

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning , 2007, **and ending** , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
Common Hope
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 14298
 City or town, state or country, and ZIP + 4
Saint Paul, MN 55114

D Employer identification number
41 1560297

E Telephone number
 (**651**) **917-0917**

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶ www.commonhope.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 ▶ **3,958,233**

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

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		3,369,491	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 3,249,693 noncash \$ 119,798)	1e			3,369,491
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			45,980
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			10,070
	5 Dividends and interest from securities	5			12,964
	6a 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				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		204,351	8a	217,517	
	b Less: cost or other basis and sales expenses	255,091	8b	50,966	
	c Gain or (loss) (attach schedule)	(50,740)	8c	166,551	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)		8d		115,811
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ 165,295 of contributions reported on line 1b)	9a		97,861		
b Less: direct expenses other than fundraising expenses	9b		40,222		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			57,639	
10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			3,611,955	
Expenses	13 Program services (from line 44, column (B))	13		2,955,703	
	14 Management and general (from line 44, column (C))	14		353,929	
	15 Fundraising (from line 44, column (D))	15		186,084	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			3,495,716
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		116,239	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,727,916	
	20 Other changes in net assets or fund balances (attach explanation)	20		45,966	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			5,890,121

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	27,011	27,011		
23	Specific assistance to individuals (attach schedule)	815,217	815,217		
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	156,486	95,414	38,882	22,190
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
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	1,301,534	1,030,519	176,842	94,173
27	Pension plan contributions not included on lines 25a, b, and c	10,015	5,728	1,758	2,529
28	Employee benefits not included on lines 25a – 27	326,003	277,551	41,069	7,383
29	Payroll taxes	43,372	27,012	8,014	8,346
30	Professional fundraising fees				
31	Accounting fees	17,135	889	16,157	89
32	Legal fees	2,934	1,949	985	
33	Supplies	27,417	23,558	3,071	788
34	Telephone	52,952	46,357	4,834	1,761
35	Postage and shipping	30,424	10,554	7,164	12,706
36	Occupancy	150,225	133,713	12,088	4,424
37	Equipment rental and maintenance	68,934	64,766	3,975	193
38	Printing and publications	48,853	20,315	4,144	24,394
39	Travel	120,320	113,237	4,988	2,095
40	Conferences, conventions, and meetings	9,982	6,949	2,644	389
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	211,288	199,744	10,888	656
43	Other expenses not covered above (itemize):				
a	Insurance	16,097	13,053	1,841	1,203
b	Advertising	3,704	357	582	2,765
c	Miscellaneous Fees	43,850	29,847	14,003	
d	Repairs and Maintenance	13,601	13,601		
e	Pledge Discounts	(1,638)	(1,638)		
f					
g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	3,495,716	2,955,703	353,929	186,084

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>Human development thru education, health care, housing</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>Education: Common Hope helped to provide primary, secondary, vocational and university education for 2,707 children paying for tuition, books, supplies, shoes and uniforms. In addition, we offered the educational support of tutoring, summer school, special ed services, access to libraries and teacher training. CH also made available educational programs for the parents of sponsored children. These included adult literacy and vocational training. We operated a school for over 200 primary students at New Hope Village. We supported 138 high school and 183 6th grade graduates.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,595,484
b <u>Family and Community Development: CH partnered with 1,398 Guatemalan families to provide resources and tools to improve their lives. Through a long-term relationship with a Common Hope social worker, families have identified goals, obstacles and their own unique development plan. In support of these development plans, we provided training for adults addressing issues of alcoholism, self esteem, vocational skills, and job placement assistance. CH also offered emergency relief, legal services, women's groups and funding for an elder care home in Antigua.</u> (Grants and allocations \$ 27,011) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	605,367
c <u>Health Care: CH's medical staff and volunteers provided over 10,600 clinic visits. Services made available included examinations, vaccinations, lab tests, x-rays, medications, surgeries, mental health services and dental care. CH also promoted healthy lifestyles in local communities and schools teaching nutrition, hygiene and preventative health care in classes and at health fairs for the broader communities where our families lives. Staff presented 58 demonstrations on hygiene and wellness and conducted screenings for 887 individuals at community health fairs.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	485,645
d <u>Housing: In and around Antigua, CH partnered with families to build 30 houses and 18 vented stoves so that they can have cleaner, healthier places to live. Family members worked more than 14,550 sweat-equity hours to "earn" these home improvements. CH also improved and operated the infrastructure for New Hope Village including running water, electricity and sewer, to help relocate families with marginal housing from Guatemala City. Three families in the village became the first to earn complete title to their land and home this year.</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	269,207
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). . . . ►	2,955,703

