

## Short Form Return of Organization Exempt From Income Tax

# 2008

**Open to Public Inspection**

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)

▶ 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.*

<b>A</b> For the 2008 calendar year, or tax year beginning _____, and ending _____		
<b>B</b> Check if applicable:	<b>C</b> Name of organization	
<input type="checkbox"/> Address change	<b>Please use IRS label or print or type. See Specific Instructions.</b>	
<input type="checkbox"/> Name change		The Epworth Foundation
<input type="checkbox"/> Initial return		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Termination		3401 High Street
<input type="checkbox"/> Amended return	City, town, or country State ZIP + 4	
<input type="checkbox"/> Application pending	Denver CO 80205	
<b>D</b> Employer identification number		
20-3432952		
<b>E</b> Telephone number		
303-296-6287		
<b>F</b> Group Exemption Number . . . ▶		

<p>• <b>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b></p>	<p><b>G</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶</p>
<p><b>I</b> Website: ▶ <u>www.epworthfoundation.org</u></p>	<p><b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</p>
<p><b>J</b> Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>	

**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 ▶ \$ 802,989

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	307,551
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	494,188
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	1,250
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1) . . . . .	<b>6a</b>	0
<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	0	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>	0	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	802,989	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	0
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	270,770
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	29,361
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	15,028
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ See attached statement)	<b>16</b>	578,663
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	893,822
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-90,833
	<b>19</b> 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) . . . . .	<b>19</b>	87,232
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	-3,601

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
<b>22</b> Cash, savings, and investments . . . . .		95,839	<b>22</b> -10,521
<b>23</b> Land and buildings . . . . .			<b>23</b>
<b>24</b> Other assets (describe ▶ See attached statement)		150,462	<b>24</b> 173,768
<b>25 Total assets</b> . . . . .		246,301	<b>25</b> 163,247
<b>26 Total liabilities</b> (describe ▶ See attached statement)		159,069	<b>26</b> 166,848
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		87,232	<b>27</b> -3,601

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <u>See Schedule O</u>		
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.		
<b>28</b> <u>Denver Feed A Family - distruted 8,500 food baskets for Thanksgiving</u>		
(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	257,959
<b>29</b> <u>Family to Family services program - a family support program</u>		
(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	457,438
<b>30</b> <u>HIV-AID Program- Provide support to AID victims</u>		
(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	48,060
<b>31</b> <u>Other program services (attach schedule)</u>		
(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32 Total program service expenses.</b> (add lines 28a through 31a)	<b>32</b>	763,457

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> 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
Name <u>CLARENCE WILLIAM</u> Str <u>3401 HIGH STREET</u> City <u>DENVER</u> ST <u>CO</u> ZIP <u>80205</u>	Title <u>Chairman</u> Hr/WK <u>10.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>EVELYN DAVIS</u> Str <u>3401 HIGH STREET</u> City <u>DENVER</u> ST <u>CO</u> ZIP <u>80205</u>	Title <u>Treasurer</u> Hr/WK <u>10.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>KING H HARRIS</u> Str <u>3401 HIGH STREET</u> City <u>DENVER</u> ST <u>CO</u> ZIP <u>80205</u>	Title <u>Ex Dir</u> Hr/WK <u>10.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>DAVID BALL</u> Str <u>3401 HIGH STREET</u> City <u>DENVER</u> ST <u>CO</u> ZIP <u>80205</u>	Title <u>Secretary</u> Hr/WK <u>10.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>

**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.		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.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year?		X
38 a	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	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b> 42,822		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities. <b>39b</b>		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
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.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="text"/>		
d	Enter amount of tax on line 40c reimbursed by the organization. <input type="text"/>		
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. <input type="text"/>		
42 a	The books are in care of <input type="text"/> Name David Ball Telephone no. <input type="text"/> 303-642-0122 Located at <input type="text"/> 3401 High Street City Denver ST CO ZIP + 4 <input type="text"/> 80205		
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: <input type="text"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	Yes	No
			X
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: <input type="text"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <b>43</b> <input type="text"/> N/A		
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.

