Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ 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.*

OMB No. 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning January 1 , 2008, and ending December 31 , 20 08

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) Room/suite
605 S. Shields Street

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

D Employer identification number
84 : 0833803

E Telephone number
(970) 221-0403

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) ▶

I Website: ▶ elderhaus.org

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

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

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 ▶ $ 0

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	122,424
	2	Program service revenue including government fees and contracts		2	450,934
	3	Membership dues and assessments		3	0
	4	Investment income		4	4,103
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	577,461
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	380,961
	13	Professional fees and other payments to independent contractors		13	41,393
	14	Occupancy, rent, utilities, and maintenance		14	71,537
	15	Printing, publications, postage, and shipping		15	5,937
	16	Other expenses (describe ▶ liability, scholarships, participant food, depreciation)		16	61,051
	17	**Total expenses.** Add lines 10 through 16 ▶		17	560,879
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	16,582
	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	355,117
	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 through 20 ▶		21	371,699

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	205,634	22	184,249
23	Land and buildings	123,957	23	132,994
24	Other assets (describe ▶ Accounts Rec., Funding Rec., Prepaid Expenses)	40,702	24	60,063
25	**Total assets**	370,293	25	377,306
26	**Total liabilities** (describe ▶ Accrued Vacation Payable)	15,176	26	5,599
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	355,117	27	371,699

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? Respite Care

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.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28 Direct care services provide respite care for caregivers of adults with special needs, including meals portation, mentoring and counseling, blood pressure monitoring, and support groups. Please see attached list of accomplishments for the census served, meals served and accomplishment for 2008

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 560,879

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 560,879

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(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	(e) Expense account and other allowances
William Moseley, Jr. 2817 Wakonda Drive, Ft. Collins, CO	Board Chair - 2 hrs/wk	0	0	0
Donna Brumbaugh P.O Box 3122, Loveland, CO	Board Vice-Chair 1 hr.	0	0	0
Scott Beethe 2850 McClelland Dr. #1900, Ft. Collins, CO	Board Treasurer 2 hr.	0	0	0
Ron Weers 827 Sunchase Dr., Ft. Collins, CO	Board member - 1 hr.	0	0	0
Shirley Taladay 1500 Elm Street, Ft. Collins, CO	Board member - 1 hr.	0	0	0
Sandy Martinez 2218 Dover Drive, Ft. Collins, CO	Board member - 1 hr.	0	0	0
Karen Thomas 3206 Silverthorne Dr., Ft. Collins, CO	Board member - 1 hr.	0	0	0
Fran Kimes 205 West Oak St., Ft. Collins, CO	Board member - 1 hr.	0	0	0
Kris Callahan 155 E. Boardwalk Dr. #400, Ft. Collins, CO	Board member - 1 hr.	0	0	0
Rosemary Luna 605 S. Shields St., Ft. Collins, CO	Assistant Director	37,471.50	3,488.65	0
Joanne Johnsen 605 S. Shields St., Ft. Collins, CO	Executive Director	51,016.56	2,923.75	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			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	33		✓
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	34		✓
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.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
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?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 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	40b		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T.	40e		✓

41 List the states with which a copy of this return is filed. ▶ Colorado

42a The books are in care of ▶ N/A Telephone no. ▶ ( )

Located at ▶ ZIP + 4 ▶

			Yes	No
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)?	42b		✓
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ _____			

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	44		✓
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	45		✓

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		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?		✓
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 & 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 each 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

▶ Joanne L. Johnsen — Signature of officer — Date 11/10/09

▶ Joanne Johnsen, Executive Director — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no. ▶ ( )	

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
Elderhaus Adult Day Programs, Inc.	84 : 0833808

Part I **Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports.

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

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 any "unusual grants.")	178,878	218,982	215,619	287,772	224,388	1,125,639
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1-3	178,878	218,982	215,619	287,772	224,388	1,125,639
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)						0
6 **Public support.** Subtract line 5 from line 4.						1,125,639

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	178,878	218,982	215,619	287,772	224,388	1,125,639
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,891	3,286	4,331	4,331	3,890	17,729
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	188,330	212,836	314,882	296,457	411,536	1,424,041
11 **Total support.** Add lines 7 through 10						2,567,469
12 Gross receipts from related activities, etc (see instructions)					12	1,424,041

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	44 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99 %

16a **33⅓% support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓% support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 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 any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 year 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 in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 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 **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 expenses on Line 10, Part II include Participant fees paid privately by families and caregivers of particiants.

Medicaid waiver fees are included, as well as program revenue.

Elderhaus Adult Day Programs
2008 Annual Report

Organization Information

Mission Statement:

To provide quality, affordable day programs and services to adults with special needs in a safe, pleasant environment through qualified staff and to provide relief and support to caregivers.

History summary and experience:

In 2008, Elderhaus celebrated twenty-eight years of experience in working with adults with special needs. Elderhaus was the first adult day program in the state of Colorado, and today remains the only non-profit adult day program in Fort Collins. We welcome adults with special needs aged 18 and over to be a part of our therapeutic activity based program.