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	123,857	45	137,935	
	46 Savings and temporary cash investments	843,806	46	899,216	
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b		47c	
	48a Pledges receivable	4,892			
	b Less: allowance for doubtful accounts	100	40,029	48c	4,792
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	5,849			
	b Less: allowance for doubtful accounts		7,844	51c	5,849
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	27,037	53		33,424
	54a Investments—publicly-traded securities	368,218	54a		362,159
	b Investments—other securities (attach schedule)			54b	
	55a Investments—land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments—other (attach schedule)	43,300	56		0
	57a Land, buildings, and equipment: basis	5,994,645			
b Less: accumulated depreciation (attach schedule)	1,263,943	4,638,463	57c	4,730,702	
58 Other assets, including program-related investments (describe ►)	(528)	58		86	
59 Total assets (must equal line 74). Add lines 45 through 58	6,092,026	59		6,174,163	
Liabilities	60 Accounts payable and accrued expenses	295,742	60	220,019	
	61 Grants payable		61		
	62 Deferred revenue	68,368	62	64,023	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ►)		65		
	66 Total liabilities. Add lines 60 through 65	364,110	66		284,042
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	5,190,679	67	5,578,243	
	68 Temporarily restricted	537,237	68	311,878	
	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)	5,727,916	73		5,890,121
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,092,026	74		6,174,163

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	12		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)			✓
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.			✓
d Does the organization have a written conflict of interest policy?		✓	

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

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

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		✓
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	✓	
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		✓
b If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a		0
b Did the organization file Form 1120-POL for this year?	81b		✓

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 36,982		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89g			
90a	List the states with which a copy of this return is filed <input type="checkbox"/> CA, CO, CT, FL, IL, MA, MN, NC, ND, NY, WA, WI		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	165
91a	The books are in care of <input type="checkbox"/> Kathleen Lock Telephone no. <input type="checkbox"/> (651) 917-0917 Located at <input type="checkbox"/> 550 Vandalia St Paul, MN ZIP + 4 <input type="checkbox"/> 55114-0298		
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="checkbox"/> Guatemala	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** |

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <u>Program Service co-pays</u>					45,980
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			14	10,070	
96 Dividends and interest from securities			14	12,964	
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			18	115,811	
101 Net income or (loss) from special events			01	57,639	
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))				196,484	45,980
105 Total (add line 104, columns (B), (D), and (E))					242,464

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).
▼	<u>Fees are collected from families based on their ability to pay. While the fees are not significant given the scope of program service they are vital in encouraging families to become self-sufficient and maintaining a relationship that is based on partnership, not on dependence.</u>

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

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.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
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?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

▶ _____
 Signature of officer Date

▶ _____
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶ _____	Phone no. ▶ (_____) _____	

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

2007

Name of the organization Common Hope	Employer identification number 41 - 1560297
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 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
Saint Paul, MN 55114		Common Hope	P.O. Box 14298	
41	1560297	917-0917		www.commonho
	3	3,958,233		3,369,491
3,249,693	119,798	3,369,491	45,980	
10,070				
12,964				
Total number of other employees paid over \$50,000 ▶	116,239			

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
204,351		
217,517	255,091	50,966
(50,740)	115,811	97,861
166,551		
40,222		
57,639		
	3,611,955	2,955,703
353,929		
186,084		3,495,716
Total number of others receiving over \$50,000 for professional services ▶	5,727,916	

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
45,966		
5,890,121		
165,295		
Total number of other contractors receiving over \$50,000 for other services ▶	None	

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

	Yes	No
<p>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 ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>	1	
<p>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.)</p>		
<p>a Sale, exchange, or leasing of property?</p>	2a	✓
<p>b Lending of money or other extension of credit?</p>	2b	
<p>c Furnishing of goods, services, or facilities?</p>	2c	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	
<p>e Transfer of any part of its income or assets?</p>	2e	✓
<p>3a 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.)</p>	3a	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	✓
<p>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</p>	3c	✓
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	✓
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a	✓
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b	
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	
<p>d Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>		
<p>f Enter the total number of separate funds or accounts owned at the end of the tax 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 ► _____</p>		
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____</p>		X

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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%** 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%** 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 8 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					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,324,206	3,781,515	1,578,321	3,044,211	11,728,253
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	95,208	133,906	74,261	99,316	402,691
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	17,559	4,511	1,458	2,306	25,834
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					
23 Total of lines 15 through 22	3,436,972	3,919,932	1,654,040	3,145,833	12,156,777
24 Line 23 minus line 17	3,341,764	3,786,026	1,579,779	3,046,517	11,754,086
25 Enter 1% of line 23	34,370	39,199	16,540	31,458	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 235,082
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 1,451,223
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 11,754,086
d Add: Amounts from column (e) for lines: 18 <u>25,834</u> 19 <u>0</u> 22 <u>0</u> 26b <u>1,451,223</u> ▶					26d 1,477,057
e Public support (line 26c minus line 26d total) ▶					26e 10,277,030
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 87 %
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: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add: Line 27a total _____ and line 27b total _____ ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.					

