

Return of Organization Exempt From Income Tax

2006

Department of the Treasury
Internal Revenue Service

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

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

A For the 2006 calendar year, or tax year beginning OCT 1, 2006 **and ending** SEP 30, 2007

| | | | | |
|---|---|--|---------------------|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print of type See Specific Instructions | C Name of organization <u>NURSE-FAMILY PARTNERSHIP</u> | | D Employer identification number <u>20-0234163</u> |
| | | Number and street (or P.O. box if mail is not delivered to street address) <u>1900 GRANT STREET STE 400</u> | Room/suite _____ | E Telephone number <u>303-327-4253</u> |
| | | City or town, state or country, and ZIP + 4 <u>DENVER, CO 80203</u> | | F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ |

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates N/A

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number N/A

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

G Website: WWW.NURSEFAMILYPARTNERSHIP.ORG

J Organization type (check only one) 501(c) (3) (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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 12,796,723.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

| | | | | |
|---|--|------------|--------------------|--------------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received: | | | |
| | a Contributions to donor advised funds | 1a | | |
| | b Direct public support (not included on line 1a) | 1b | <u>10,334,829.</u> | |
| | c Indirect public support (not included on line 1a) | 1c | | |
| | d Government contributions (grants) (not included on line 1a) | 1d | <u>661,034.</u> | |
| | e Total (add lines 1a through 1d) (cash \$ <u>10,995,863.</u> noncash \$ _____) | 1e | | <u>10,995,863.</u> |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | <u>1,723,886.</u> |
| | 3 Membership dues and assessments | 3 | | |
| | 4 Interest on savings and temporary cash investments | 4 | | |
| | 5 Dividends and interest from securities | 5 | | <u>76,974.</u> |
| | 6 a Gross rents | 6a | | |
| | b Less: rental expenses | 6b | | |
| c Net rental income or (loss). Subtract line 6b from line 6a | 6c | | | |
| 7 Other investment income (describe _____) | 7 | | | |
| 8 a Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | |
| | 8a | | | |
| | 8b | | | |
| c Gain or (loss) (attach schedule) | 8c | | | |
| d Net gain or (loss). Combine line 8c, columns (A) and (B) | 8d | | | |
| 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| a Gross revenue (not including \$ _____ of contributions reported on line 1b) | 9a | | | |
| b Less: direct expenses other than fundraising expenses | 9b | | | |
| c Net income or (loss) from special events. Subtract line 9b from line 9a | 9c | | | |
| 10 a 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 | | | |
| 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | | <u>12,796,723.</u> | |
| Expenses | 13 Program services (from line 44, column (B)) | 13 | <u>5,632,812.</u> | |
| | 14 Management and general (from line 44, column (C)) | 14 | <u>840,099.</u> | |
| | 15 Fundraising (from line 44, column (D)) | 15 | <u>367,497.</u> | |
| | 16 Payments to affiliates (attach schedule) | 16 | | |
| | 17 Total expenses. Add lines 16 and 44, column (A) | 17 | | <u>6,840,408.</u> |
| 18 Excess or (deficit) for the year. Subtract line 17 from line 12 | 18 | | <u>5,956,315.</u> | |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | <u>495,381.</u> | |
| 20 Other changes in net assets or fund balances (attach explanation) | 20 | | <u>0.</u> | |
| 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | 21 | | <u>6,451,696.</u> | |

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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.

