

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning , 2008, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Fellowship Housing Corporation Number and street (or P O box, if mail is not delivered to street address) Room/suite 2060 Stonington 200 City or town, state or country, and ZIP + 4 Hoffman Estates IL 60169	D Employer identification number 36-3774128
		E Telephone number (847) 882-2511
		F Group Exemption Number

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

G Accounting method: Cash Accrual
Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ www.fhcmoms.org

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

K Check if the organization is not a section 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **592,832.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
1 Contributions, gifts, grants, and similar amounts received		1 387,417.
2 Program service revenue including government fees and contracts		2 129,964.
3 Membership dues and assessments		3
4 Investment income		4 12,368.
5a Gross amount from sale of assets other than inventory		
5b Less: cost or other basis and sales expenses		
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ <u>57,122.</u> of contributions reported on line 1)	6a 85,776.	
b Less: direct expenses other than fundraising expenses	6b 63,330.	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c 22,446.
7a Gross sales of inventory, less returns and allowances	7a 7,964.	
b Less: cost of goods sold	7b 7,648.	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c 316.
8 Other revenue (describe ▶ <u>Loss on disposal of fixed assets</u>)		8 -30,657.
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9 521,854.
10 Grants and similar amounts paid (attach schedule)	See L-10 Stmt	10 39,872.
11 Benefits paid to or for members		11
12 Salaries, other compensation, and employee benefits		12 318,911.
13 Professional fees and other payments to independent contractors		13 19,838.
14 Occupancy, rent, utilities, and maintenance		14 29,087.
15 Printing, publications, postage, and shipping		15 1,108.
16 Other expenses (describe ▶ <u>See Other Expenses Statement</u>)		16 261,296.
17 Total expenses (add lines 10 through 16)		17 670,112.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18 -148,258.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19 847,081.
20 Other changes in net assets or fund balances (attach explanation)		20
21 Net assets or fund balances at end of year (Combine lines 18 through 20)		21 698,823.

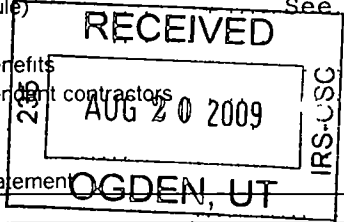
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		512,508.	22 428,642.
23 Land and buildings		304,944.	23 265,071.
24 Other assets (describe ▶ <u>See L-24 Stmt</u>)		30,713.	24 7,975.
25 Total assets		848,165.	25 701,688.
26 Total liabilities (describe ▶ <u>See L-26 Stmt</u>)		1,084.	26 2,865.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		847,081.	27 698,823.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

9

SCANNED SEP 14 2009 5:05:27 PM



Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>Services to underprivileged families</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>See attached statement</u> ----- ----- (Grants \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	499,319.
29	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	499,319.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(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 and deferred compensation	(e) Expense account and other allowances
<u>Karen Fitzgerald</u> <u>2060 Stonington, Ste. 200</u> <u>Hoffman Estates IL 60169</u>	Board president 2.00	0.	0.	
<u>Mike Underwood</u> <u>2060 Stonington, Ste. 200</u> <u>Hoffman Estates IL 60169</u>	Treasurer 2.00	0.	0.	
<u>Susan Forbes</u> <u>2060 Stonington, Ste. 200</u> <u>Hoffman Estates IL 60169</u>	Exec. Dir. 40.00	74,095.	3,600.	
<u>Holly Porter</u> <u>2060 Stonington, Ste. 200</u> <u>Hoffman Estates IL 60169</u>	Secretary 2.00	0.	0.	
<u>Tom Beise</u> <u>2060 Stonington, Ste. 200</u> <u>Hoffman Estates IL 60169</u>	Board Member 2.00	0.	0.	
<u>Cheryl Beise</u> <u>2060 Stonington, Ste. 200</u> <u>Hoffman Estates IL 60169</u>	Board Member 2.00	0.	0.	
<u>Mike Rolfs</u> <u>2060 Stonington, Ste. 200</u> <u>Hoffman Estates IL 60169</u>	Board Member 2.00	0.	0.	
<u>Sibyl Towner</u> <u>2060 Stonington, Ste. 200</u> <u>Hoffman Estates IL 60169</u>	Board Member 2.00	0.	0.	