Elderhaus is an important part of the community; we are sought out to provide exemplary services, be an information and referral data base, and a shoulder to cry on for participants and caregivers; thus providing emotional support. Elderhaus employs a professional and compassionate staff of sixteen who are all CPR certified.

The program has progressed over the years, and due to a community need, Elderhaus expanded service offerings with the opening of a second location in 2005. Mindset Community Resources Center provides services for higher energy adults. This therapeutic based program provides rehabilitation services to clientele who face varying challenges including traumatic brain injury. In addition, Elderhaus is contracted with the local Center Board for disabilities.

Brief Description of the organization's services and programs:

Elderhaus has two locations serving adults with special needs. Elderhaus on Shields is open Monday through Friday, 7 am to 5:30 pm. and Mindset Creative Community Resources on Lemay Avenue is open from 8:30 am to 5 pm. At both locations, we close 1 hour early on Wednesdays for staff meetings.

Elderhaus provided 14,432 units of direct care service for Larimer County residents in 2008. Direct care is the "hands-on" attention given to participants each day. Assistance is available with activities of daily living such as eating, medication management and restroom use. Service offerings include a variety of activities. Participants are encouraged to choose which activities they would like to be involved with. The main goal is to help adults with special needs to be healthy and to face and overcome their personal challenges as best they can while promoting mutual respect. A person with special needs encompasses a wide range of challenges which require assistance and someone to help them. To categorize the health issues our clients face:

- *physical-* ambulatory and gait concerns, client may be wheelchair bound, walker reliant, use a cane, have muscle atrophy, partial paralysis, strength loss, balance issues, motor skill deficiency, or incontinence. This category includes traumatic brain injury (including aneurysms), challenges associated with multiple sclerosis, Down's syndrome, brain cancer, Parkinson's disease, Huntington's disease, stroke, mental retardation, and cerebral palsy. Some clients need assistance with eating and using the bathroom.
- *cognitive/mental-* dementias, including Alzheimer's disease, Bi-Polar, Schizophrenia, Mental Retardation. Associated health concerns address confusion, memory concerns, inappropriate behaviors, lack of skills, in addition to fear and anxiety.
- *emotional/social well-being-* disturbing moods or un-healthy thoughts and isolation.

Elderhaus has handicapped accessible vehicles. Daily, we utilize these vehicles in order to enjoy living in Larimer County, Colorado. Clients are very involved with our community through volunteering by delivering Meals on Wheels, baking and delivering treats to other helping organizations such as police and fire departments, assisting with newsletters for other non-profits, along with helping at Habitat for Humanity and Canine Learning Center. In addition, this program utilizes local senior centers, museums and libraries. Outings keep the participants connected to society while being a source of inspiration to the community.

Elderhaus values and encourages client input via the participant council. We implement programs that will be of benefit to those we serve. One example is the Life Transitions Group which provides peer support in addition to a platform for participants to express and receive encouragement for the challenges they face.

In addition to basic services, Elderhaus Adult Day Programs offers these additional services:

Transportation Program – Elderhaus has five handicapped accessible vehicles in order to meet the needs of the clientele. In 2008, these vehicles traveled a total of 44,324 miles transporting participants to various community activities in addition to providing a ride to and from the program for those who would otherwise be homebound. Over 4,496 rides were provided to and from the program for participants who live outside Fort Collins transportation options. Thirty families used this service, approximately 65-70% percent of whom were low-income.

Nutrition Program - A full time cook/dietary manager is employed by Elderhaus to provide an exemplary nutrition program for participants. For many, the meal at Elderhaus is their main source of nutrition. In 2008, a full time cook/dietary manager provided 9,203 nutritious meals based on healthy guidelines established by the Colorado Child and Adult Care Food Program.

Elderhaus is thankful for the support received from the community and reaches out to support society in return. Daily, Elderhaus receives calls for help. Many are in a crisis situation and require guidance in reference to available resources. The following services, with the exception of Cardiopulmonary Resuscitation (CPR) are offered at no cost to the community.

Mobile Health Services – Monthly, Elderhaus travels to nine different locations in order to provide free blood pressure checks to Larimer County residents. A "mini health" fair is offered annually at these sites. Included are free blood pressure clinics, glaucoma checks (partnership with Advanced Eye Care), and oral health information (partnership with Front Range Community College). Offered for a reduced fee are flu/pneumonia shot clinics (partnership with Rehabilitation and Visiting Nurse Association). The outcomes of these outreach programs are incredible. Through this program approximately 1,371 blood pressures were taken in 2008.

Mentoring and Counseling - Caregivers of adults with special needs who provide 24-hour care often experience emotional isolation in addition to physical, mental, and financial stress. Elderhaus provides caregiver support to any caregiver through the Life's Transitions group. This weekly support group helps people to face and overcome the challenges/changes in their life. Covering the twelve month period in 2008, there were 434 attendees.

Medicaid Benefit Helper - The Medicaid Benefit Helper reaches out to the low-income and homebound in our community. Individuals are provided complete guidance in applying for varying government benefits. In 2008, approximately 181 people were given hands-on assistance in obtaining necessary benefits, in addition to numerous phone inquiries.