| 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 \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 2 | 326,346. | 0. | 326,346. | 0. |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 0. | 0. | 0. | 0. |
| 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) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 2,991,200. | 2,522,325. | 287,673. | 181,202. |
| 27 Pension plan contributions not included on lines 25a, b, and c | | | | |
| 28 Employee benefits not included on lines 25a - 27 | | | | |
| 29 Payroll taxes | | | | |
| 30 Professional fundraising fees | | | | |
| 31 Accounting fees | 68,473. | 38,475. | 27,571. | 2,427. |
| 32 Legal fees | 34,703. | 378. | 34,325. | |
| 33 Supplies | 31,864. | 24,593. | 4,565. | 2,706. |
| 34 Telephone | 91,967. | 71,271. | 8,367. | 12,329. |
| 35 Postage and shipping | 27,238. | 20,969. | 3,612. | 2,657. |
| 36 Occupancy | 160,904. | 124,246. | 8,072. | 28,586. |
| 37 Equipment rental and maintenance | 29,755. | 22,411. | 2,306. | 5,038. |
| 38 Printing and publications | 112,037. | 96,930. | 2,452. | 12,655. |
| 39 Travel | 265,693. | 228,486. | 31,956. | 5,251. |
| 40 Conferences, conventions, and meetings | | | | |
| 41 Interest | | | | |
| 42 Depreciation, depletion, etc (attach schedule) | 63,339. | 34,264. | 21,192. | 7,883. |
| 43 Other expenses not covered above (itemize) a _____ b _____ c _____ d _____ e _____ f _____ g SEE STATEMENT 1 | | | | |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 6,840,408. | 5,632,812. | 840,099. | 367,497. |

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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? ► SEE STATEMENT 3 | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|--|---|
| 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.) | |
| a NURSE HOME VISITATION FOR LOW-INCOME, FIRST-TIME MOTHERS. MOTHERS ARE VISITED DURING PREGNANCY AND THE FIRST TWO YEARS OF THE CHILD'S LIFE TO HELP DEVELOP BEHAVIORS THAT YIELD BETTER PREGNANCIES, BETTER PARENTS & HEALTHIER CHILDREN | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | 5,632,812. |
| b | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| c | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| d | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| e Other program services (attach schedule) | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 5,632,812. |

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 | 24,190. | 45 | |
| | 46 Savings and temporary cash investments | 519,476. | 46 | 427,286. |
| | 47 a Accounts receivable | 47a 6,356,503. | | |
| | b Less: allowance for doubtful accounts | 47b | 809,647. | 47c 6,356,503. |
| | 48 a Pledges receivable | 48a | | |
| | b Less: allowance for doubtful accounts | 48b | | 48c |
| | 49 Grants receivable | | | 49 |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees | | | 50a |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | 50b |
| | 51 a Other notes and loans receivable | 51a | | |
| | b Less: allowance for doubtful accounts | 51b | | 51c |
| | 52 Inventories for sale or use | | | 52 |
| | 53 Prepaid expenses and deferred charges | | 20,010. | 53 76,304. |
| | 54 a Investments - publicly-traded securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54a |
| | b Investments - other securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54b |
| 55 a Investments - land, buildings, and equipment: basis | 55a | | | |
| b Less: accumulated depreciation | 55b | | 55c | |
| 56 Investments - other | | | 56 | |
| 57 a Land, buildings, and equipment: basis | 57a 453,993. | | | |
| b Less: accumulated depreciation | 57b 116,311. | 148,838. | 57c 337,682. | |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 4) | | 272,509. | 58 687,036. | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | | 1,794,670. | 59 7,884,811. | |
| Liabilities | 60 Accounts payable and accrued expenses | 100,690. | 60 | 351,756. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | 668,249. | 62 | 741,190. |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 | |
| | 64 a Tax-exempt bond liabilities | | 64a | |
| | b Mortgages and other notes payable | | 64b | |
| | 65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 5) | | 530,350. | 65 340,169. |
| 66 Total liabilities. Add lines 60 through 65 | | 1,299,289. | 66 1,433,115. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| | 67 Unrestricted | <20,793.> | 67 | 3,925,970. |
| | 68 Temporarily restricted | 516,174. | 68 | 2,525,726. |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74 | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | | 495,381. | 73 6,451,696. | |
| 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | | 1,794,670. | 74 7,884,811. | |

Part VI Other Information (continued)

Table with columns for question number, question text, answer, and Yes/No checkboxes. Includes questions 82a through 91b regarding organization services, dues, lobbying, and foreign 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? 91c X
 If "Yes," enter the name of the foreign country N/A

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 N/A

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) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclu- sion code | (D) Amount | |
| 93 Program service revenue. | | | | | |
| a SITE/ NON-SITE REVENUES | | | | | 1,723,886. |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | | |
| 96 Dividends and interest from securities | | | 14 | 76,974. | |
| 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 _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 76,974. | 1,723,886. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 1,800,860. |