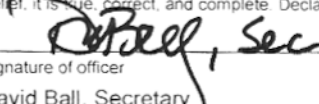
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  Yes  No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.  Yes  No
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No
- b If "Yes," was the related organization(s) a section 527 organization?  Yes  No
- 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
Name None City ST ZIP	Title Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK	0	0	0
Name City ST ZIP	Title Hr/WK	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

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
Name None City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 ▶		0

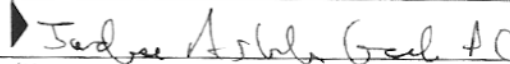
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  Sec. Date 11/15/09

Signature of officer  
Type or print name and title: David Ball, Secretary

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**Paid Preparer's Use Only**

Preparer's signature:  Date: 11/12/2009

Firm's name (or yours if self-employed), address, and ZIP +4: Jackson Ashby Goldstine PC, 655 Broadway, Ste 565, Denver, CO 80205

Check if self-employed  Preparer's Identifying Number (See instructions): EIN ▶ 84-1273769 Phone no. ▶ 303-825-4072

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization The Epworth Foundation	Employer identification number 20-3432952
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**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 33 1/3% 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 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)**. (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? . . . . .		X
(ii) A family member of a person described in (i) above? . . . . .		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .		X

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	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	38,655	127,126	22,242			188,023
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>4 Total</b> Add lines 1-3 . . . . .	38,655	127,126	22,242	0	0	188,023
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						188,023

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .	38,655	127,126	22,242	0	0	188,023
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	112	139			251
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						188,274
<b>12</b> Gross receipts from related activities, etc. (see instructions.) . . . . .					12	

**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**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.87%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	0.00%
<b>16a 33 1/3% support test-2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test-2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances-test-2008.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test-2007.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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 year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0	0			0
<b>2</b> 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 . . . . .	0	0	0			0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>6 Total.</b> Add lines 1-5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</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 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						0

**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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	0.00%

**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 line 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)

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[This section contains horizontal dashed lines for providing supplemental information.]



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

<b>Name of the organization</b>	<b>Employer identification number</b>
The Epworth Foundation	20-3432952

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ .....

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> The Epworth Foundation	<b>Employer identification number</b> 20-3432952
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Sam's Club ----- 505 S. Broadway ----- Denver CO 80209 Foreign State or Province: ----- Foreign Country: -----	\$ 46,675	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Forest City Stapleton, Inc. ----- 7351 East 29th Ave ----- Denver CO 80238 Foreign State or Province: ----- Foreign Country: -----	\$ 6,500	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Denver Foundation ----- 55 Madion Street ----- Denver CO 80206 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Mile High United Way ----- 2505 18th Street ----- Denver CO 80211 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Mortenson Construction ----- 1621 18th Street, Suite 400 ----- Denver CO 80202 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	The Holt Group ----- 1675 Broadway, Suite 2100 ----- Denver CO 80202 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> The Epworth Foundation	<b>Employer identification number</b> 20-3432952
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Wall Mart Stores, Inc. ----- 702 SW 8th Street ----- Bentonville AK 72716 Foreign State or Province: ----- Foreign Country: -----	\$ ----- 30,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ ----- 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2008**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

Name of the organization The Epworth Foundation	Employer identification number 20-3432952
--	--

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
David Ball	X		4,713	4,713		X	X			X
Pastor King Harris	X		16,580	38,109		X	X			X
			0	0						
			0	0						
			0	0						
			0	0						
<b>Total</b> . . . . .				\$ 42,822						

**Part III Grants or Assistance Benefitting Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
		0			
		0			
		0			
		0			
		0			
		0			

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Name of the organization

Employer identification number

The Epworth Foundation

20-3432952

Form 990 Part III The Epworth Foundation is a 501(c)(3) exempt organization. The Foundation provides services and assistance to the poor, disadvantaged and under served in the Denver Metro community. This includes providing dinners to thousands of people at Thanksgiving, providing counseling services, family interventions, fatherhood and parenting classes, emergency services such as rent and utility assistance, assisting youth in transition from foster care into independent life, helping them enroll in higher education, obtain employment and housing and similar services. A partial college scholarship is awarded each year to a deserving student. Three times per year, the Epworth Talent Camp provides a program for inner-city children in which they are exposed to art, music and dance. The students are fed two meals during the day, and accompany counselors on field trips during which they see different career options, cultural events and social activities. The Foundation also operates a food bank twice a week during the year.