Cardiopulmonary Resuscitation (CPR) - An Elderhaus employee is a trainer for staff, and provides CPR training to local non-profits for a reduced fee.

Volunteer opportunities - Elderhaus provides opportunities for personal growth for students and community members through the volunteer program. Volunteers are mentored and guided in a positive way, helping them to mature into responsible adults. At Elderhaus they can learn accountability, upright values, commitment, loyalty and a desirable work ethic. Older adults or retired volunteers contribute expertise and wisdom. Volunteers Opportunities are numerous and challenging, and may include serving on the Board of Directors, helping with administrative aspects, direct care, fundraising and building/grounds maintenance. The volunteer program welcomes interns, practicum students and general volunteers from Colorado State University, Front Range Community College, University of Northern Colorado, Poudre School District R-1, Foothills Gateway, and the community. In 2008, Elderhaus had over 420 volunteers in which approximately 8,461 hours were donated.

Following is a brief summary of accomplishments and/or service offerings. Elderhaus:

- has two separate, sustainable, therapeutic, activity based programs, one located on Shields Street and the other on Lemay Ave.
- offers a therapeutic day time program; services offered are more than just day care.
- has partnered with Aging Center of the Rockies to provide on-site psychological counseling.
- provides on-site medication management through Qualified Medication Administration Personnel.
- offers the Adapting Life Together (ALT) program which includes on-site Occupational Therapy and enhances life skills.
- implemented Crisis Prevention Intervention Training for employees to de-escalate potential crisis situations with participants.
- is involved with local fundraisers in support of other charities or non-profit organizations.
- is proud that each year, the annual financial audit is successful with a complete audit report available for review.
- for the past three consecutive years, has completed the annual state inspection with no deficiencies.
- historically, administrative costs remain low at approximately 12 -14%.
- has established a Red Hat Society local chapter as part of the program activities.
- has a highly involved Board of Directors who oversees program success and development of a gainful fundraising strategy.
- has several years of community recognition, receiving the Larimer County Award for Outstanding Service to Improve Community Live in Northern Colorado.
- offers transportation service between Ft. Collins and outlying areas for otherwise homebound participants.
- employs the Medicaid Benefits Helper who helps the economically disadvantaged obtain necessary health benefits.
- offers Life Transitions support groups, which are separate groups for caregivers and participants who meet weekly to help attendees adjust to their transitions.
- annually our participants' paintings are chosen for the Memories in the Making auction benefiting the Alzheimer's Association.
- hosts the annual Intergenerational Senior Prom which is held the 3rd Friday of each January and is sponsored by Elderhaus and Poudre High School.
- provides monthly Mobile Health Services to various community locations offering free, convenient blood pressure checks.

- hosts an annual mini health fair for the Mobile Health Services sites which includes flu shot clinic, blood pressure checks, glaucoma checks and oral health information.
- provides a free community loan closet for physical aids such as seat risers, wheelchairs and walkers.
- serves as a successful information and referral base, Elderhaus receives numerous calls and people stopping in seeking help and guidance.

In conclusion, Elderhaus has established an excellent reputation within Larimer County. Our motto is: "to seek out the left out, to help bring their best out." Elderhaus has a strong presence within Larimer County and we are devoted to continuing our excellent reputation.

BROCK AND COMPANY
Certified Public Accountants
Business Advisors
A PROFESSIONAL CORPORATION

3711 JFK Parkway Suite 315 Fort Collins Colorado 80525
(970) 223-7855 (303) 530-9343 (970) 223-3926 Fax
www brockcpas.com

AGN

August 10, 2009

Ms. Joanne Johnsen
Elderhaus Adult Day Care, Inc.
605 South Shields Street
Fort Collins, CO 80521

Dear Joanne:

Enclosed is your copy of the federal Application for Additional 3-Month Extension of Time to File the Form 990 for Elderhaus Adult Day Care, Inc. for the year 2008 which we filed on your behalf. The Form 990 will be extended to November 16, 2009. Please retain this copy in your files.

If you have any questions or if we can be of help in any way, please be sure to let us know.

Very truly yours,

BROCK AND COMPANY, CPAs, P.C.

By: Lee P. Ackerman

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	ELDERHAUS ADULT DAY CARE, INC.	84-0833808
	Number, street, and room or suite no If a P.O. box, see instructions 605 SOUTH SHIELDS STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT COLLINS, CO 80521	

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

[ ] Form 990 [X] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

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

- The books are in the care of ▶ MANAGEMENT 605 SOUTH SHIELDS - FORT COLLINS, CO 80521
  Telephone No. ▶ _____ FAX No. ▶ 970-221-9965
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2009.

5 For calendar year 2008, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
INFORMATION IS NOT YET AVAILABLE TO PREPARE A COMPLETE AND ACCURATE INFORMATION RETURN.

8a	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.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. 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.	8c	$ N/A

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 ▶ Jan P. Ackerman Title ▶ CPA Date ▶ 8/10/09

YOUR COPY