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 | FEEES CHARGED IMPLEMENTING AGENCIES FOR TRAINING, PROGRAM MATERIALS, AND OTHER SUPPORT SEVICES. |

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) Natu | (D) | (E) |
|---|--|-------------|-----|-----|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual who is a disqualified person?
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on behalf of any individual who is a disqualified person?
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) **N/A**

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 | Yes | No |
|---------------|--|---|-----------------------------------|------------------------------|-----|----|
| a | ----- | | | | | |
| b | ----- | | | | | |
| c | ----- | | | | | |
| Totals | | | | | | |

107 Did the reporting organization receive any transfers from a controlled entry 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 | Yes | No |
|---------------|--|---|-----------------------------------|------------------------------|-----|----|
| a | ----- | | | | | |
| b | ----- | | | | | |
| c | ----- | | | | | |
| Totals | | | | | | |

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?

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

Please Sign Here

Signature of officer: *Paul Tosett* Date: *5/15/08*

Type or print name and title: *PAUL TOSETT CFO*

Paid Preparer's Use Only

Preparer's signature: *Bert R Bondi CPA* Date: *5/14/08* Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): *520484562*

Firm's name (or yours if self-employed), address, and ZIP + 4: **BONDI & CO. LLC
44 INVERNESS DRIVE EAST
ENGLEWOOD, CO 80112** EIN: Phone no.: **303-799-6826**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2006

Name of the organization **NURSE-FAMILY PARTNERSHIP** Employer identification number **20 0234163**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| TAMAR BAUER 1900 GRANT ST, SUITE 400, DENVER, CO | POL & GOVT REL OFF 40.00 | 134,397. | 28,490. | |
| JAMES MOLTER 1900 GRANT ST, SUITE 400, DENVER, CO | DIR, FINANCE 40.00 | 95,696. | 20,119. | |
| PEGGY HILL 1900 GRANT ST, SUITE 400, DENVER, CO | DIR, PROGRAM DEV 40.00 | 94,943. | 23,122. | |
| ELINOR YOST 1900 GRANT ST, SUITE 400, DENVER, CO | DIR, NURSING PRACT. 40.00 | 93,943. | 26,662. | |
| PATRICIA URIS 1900 GRANT ST, SUITE 400, DENVER, CO | DIR, KNOWLEDGE DEV 40.00 | 92,449. | 14,480. | |
| Total number of other employees paid over \$50,000 ▶ | 0 | | | |

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

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------------------------|-------------------|
| PUBLIC/ PRIVATE VENTURES 200 MARKET ST, STE 600, PHILADELPHIA, PA 19103 | PROGRAM REPLICATION SUPPO | 1,099,541. |
| UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER 13120 E 19TH AVE, AURORA, CO 80262 | CLINICAL INFO SYS TECH SUPPORT | 264,475. |
| BEACON CONSULTING GROUP 900 SECOND ST NE, WASHINGTON, DC 20002 | PUBLIC POLICY SUPPORT | 87,925. |
| RODA CREATIVE SERVICES, LTD 272 BROOKWOOD DR S, YORK, PA 17403 | MARKETING SUPPORT | 76,978. |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services ▶ | 0 | |

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

| | Yes | No |
|---|--------------|-----------|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>182,040.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B | X | |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| a Sale, exchange, or leasing of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | X | |
| e Transfer of any part of its income or assets? | | X |
| 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | | X |
| b Did the organization have a section 403(b) annuity plan for its employees? | | X |
| c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | | X |
| d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | X |
| 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g ... | | X |
| b Did the organization make any taxable distributions under section 4966? | N/A | |
| c Did the organization make a distribution to a donor, donor advisor, or related person? | N/A | |
| d Enter the total number of donor advised funds owned at the end of the tax year | ▶ N/A | |
| e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year | ▶ N/A | |
| f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts | ▶ | 0. |
| g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year | ▶ | 0. |

