	60	17,050
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe ▶ SECURITY DEPOSITS PAYABLE)		1,650	65	1,500
66 Total liabilities (add lines 60 through 65)		11,820	66	18,550	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		614,924	67	600,738
	68 Temporarily restricted		518,679	68	475,571
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21)		1,133,603	73	1,076,309
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		1,145,423	74	1,094,859

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements ▶	a	588,345
b Amounts included on line a but not on line 12, Form 990		
(1) Net unrealized gains on investments \$ (7,072)		
(2) Donated services and use of facilities \$		
(3) Recoveries of prior year grants \$		
(4) Other (specify)		
\$		
Add amounts on lines (1) through (4) ▶	b	(7,072)
c Line a minus line b ▶	c	595,417
d Amounts included on line 12, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)		
\$		
Add amounts on lines (1) and (2) ▶	d	0
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e	595,417

a Total expenses and losses per audited financial statements ▶	a	645,639
b Amounts included on line a but not on line 17, Form 990		
(1) Donated services and use of facilities \$		
(2) Prior year adjustments reported on line 20 Form 990 \$		
(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify)		
\$		
Add amounts on lines (1) through (4) ▶	b	0
c Line a minus line b ▶	c	645,639
d Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify)		
\$		
Add amounts on lines (1) and (2) ▶	d	0
e Total expenses per line 17, Form 990 (line c plus line d) ▶	e	645,639

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
George Rock Denver, CO	Pres 3 hrs	0	0	0
Charles Darrah Denver, CO	VPres 2 hrs	0	0	0
Marilyn Rock Denver, CO	Sec'y 2 hrs	0	0	0
Louis Doyle Denver, CO	Trustee 1 hr	0	0	0
Linda Dee Littleton, CO	Trustee 1 hr	0	0	0
Dick Kessler Lakewood, CO	Trustee 1 hr	0	0	0
Daniel Lynch Denver, CO	Legal Cnsl 1 hr	0	0	0
George Adian Denver, CO	Trustee 1 hr	0	0	0
John McNair Denver, CO	Trustee 1 hr	0	0	0
William Dolan Arvada, CO	Exec Dir 40 hrs	50,085	0	0

75 Did any officer, director, trustee or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year?	78a 78b	X A
79 Was there a liquidation dissolution, termination or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt	80a	X
81 a Enter direct or indirect political expenditure See line 81 instructions b Did the organization file Form 1120-POL for this year?	81a 81b	NONE A
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82a 82b	X 71,075
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a 83b	X X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84a 84b	X A
85 501(c)(4) (5), or (6) organizations a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year c Dues, assessments, and similar amounts from members d Section 162(e) lobbying and political expenditures e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85a 85b 85c 85d 85e 85f 85g 85h	A A N/A N/A N/A N/A A A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 b Gross receipts included on line 12 for public use of club facilities	86a 86b	N/A N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87a 87b	N/A N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	A
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> section 4955 <u>0</u> b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____ d Enter Amount of tax on line 89c, above reimbursed by the organization _____	89a 89b	X
90 a List the states with which a copy of this return is filed <u>NONE</u> b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	20
91 The books are in care of <u>WILLIAM DOLAN</u> Telephone no <u>303-722-4746</u> Located at <u>107 ACOMA ST, DENVER, CO 80223</u> ZIP + 4 _____		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here _____ and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> N/A		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CLIENT FEES					162,099
b GOVERNMENT FEES					388,148
c FOOD STAMPS					2,725
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	13,017	
96 Dividends and interest from securities			14	1,664	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	5,460	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS			40	4,061	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		24,202	552,972
105 Total (add line 104, columns (B), (D), and (E))					577,174

Note Line 105 plus line 1d, Part I should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address and EIN of corporation partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year receive any funds, directly or indirectly to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please

[Signature]

[Signature] 12/6/2002
Date

Executive Director

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

SOBRIETY HOUSE, INC

Employer identification number

84-0575023

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶ 0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part III Statements About Activities (See page 2 of the instructions)