Part V Private School Questionnaire (See page 9 of the instructions.)
(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.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	12
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	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
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) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 14 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:	Yes	No	Amount
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 .)			

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization	Employer identification number
-----------------------------	---------------------------------------

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 33⅓% 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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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).

Name of organization	Employer identification number
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
x	XXXXXXXXXXXXXXXXXXXXXXXXXXXX _____ XXXXXXXXXXXXXXXXXXXXXXXXXXXX _____ XXXXXXXXXXXXXXXXXXXXXXXXXXXX _____	\$ _____ XXXXXXXX	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
x	XXXXXXXXXXXXXXXXXXXXXXXXXXXX _____ XXXXXXXXXXXXXXXXXXXXXXXXXXXX _____ XXXXXXXXXXXXXXXXXXXXXXXXXXXX _____	\$ _____ XXXXXXXX	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
x	XXXXXXXXXXXXXXXXXXXXXXXXXXXX _____ XXXXXXXXXXXXXXXXXXXXXXXXXXXX _____ XXXXXXXXXXXXXXXXXXXXXXXXXXXX _____	\$ _____ XXXXXXXX	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
x	XXXXXXXXXXXXXXXXXXXXXXXXXXXX _____ XXXXXXXXXXXXXXXXXXXXXXXXXXXX _____ XXXXXXXXXXXXXXXXXXXXXXXXXXXX _____	\$ _____ XXXXXXXX	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number Foreign Exchange L
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	<u>(5,229)</u> <u>82,948</u> <u>3,611,955</u>	\$ _____	____ / ____ / ____
<u>3,611</u>	<u>3,532,698</u> <u>36,982</u>	\$ _____	____ / ____ / <u>36,982</u>
<u>3,491</u>		\$ _____	<u>3,495,71</u> / See /
—	<u>\$143,112</u> <u>\$13,374</u> <u>0.00</u>	\$ _____	____ / ____ / ____
—		\$ _____	____ / ____ / ____
—		\$ _____	____ / ____ / ____

Name of organization	Employer identification number <div style="text-align: center;">0</div>
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="text-align: center; color: blue;">12</div>	\$ _____	____ / ____ / ____
____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	____ / ____ / ____
____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	____ / ____ / ____
____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	____ / ____ / ____
____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	____ / ____ / ____
____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	____ / ____ / ____
____	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	____ / ____ / ____

Name of organization	Employer identification number
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete columns (a) through (e) and the following line entry.)
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once—see instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		N/A	165
		N/A	Kathleen Lock
	N/A	N/A	651
	N/A	CA,CO,CT,FL,IL,MA,MN,NC,ND,NY,	917-0917
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
550 Vandalia St Paul, MN			
55114-0298			
Guatemala			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

2007

Name of estate or trust

Employer identification number

Note: Form 5227 filers need to complete *only* Parts I and II.

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price		(e) Cost or other basis (see page 40 of the instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)		
1a Common Hope	P.O. Box 142		Saint Paul, M	41	1560297	651	917-0917	3,24	
www.commonhope.org		45,980	3	3,95		3,36			
	119,798	3,369,491		10,0	12,964				
	204,351	217,517	255,091	50,9	(50,740)	166,	115,811	97,8	
	40,222	57,639				3,61	2,955,703	353,	
b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b							1b		
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824							2		165,
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts							3		
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet							4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶							5		

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price		(e) Cost or other basis (see page 40 of the instructions)		(f) Gain or (loss) for the entire year Subtract (e) from (d)		
6a								Non	
Common Hope	41	1560297							
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b.							6b		
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824							7		
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts							8		
9 Capital gain distributions							9		
10 Gain from Form 4797, Part I							10		
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet							11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶							12		(49,957)

Part III Summary of Parts I and II		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions <i>before</i> completing this part.				
13	Net short-term gain or (loss)	13	186,084	
14	Net long-term gain or (loss):			
a	Total for year	14a		(49,957)
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a . ▶	15		(50,740)

