Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning January 1 , 2007, and ending December 31 , 20 07

B Check if applicable.
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Elderhaus Adult Day Programs, Inc.

Number and street (or P.O. box if mail is not delivered to street address): 605 S. Shields Street — Room/suite:

City or town, state or country, and ZIP + 4: Fort Collins, CO, Larimer County 80521

D Employer identification number: 84 : 0833808

E Telephone number: (970) 221-0406

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).

G Website: ▶ www.elderhaus.org

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

J Organization type (check only one) ▶ ☑ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

I Group Exemption Number ▶

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a	0	
	b	Direct public support (not included on line 1a)	1b	200,922	
	c	Indirect public support (not included on line 1a)	1c	11,757	
	d	Government contributions (grants) (not included on line 1a)	1d	2,940	
	e	**Total** (add lines 1a through 1d) (cash $ 175,770 noncash $ 39,849)			1e 215,619
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2 314,882
	3	Membership dues and assessments			3 0
	4	Interest on savings and temporary cash investments			4 4,331
	5	*Dividends and interest from securities*			5 0
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c 0
	7	Other investment income (describe ▶)			7 0
	8a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d 0
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 24,551 of contributions reported on line 1b)	9a	2,197	
	b	Less: direct expenses other than fundraising expenses	9b	0	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c 2,197
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 51,530
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 588,559
Expenses	13	Program services (from line 44, column (B))			13 470,443
	14	Management and general (from line 44, column (C))			14 56,374
	15	Fundraising (from line 44, column (D))			15 22,917
	16	Payments to affiliates (attach schedule)			16 0
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 549,734
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 38,825
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 316,292
	20	Other changes in net assets or fund balances (attach explanation)			20 0
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 355,117

6107

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 the instructions.)*

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
22a Grants paid from donor advised funds (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	279,983	245,831	17,082	17,070
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a – 27	28	20,423	8,885	11,538	0
29 Payroll taxes	29	25,811	22,691	1,814	1,306
30 Professional fundraising fees	30				
31 Accounting fees	31	2,518	2,140	378	0
32 Legal fees	32				
33 Supplies	33	13,874	7,160	2,173	4,541
34 Telephone	34	11,468	10,820	648	0
35 Postage and shipping	35				
36 Occupancy	36	63,645	55,798	7,847	0
37 Equipment rental and maintenance	37	9,007	7,768	1,239	0
38 Printing and publications	38				
39 Travel	39	688	688	0	0
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	17,761	16,761	1,000	0
43 Other expenses not covered above (itemize):					
a Scholarship/Sliding fee scale	43a	14,716	14,716	0	0
b Other	43b	1,429	1,369	60	0
c Food	43c	5,676	5,676	0	0
d Program Activities	43d	32,282	32,282	0	0
e Advertising/Marketing	43e	3,242	0	3,242	0
f Professional Services	43f	47,211	37,858	9,353	0
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	549,734	470,443	56,374	22,917

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 the instructions.)*

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.

What is the organization's primary exempt purpose? ▶ Respite Care 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 Direct care services provide respite care for caregivers of adults with special needs, including meals and transportation, mentoring and counseling, blood pressure monitoring, and support groups. Please see attached list of accomplishments for the census served, meals served and accomplishments for 2007. Thank you. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	470,443
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ▶	470,443

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

				(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		61,921	45	99,435
	46	Savings and temporary cash investments		100,735	46	106,198
	47a	Accounts receivable	47a 33,829			
	b	Less: allowance for doubtful accounts	47b	24,799	47c	33,829
	48a	Pledges receivable	48a			
	b	Less. allowance for doubtful accounts	48b		48c	
	49	*Grants receivable*		6,222	49	6,202
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less. allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		0	53	671
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
	55a	Investments—land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation (attach schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	*Land, buildings, and equipment: basis*	57a			
	b	Less. accumulated depreciation (attach schedule)	57b	133,627	57c	123,957
	58	Other assets, including program-related investments (describe ▶)		0	58	0
	59	**Total assets** (must equal line 74). Add lines 45 through 58		327,302	59	370,292
Liabilities	60	Accounts payable and accrued expenses		987	60	1,675
	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 ▶ Personnel Vacation Pay)		10,022	65	13,497
	66	**Total liabilities.** Add lines 60 through 65		11,007	66	15,172
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		315,294	67	345,857
	68	Temporarily restricted		1,000	68	9,260
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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)		316,292	73	355,117
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		327,301	74	370,292

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	580,298
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	0		
2	Donated services and use of facilities	b2	91,379		
3	Recoveries of prior year grants	b3	0		
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	91,379
c	Subtract line **b** from line **a**			c	488,919
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	91,379
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	580,298

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

a	Total expenses and losses per audited financial statements			a	549,734
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1	91,379		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	91,379
c	Subtract line **b** from line **a**			c	458,355
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	91,379
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	549,734

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See attached list		0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		✓
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶	75c		✓
If "Yes," attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d	✓	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information *(See the instructions.)*

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		✓
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		✓
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		✓
b If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		✓
79 *Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach* a statement	79		✓
80a 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?	80a		✓
b If "Yes," enter the name of the organization ▶ ____ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a			
b Did the organization file **Form 1120-POL** for this year?	81b		✓