Form 990 Part 11 Line 24 & 26 The Epworth Foundation has submitted a form 3115 with this return to change their method of accounting from a cash basis to an accrual basis. As a result, this form 990 has been prepared based on accrual accounting and the comparative balance sheet is prepared using accrual basis of account. So, the 2007 numbers presented in the 2007 balance sheet in this return do not agree with the numbers in the balance in the 2008 990.

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions . . . . .	1	307,551
2	NonCash contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	
4	Government contributions (grants) . . . . .	4	
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 6 - Special Events) . . . . .	6	0
7	Associated organization contributions . . . . .	7	
8		8	
9		9	
10		10	
11	<b>Total</b> . . . . .	<b>11</b>	<b>307,551</b>

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments . . . . .	1	1,250
2	Dividends and interest from securities . . . . .	2	
3	Gross rents . . . . .	3	
4	Other investment income . . . . .	4	
5	<b>Total</b> . . . . .	<b>5</b>	<b>1,250</b>

**Part I, Line 16 (990-EZ) - Other Expenses**

578,663

1	Travel, Meals and Entertainment		
	a Travel . . . . .	1a	
	b Total meals and entertainment . . . . .	1b	
2	Fundraising . . . . .	2	10,716
3	From Form 4562 - Amortization . . . . .	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	Food	11	265,386
12	Client Program Services	12	157,248
13	Other Program Services	13	42,489
14	Office Expenses	14	35,374
15	Family Support: Emergency Services	15	30,718
16	Community Outreach	16	20,853
17	Management & General Expenses	17	14,879
18	Scholarship	18	1,000
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

**Part II, Line 24 (990-EZ) - Other Assets**

150,462

173,768

Description		Beginning	End
1	Accounts Receivable	104,091	173,109
2	Other	46,371	659
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**Part II, Line 26 (990-EZ) - Liabilities**

159,069

166,848

Description		Beginning	End
1	David Ball	4,712	4,712
2	King Harris	16,580	16,580
3	Cal Park		14,000
4	Reconstruction Road	94,418	87,918
5	Other	43,359	43,638
6			
7			
8			
9			
10			



**(Sch O (990)) - Supplemental Information**

	Form	Part	Section	Line	Explanation
1	990	III			The Epworth Foundation is a 501(c)(3) exempt organization. The Foundation
2					provides services and assistance to the poor, disadvantaged and under served in
3					the Denver Metro community. This includes providing dinners to thousands of
4					people at Thanksgiving, providing counseling services, family interventions,
5					fatherhood and parenting classes, emergency services such as rent and utility
6					assistance, assisting youth in transition from foster care into independent life,
7					helping them enroll in higher education, obtain employment and housing and
8					similar services. A partial college scholarship is awarded each year to a deserving
9					student. Three times per year, the Epworth Talent Camp provides a program for
10					inner-city children in which they are exposed to art, music and dance. The
11					students are fed two meals during the day, and accompany counselors on field
12					trips during which they see different career options, cultural events and social
13					activities. The Foundation also operates a food bank twice a week during the year.
14					
15					
16	990	11		24 & 26	The Epworth Foundation has submitted a form 3115 with this return to change
17					their method of accounting from a cash basis to an accrual basis. As a result, this
18					form 990 has been prepared based on accrual accounting and the comparative
19					balance sheet is prepared using accrual basis of account. So, the 2007 numbers
20					presented in the 2007 balance sheet in this return do not agree with the numbes
21					in the balance in the 2008 990