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000	16	()
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Note: If the loss on line 15, column (3), is more than \$3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 43 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17			
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		X	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19	XXXXXXXXXX	XXX	
20	Add lines 18 and 19	20	XXXXXXXXXX	XXX	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . ▶	21		X XXX	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	XXXXXXXXXX	XXX	
23	Subtract line 22 from line 17. If zero or less, enter -0-	23	XXXXXXXXXX	X	
24	Enter the smaller of the amount on line 17 or \$2,150	24	XXXXXXXXXX	XXX	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25	XXXXXXXXXX	XXX	
26	Subtract line 25 from line 24	26		X XXX	
27	Multiply line 26 by 5% (.05)	27			XXXXXXXXXX XXX
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31; go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28	XXXXXXXXXX		
29	Enter the amount from line 26 (if line 26 is blank, enter -0-).	29			
30	Subtract line 29 from line 28	30			
31	Multiply line 30 by 15% (.15)	31			
32	Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions	32			
33	Add lines 27, 31, and 32	33			
34	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions	34			
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T).	35			

Wells Fargo (Stock)	Donation Date	Shares	Trade Date	Proceeds	Cost Basis	Realized Gain (Loss)
Exelon Corp	12/14/2006	12	1/8/2007	\$703	\$748	(\$45)
Graco Inc	12/22/2006	15	1/8/2007	\$573	\$601	(\$27)
Pentair Inc	12/20/2006	100	1/8/2007	\$2,964	\$3,129	(\$165)
Royal Bank Canada	12/21/2006	400	1/8/2007	\$18,536	\$19,034	(\$498)
IMS Health	2/13/2007	25	2/22/2007	\$728	\$729	(\$1)
St Jude Medical	12/29/2006	3	5/18/2007	\$108	\$110	(\$2)
Wal-Mart Stores Inc	4/25/2007	8	05/18/08	\$358	\$391	(\$33)
Wells Fargo & Co	12/13/2006	23	5/18/2007	\$816	\$814	\$2
Patterson Companies	5/29/2007	28	6/7/2007	\$1,027	\$1,045	(\$19)
Efunds Corp	7/5/2007	57	7/6/2007	\$1,996	\$2,019	(\$23)
International Business	7/11/2007	25	7/12/2007	\$2,704	\$2,723	(\$20)
Van Kempen Focus 333	8/20/2007	1262	9/21/2007	\$15,496	\$14,661	\$835
United Health Group	10/23/2007	21	10/29/2007	\$987	\$1,022	(\$34)
Cisco Systems Inc	11/8/2007	200	11/14/2007	\$5,976	\$6,060	(\$84)
Pentair Inc	11/1/2007	100	11/14/2007	\$3,409	\$3,512	(\$103)
Pentair Inc	11/1/2007	400	11/14/2007	\$13,632	\$14,048	(\$416)
Ishares Tr MSCI	12/3/2007	10	12/6/2007	\$1,570	\$1,538	\$32
Intel Corp	12/10/2007	200	12/18/2007	\$5,184	\$5,513	(\$329)
Kraft Foods Class A	12/13/2007	20	12/28/2007	\$635	\$681	(\$47)
Royal Bank Canada	12/12/2007	300	12/31/2007	\$15,262	\$15,570	(\$308)
				\$92,664	\$93,948	(\$1,285)
RBC Dain Rauscher (Kopp)						
Digimarc Corp		1500	1/22/07	\$13,359	\$23,163	(\$9,804)
Quarterly Fee			1/30/07		\$1,288	(\$1,288)
Quicklogic Corp		3000	2/2/07	\$8,340	\$23,970	(\$15,630)
Rita Medical Systems		5000	2/9/07	\$2,575	\$0	\$2,575
Tut Systems Inc		15000	4/9/07	\$17,250	\$17,216	\$34
Quarterly Fee					\$1,263	(\$1,263)
Angiodynamics Inc		861	5/10/07	\$14,209	\$21,600	(\$7,391)
Depomed Inc		2000	7/10/07	\$4,020	\$15,295	(\$11,275)
Harris Stratex Networks		1250	7/11/07	\$21,722	\$31,796	(\$10,074)
Quarterly Fee			7/26/07		\$1,219	(\$1,219)
Array Biopharma Inc		400	8/21/2007	\$4,493	\$3,866	\$627
Sangamo Biosciences Inc		1000	10/8/07	\$14,460	\$11,263	\$3,197
Quarterly Fee			10/19/07		\$1,295	(\$1,295)
Iris International Inc		500	12/24/07	\$9,985	\$6,510	\$3,474
RTI Biosciences		150	12/24/07	\$1,274	\$1,399	(\$125)
				\$111,687	\$161,142	(\$49,455)
Total Securities				\$204,351	\$255,091	(\$50,740)
Non Security Transactions						
Chaska Land			4/2/2007	\$198,940	\$43,300	\$155,640
Fork Lift			8/1/2007	\$0	\$1,764	(\$1,764)
Guate Family Crafts			various	\$18,577	\$5,902	\$12,676
Total Non-Securities				\$217,517	\$50,966	\$166,551
Grand Total						\$115,811