Part VI Other Information *(continued)*

			Yes	No
82a	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?	82a	✓	
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.) 82b 51,530			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	*501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?*	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	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 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) orgs.* Enter: a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88a	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	88a		✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		✓
89a	*501(c)(3) organizations.* Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	89b		✓
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 ▶			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		✓
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		✓
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		✓
90a	List the states with which a copy of this return is filed ▶ Colorado			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 12			
91a	The books are in care of ▶ NA Telephone no. ▶ ( )			
	Located at ▶ ZIP + 4 ▶			
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)?	91b		
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	✓
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 ▶ 92		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue:					
a						164,361
b						26
c						
d						
e						
f	Medicare/Medicaid payments					123,897
g	Fees and contracts from government agencies					26,598
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities					
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					
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					51,530
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))					366,412
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					366,412

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions)*

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).
93a-b	Provided funds for food, staff salaries and recreational activities for participants.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(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).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	None			
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	None			
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

▶ Signature of officer Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶ ( )	

Elderhaus Adult Day Programs, Inc.
84-0833808
Part V-A Current Officers

(A) Name and Address	(B) Title/Average hours per week	© Compensation
Sheri Jo Wayman 605 S. Shields Street Fort Collins, CO 80521	Chairman/1 hour	$0
Diane Breed 605 S. Shields Street Fort Collins, CO 80521	Secretary/2 hours	$0
Fran Kimes 605 S. Shields Stret Fort Collins, CO 80521	Treasurer/1/2 hour	$0
Barb Hope 605 S. Shields Street Fort Collins, CO 80521	Member/1 hour	$0
Gordon Lewis 605 S. Shields Street Fort Collins, CO 80521	Member/2 hours	$0
Bill Moseley, Jr. 605 S. Shields Street Fort Collins, CO 80521	Member/ 1 hour	$0
Greg Baker 605 s. Shields Street Fort Collins, CO 80521	Member/1/2 hour	$0
Christina Salas 605 S. Shields Street Fort Collins, CO 80521	Member/1 hour	$0

Accomplishments-

A highly involved Board of Directors oversees program success and development of a gainful fundraising strategy.

- Adapting Life Together (ALT), partnership with Center for Neurorehabilitation Services (CNS), provides on-site occupational therapy promoting health. Results from 2007 are positive and goals and objectives were met.
- Expansion in 2005 with a second location. The Elderhaus Recreation Center is successful in helping higher energy adults with special needs to reach their optimal health.
- Elderhaus is moving out of the planning stages towards implementation of The Home Front Veteran's program which will focus on the health needs of disabled veterans returning to Larimer County. Focus will be on their physical, mental and emotional health. Partnerships are formed to provide clientele a healthy outcome. There will be on-site and off-site physical and occupational therapy, psychological counseling, medication management, and pain management.
- Elderhaus provides on-site medication management through Qualified Medication Administration Personnel.
- The Medicaid Benefits Helper has helped over 1,000 low-income, homebound people apply for benefits.
- Mobile Health Services has provided free monthly blood pressure checks at various community locations including rural areas. This preventative health aspect has helped thousands for over 10 years, promoting a means of tracking blood pressure results which can be shared with physicians, and providing informational brochures on high blood pressure in English and Spanish for the culturally diverse population we serve.
- Annually, Elderhaus offers a free mini health fair at nine sites which help individuals realize the importance of being accountable for their health: monitoring blood pressure, performing bone density tests, glaucoma checks and information on maintaining good oral health. Flu and pneumonia shots are offered at the health fair for a reduced fee due to a partnership with the Rehabilitation and Visiting Nurses Association. In 2008, we plan to include nutritional information at the health fair.
- Elderhaus has four handicapped accessible vehicles reaching the underserved. The Transportation program provides accessibility to direct health services at Elderhaus for underserved families in Loveland and Berthoud, due to a lack of other transportation means.
- No deficiencies in reference to the annual state inspection, for the past three consecutive years.
- Administrative costs remain low, historically at approximately 12%. Each year, the annual financial audit is successful with a complete audit report available for review.
- Two separate Life Transitions groups are highly popular and utilized by community caregivers and Elderhaus participants encouraging mental and emotional health.
- Involvement with local fundraisers in support of other charities or non-profit organizations, promoting a healthy community.

- Crisis Prevention Intervention Training for employees to de-escalate potential crisis situations with participants.
- Several years of community recognition, receiving the Larimer County Award for Outstanding Service to Improve Community Live in Northern Colorado.
- A free community loan closet for physical aids such as seat risers, wheelchairs and walkers, promoting healthy living.
- A successful information and referral base, Elderhaus receives numerous calls and people stopping in seeking help and guidance in remaining healthy.
- For 2007, Elderhaus :
  - had over 793 volunteers in which approximately 8,750 hours were donated.
  - served approximately 2,723 community residents.
  - provided transportation for thirty-two families; approximately seventy-six percent were low-income.
  - a full time cook/dietary manager provided 9,732 nutritious meals based on healthy guidelines established by the Colorado Child and Adult Care Food Program.