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | <input type="checkbox"/> |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
|---|------------|------------|----------------------------|----------|------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 1,125,763. | 3,945,655. | 2,033,737. | | 7,105,155. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 1,498,537. | 1,048,410. | | | 2,546,947. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 64,284. | 13,285. | 1,504. | | 79,073. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | 9. | 1,000. | SEE STATEMENT 7 27,320. | | 28,329. |
| 23 Total of lines 15 through 22 | 2,688,593. | 5,008,350. | 2,062,561. | 0. | 9,759,504. |
| 24 Line 23 minus line 17 | 1,190,056. | 3,959,940. | 2,062,561. | | 7,212,557. |
| 25 Enter 1% of line 23 | 26,886. | 50,084. | 20,626. | | |

| | | |
|---|-------|------------|
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | ▶ 26a | 144,251. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts | ▶ 26b | 5,744,235. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | ▶ 26c | 7,212,557. |
| d Add: Amounts from column (e) for lines: 18 <u>79,073.</u> 19 _____ 22 <u>28,329.</u> 26b <u>5,744,235.</u> | ▶ 26d | 5,851,637. |
| e Public support (line 26c minus line 26d total) | ▶ 26e | 1,360,920. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | ▶ 26f | 18.8688% |

| | | | | |
|--|--------|--------|--------|--------|
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year: N/A | (2005) | (2004) | (2003) | (2002) |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A | (2005) | (2004) | (2003) | (2002) |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | ▶ 27c | N/A | | |
| d Add: Line 27a total _____ and line 27b total _____ | ▶ 27d | N/A | | |
| e Public support (line 27c total minus line 27d total) | ▶ 27e | N/A | | |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f | N/A | | | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | ▶ 27g | N/A % | | |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | ▶ 27h | N/A % | | |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

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

| | | Yes | No |
|-------------------|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | |
| <hr/> <hr/> <hr/> | | | |
| 32 | Does the organization maintain the following: | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | 32d | |
| <hr/> <hr/> <hr/> | | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| a | Students' rights or privileges? | 33a | |
| b | Admissions policies? | 33b | |
| c | Employment of faculty or administrative staff? | 33c | |
| d | Scholarships or other financial assistance? | 33d | |
| e | Educational policies? | 33e | |
| f | Use of facilities? | 33f | |
| g | Athletic programs? | 33g | |
| h | Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | 33h | |
| <hr/> <hr/> <hr/> | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---|---|-----------------------------------|--|
| | | N/A | |
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | 182,040. |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | | 182,040. |
| 39 Other exempt purpose expenditures | 39 | | 5,450,772. |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | 5,632,812. |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - | | | |
| If the amount on line 40 is - | The lobbying nontaxable amount is - | | |
| Not over \$500,000 | 20% of the amount on line 40 | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| Over \$17,000,000 | \$1,000,000 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | | 107,910. |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | | |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | | |
| Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

| Calendar year (or fiscal year beginning in) | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
| 45 Lobbying nontaxable amount | 431,641. | 369,149. | 265,117. | 23,674. | 1,089,581. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 1,634,372. |
| 47 Total lobbying expenditures | 182,040. | | | | 182,040. |
| 48 Grassroots nontaxable amount | 107,910. | 92,287. | 66,279. | 5,919. | 272,395. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 408,593. |
| 50 Grassroots lobbying expenditures | | | | | 0. |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

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

| Yes | No | Amount |
|----------|----------|-----------------|
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| X | | 182,040. |
| | | 182,040. |

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

FORM 990

OTHER EXPENSES

STATEMENT 1

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|-------------------------------|--------------|----------------------------|----------------------------------|--------------------|
| CONSULTING | 413,126. | 266,130. | 49,471. | 97,525. |
| DUES AND SUBSCRIPTIONS | 12,269. | 8,530. | 210. | 3,529. |
| ADVERTISING | 26,255. | 26,255. | | |
| MISCELLANEOUS | 33,110. | 19,342. | 12,408. | 1,360. |
| INSURANCE | 6,269. | 77. | 6,174. | 18. |
| STAFF DEVELOPMENT | 9,530. | 7,592. | 1,282. | 656. |
| CLIENT SERVICES | 374,969. | 374,969. | | |
| TRAINING AND OTHER EVENTS | 196,585. | 180,793. | 12,117. | 3,675. |
| OUTSOURCED PROGRAM SUPPORT | 1,564,776. | 1,564,776. | | |
| TOTAL TO FM 990, LN 43 | 2,636,889. | 2,448,464. | 81,662. | 106,763. |