Yes No

<p>1 During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amount on line 38, Part VI-A or line I or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	<p>1</p>	<p>X</p>
<p>2 During the year has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees directors, officers creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)</p>		
<p>a Sale exchange or leasing of property?</p>	<p>2a</p>	<p>X</p>
<p>b Lending of money or other extension of credit?</p>	<p>2b</p>	<p>X</p>
<p>c Furnishing of goods, services, or facilities?</p>	<p>2c</p>	<p>X</p>
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<p>2d</p>	<p>X</p>
<p>e Transfer of any part of its income or assets?</p>	<p>2e</p>	<p>X</p>
<p>3 Does the organization make grants for scholarships, fellowships student loans, etc ? (See Note below)</p>	<p>3</p>	<p>X</p>
<p>4 Do you have a section 403(b) annuity plan for your employees?</p>	<p>4</p>	<p>X</p>
<p>Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments</p>		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11 a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	13,195	11,148	30,453	34,503	89,299
16 Membership fees received					0
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	574,174	627,341	559,473	493,505	2,254,493
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)) rents royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	42,776	30,524	18,345	22,485	114,130
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	6,187	3,156	12,433	2,420	24,196
23 Total of lines 15 through 22	636,332	672,169	620,704	552,913	2,482,118
24 Line 23 minus line 17	62,158	44,828	61,231	59,408	227,625
25 Enter 1% of line 23	6,363.32	6,721.69	6,207.04	5,529.13	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 4,552.5
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 15,224
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 227,625
d Add: Amounts from column (e) for lines 18 <u>114,130</u> 19 <u>0</u> 22 <u>24,196</u> 26b <u>15,224</u>					26d 153,550
e Public support (line 26c minus line 26d total)					26e 74,075
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 32.5425%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____				
b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions)

(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----	31	
32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----	33h	
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

- Check **a** if the organization belongs to an affiliated group
 Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	0	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500 000 20% of the amount on line 40 Over \$500 000 but not over \$1 000 000 \$100 000 plus 15% of the excess over \$500 000 Over \$1 000 000 but not over \$1 500 000 \$175 000 plus 10% of the excess over \$1 000 000 Over \$1 500 000 but not over \$17 000,000 \$225 000 plus 5% of the excess over \$1 500 000 Over \$17 000 000 \$1 000 000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
<input type="checkbox"/>	X	
<input type="checkbox"/>	X	
<input type="checkbox"/>	X	
<input type="checkbox"/>	X	
<input type="checkbox"/>	X	
<input type="checkbox"/>	X	
<input type="checkbox"/>	X	
<input type="checkbox"/>	X	
		NONE

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

SOBRIETY HOUSE, INC.
84-0575023
JUNE 30, 2002

	<u>Total</u>	<u>Program Services</u>	<u>Management And General</u>
Schedule 1 - Other expenses			
Building and security	\$ 9,495	\$ 9,495	\$ -
Contract labor	9,601	9,601	-
Dues and subscriptions	3,829	3,829	-
Education	984	984	-
Food	46,739	46,739	-
Household service	1,646	1,646	-
Insurance	15,580	-	15,580
Medical	7,440	7,440	-
Miscellaneous	5,093	5,093	-
Office expense	9,956	996	8,960
Permits and licenses	660	660	-
Program expense	4,038	4,038	-
Scholarships	6,930	6,930	-
Taxes - property	4,398	4,398	-
Transportation	3,508	3,508	-
Utilities	45,592	45,592	-
Workman's compensation	<u>11,825</u>	<u>10,642</u>	<u>1,183</u>
Total other expenses	<u>\$ 187,314</u>	<u>\$ 161,591</u>	<u>\$ 25,723</u>

Schedule 2 - Investments

Shares of Sysco Corporation Stock	<u>\$ 75,868</u>	<u>\$ 68,796</u>
-----------------------------------	------------------	------------------

Schedule 3 - Other changes in net assets

Unrealized loss on investments	<u>\$ 7,072</u>
--------------------------------	-----------------

Schedule 4 - Land, building, equipment and depreciation

	<u>Method/Life</u>	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Book Value</u>
Land	N/A	\$ 168,154	\$ -	\$ 168,154
Buildings	SL-VAR	799,919	526,775	273,144
Furniture and fixtures	SL/VAR	129,440	116,586	12,854
Transportation equipment	SL/VAR	20,380	7,175	13,205
Equipment	SL/VAR	<u>19,994</u>	<u>12,446</u>	<u>7,548</u>
		<u>\$ 1,137,887</u>	<u>\$ 662,982</u>	<u>\$ 474,905</u>

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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)

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

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

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization SOBRIETY HOUSE, INC	Employer identification number 84-0575023
	Number, street and room or suite no. If a P O box see instructions 107 ACOMA STREET	
	City town or post office state and ZIP code For a foreign address, see instructions DENVER, CO 80223	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

COPY

• 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 will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until FEBRUARY 15, 2003, 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 JULY 1, 2001, and ending JUNE 30, 2002

2 If this tax year 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 \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

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 ▶ Pittenger Gracey Dudden P.C Title ▶ CPAs Date ▶ 11-15-02
For Paperwork Reduction Act Notice, see Instruction _____ Form **8868** (12 2000)