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	501(c)(7) organizations. Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	b 501(c)(3) and (4) organizations. 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,' complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>Illinois</u>		

42a The books are in care of ▶ Susan Forbes Telephone no ▶ (847) 882-2511
 Located at ▶ 2060 Stonington Avenue Hoffman Estates IL ZIP + 4 ▶ 60169

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts			
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** | _____

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000 ▶		

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

Sign Here ▶ *Susan N. Forbes* Date 8/11/09
 Signature of officer
 ▶ Susan N. Forbes, Exec. Director
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶ *Kevin Currid, CPA* Date 8/16/09 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Kevin Currid & Associates Inc.
 328 Carpenter Palatine IL 60067
 Preparer's Identifying Number (See instructions) ▶
 EIN ▶
 Phone no ▶ (847) 502-6604

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

BAA Form 990-EZ (2008)

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	339,332.	228,563.	483,998.	409,757.	387,417.	1,849,067.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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						
4 Total. Add lines 1-3	339,332.	228,563.	483,998.	409,757.	387,417.	1,849,067.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						141,120.
6 Public support. Subtract line 5 from line 4						1,707,947.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	339,332.	228,563.	483,998.	409,757.	387,417.	1,849,067.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,899.	17,859.	20,099.	17,865.	12,368.	80,090.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	140,373.	136,864.	243,041.	304,898.	223,704.	1,048,880.
11 Total support. Add lines 7 through 10						2,978,037.
12 Gross receipts from related activities, etc. (see instructions)					12	912,458.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	57.35 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	84.68 %
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2007. 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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. 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 stop here. 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 10%-facts-and-circumstances test – 2007. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. 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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12)						

14 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. 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 – 2007. If the organization did not check a box on line 14 or 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Other Income Part II, Line 10

Description: Program Rent Income

2004: 100572.

2005: 92932.

2006: 130468.

2007: 144395.

2008: 129964.

Description: Special Event Income

2004: 39801.

2005: 43932.

2006: 36715.

2007: 50660.

2008: 85776.

Description: Resale Store Sales

2004: 0.

2005: 0.

2006: 75858.

2007: 109843.

2008: 7964.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Golf Outing (event type)	Dinner (event type)	1 (total number)	(Add col (a) through col (c))
REVENUE	1	Gross receipts	108,990.	33,908.	142,898.
	2	Less: Charitable contributions	57,122.	0.	57,122.
	3	Gross revenue (line 1 minus line 2)	51,868.	33,908.	85,776.
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	22,561.		12,750.
	7	Other direct expenses	23,204.		4,815.
	8	Direct expense summary. Add lines 4- through 7 in column (d)			63,330.
	9	Net income summary. Combine lines 3 and 8 in column (d)			22,446.

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				
	EXPENSES	2	Cash prizes			
		3	Non-cash 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 lines 1 and 7 in column (d)				

	YES	NO
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? b If 'No,' Explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a	%
------------	---

b An outside facility

13b	%
------------	---

14 Provide 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 contact with a third party from whom the organization receives gaming revenue?

15a

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

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?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Statement of Program Service Accomplishments

Fellowship Housing (FH) provides affordable housing and life skills mentoring to guide homeless or at-risk single moms from crisis to long term stability. Since 1991, 190 families have entered the program with 91% of them going on to independent living. Case managers start immediately helping moms set goals. Depending on the needs of each mom, mentoring may address financial issues, household budgeting, employment skills, debt reduction, parenting skills, spiritual growth, and continuing education.

FH seeks to meet the special educational, emotional, and developmental needs of the children in our program as well. Services include assistance in securing necessary educational and medical resources, character development through mentoring, and the development of effective social skills through individual and group activities.

Any given month the number of families is 17 to 21 and the number of children is 30 to 40. FH's new career assessment program has been very successful for the three moms who have gone through the pilot program. Meeting with a volunteer, these moms have been able to complete personality tests, interest inventories, and a job/educational skills assessment. The volunteer then completes an evaluation on each client and sets up a career goal plan that each mom could work on with her FH case manager. We are now ready to serve every woman in the program.

FH offers long term alliance with our families during their time in the program and after they graduate. A former client can reconnect with FH to get help in managing a difficult situation or new challenges. We serve families during the intake process and refer over 350 calls per year to other agencies. Since 1991, there have been approximately 5,200 intake calls, 190 families in the FH program, and approximately 165 graduates.

**Form 990-EZ
Part II**

Other Assets and Liabilities

2008

Name as Shown on Return
Fellowship Housing Corporation

Employer Identification No
36-3774128

Line 24 - Other Assets:	Beginning of Year	End of Year
Inventory	11,068.	1,130.
Other Current Assets	19,645.	6,845.
Totals to Form 990-EZ, Part II, line 24	30,713.	7,975.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable	1,084.	2,865.
Totals to Form 990-EZ, Part II, line 26	1,084.	2,865.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Depreciation	16,770.
Community Activities	4,008.
Participant Housing Rent	190,903.
Participant Housing Repairs	14,363.
Participant Housing Assn Fees	13,116.
Participant Housing - Other	4,764.
Other Operating Expense	7,859.
Office Supplies	5,667.
Professional Development	3,846.

Total 261,296.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment Financial Assistance

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business <input type="checkbox"/> Person <input type="checkbox"/>		
	<u>Financial assistance provided to underprivileged families</u>		
			<u>39,872.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Additional Information For Tax Return

Fellowship Housing Corporation

36-3774128

Sch. G, page 2: Other Rent/Facility Costs

Costs of \$12,750 are for GALA event paid in 2008 and held in 2009