| FORM 990 | OTHER ASSETS | STATEMENT | 4 |
|---|--------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| RESTRICTED CASH | | 686,536. | |
| OTHER | | 500. | |
| TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B | | 687,036. | |

| FORM 990 | OTHER LIABILITIES | STATEMENT | 5 |
|---|-------------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| ACCRUED PAYROLL | | 185,258. | |
| ACCRUED EXPENSES | | 154,911. | |
| TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B | | 340,169. | |

| FORM 990 | PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES | STATEMENT | 6 |
|----------|--|-----------|---|
|----------|--|-----------|---|

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN-SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|--------------------------|---------------|---------------------------|-----------------|
| THOMAS R. JENKINS, JR. 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | PRESIDENT & CEO 40.00 | 167,592. | 34,626. | 0. |
| WALLACE P. DUNLAP 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | SECRETARY 30.00 | 98,848. | 25,280. | 0. |
| ROBERT HILL 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | BOARD CHAIRMAN 0.00 | 0. | 0. | 0. |
| JEFFREY STRATTON 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| MICHELLE RIDGE 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | BOARD MEMBER 0.00 | 0. | 0. | 0. |

NURSE-FAMILY PARTNERSHIP

20-0234163

| | | | | |
|---|----------------------|----------|---------|----|
| JOEY RIDENOUR 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| PATRICIA MORITZ 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| RICHARD KRUGMAN 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| IVAN JUZANG 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| KAREN HENDRICKS 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| ANDREA HIGHAM 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| JAMES HAGEDORN 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| C. ROBIN BRITT, SR. 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| DARCY BRADBURY 1900 GRANT ST, SUITE 400 DENVER, CO 80204 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V-A | | 266,440. | 59,906. | 0. |

| SCHEDULE A | OTHER INCOME | | | STATEMENT 7 |
|------------------------------|----------------|----------------|----------------|----------------|
| DESCRIPTION | 2005 AMOUNT | 2004 AMOUNT | 2003 AMOUNT | 2002 AMOUNT |
| OTHER | 9. | 1,000. | 27,320. | 0. |
| TOTAL TO SCHEDULE A, LINE 22 | 9. | 1,000. | 27,320. | 0. |

**Nurse Family Partnership
Fixed Asset Schedule
TIN: 20-0234163
Year Ended 9/30/2007**

| | <u>9/30/2006</u> | <u>Additions</u> | <u>Deletions</u> | <u>9/30/2007</u> |
|---------------------------------|------------------|------------------|------------------|------------------|
| Leasehold Improvements | 16,052 | 43,434 | - | 59,486 |
| Furniture & Fixtures | 143,704 | 107,327 | - | 251,031 |
| Software | 42,054 | 101,422 | - | 143,476 |
| | | | | |
| Total Property and Equipment | 201,810 | 252,183 | - | 453,993 |
| | | | | |
| Accumulated Depreciation | (52,972) | (63,339) | - | (116,311) |
| | | | | |
| Net Property and Equipment | <u>148,838</u> | <u>188,844</u> | <u>-</u> | <u>337,682</u> |

• 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. You must file original and one copy | | |
| Type or print | Name of Exempt Organization NURSE-FAMILY PARTNERSHIP | Employer identification number 20-0234163 |
| File by the extended due date for filing the return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions 1900 GRANT STREET STE 400 | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions DENVER, CO 80203 | |

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

- Form 990
 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 **THE ORGANIZATION**
 Telephone No. **303-327-4253** FAX No. _____

• 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 **AUGUST 15, 2008**

5 For calendar year _____, or other tax year beginning **OCT 1, 2006**, and ending **SEP 30, 2007**

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
ADDITIONAL TIME IS NEEDED IN ORDER TO FILE A COMPLETE AND ACCURATE TAX 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 _____ Title _____ Date _____

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

| | |
|----------------------|---|
| Type or print | Name BONDI & CO. LLC |
| | Number and street (include suite, room, or apt. no.) or a P.O. box number 44 INVERNESS DRIVE EAST |
| | City or town, province or state, and country (including postal or ZIP code) ENGLEWOOD, CO 80112 |