Common Hope
Calendar Year Ending December 31, 2007
Form 990, Part I, Line 9a,b,c
Special Event Detail

41-1560297

<u>Description</u>	<u>Gross Revenue</u>	<u>Direct Expense</u>	<u>Net Income</u>
Noche de Colores	\$92,940.00	\$33,990.50	\$58,949.50
Donor Luncheons	\$1,344.00	\$847.46	\$496.54
California Event	\$930.00	\$780.64	\$149.36
GAFE	\$1,725.00	\$410.45	\$1,314.55
Annual Meeting Dinner	\$857.00	\$1,184.02	(\$327.02)
Open House	\$0.00	\$398.01	(\$398.01)
Las Mommies Playgroup	\$65.00	\$0.00	\$65.00
Other	\$0.00	\$2,610.60	(\$2,610.60)
Totals	\$97,861.00	\$40,221.68	\$57,639.32

Common Hope
 Calendar Year Ending December 31, 2007
 Form 990, Part 1, Line 20
 Changes in Fund Balances

41-1560297

<u>Description</u>	<u>Amount</u>
Unrealized Gain on Long-Term Investments	\$51,195.37
Foreign Exchange Loss	(\$5,229.00)
Total	<u><u>\$45,966.37</u></u>

Common Hope

990 Part II, Line 23 - Specific Assistance to Individuals

Fund Description	GL Code	Amount
Specific Assistance		
Family Travel	5320	\$21,632.78
Emergency Relief	6200	\$7,552.51
Gifts	6205	\$44,486.28
Christmas Baskets	6210	\$3,290.69
Nutrition Staples	6215	\$6,364.20
Funerals	6220	\$1,563.89
Psychologist	6225	\$114.13
Community	6230	\$6,759.77
Community Groups	6235	\$1,503.05
Alcoholism Program	6240	\$591.63
Legal Assistance	6245	\$2,935.38
Elder Care	6250	\$249.09
Enrollment Fees	6300	\$60,729.50
Monthly Tuition	6303	\$284,073.27
Student Supplies	6305	\$45,232.26
Books	6307	\$53,181.69
Uniforms	6310	\$50,301.44
Rent	6313	\$263.40
Food	6315	\$365.51
Teacher Supplies	6320	\$4,895.39
Testing Materials	6325	\$254.48
Assistance to Schools	6330	\$864.03
Ixcan School	6335	\$14,309.36
Extra Curricular	6360	\$121.31
Gardening Supplies	6367	\$1,386.93
Stove Materials	6370	\$1,848.40
Payment for Teaching	6371	\$185.95
Exam Referrals	6400	\$5,611.00
X-Ray Referrals	6405	\$2,494.50
Nutrition Supplements	6410	\$10,842.25
Glasses & Prostheses	6415	\$7,228.62
Lab Supplies	6420	\$6,670.94
Lab Referrals	6425	\$7,013.04
Dental Supplies	6430	\$1,812.44
Dental Referrals	6435	\$13,506.98
Medicine	6440	\$61,013.61
Optometry	6450	\$1,000.68
Surgery	6460	\$12,875.10
Psychology Materials	6480	\$1,213.23
Psychology	6485	\$261.10
Psych Hospitalization	6490	\$68.13
Housing Tools	6600	\$2,064.82
Lumber	6603	\$9,784.58
Wall Sheeting	6605	\$10,065.54
Roofing	6607	\$16,423.91
Hardware	6610	\$2,508.51
Concrete	6613	\$6,659.45
Blocks	6615	\$8,405.09
Latrines and Sewage	6620	\$653.73
Laundry Sinks	6625	\$879.52
Electrical Service	6630	\$337.79
Water Service	6635	\$1,232.96
Educational Materials	6710	\$9,526.29
Other		\$7.00
Total Specific Assistance		<u>\$815,217.13</u>

Common Hope
 Calendar Year Ending December 31, 2007
 Form 990, Part II, Line 42
 Fixed Asset Rollforward

41-1560297

<u>Account</u>	<u>Description</u>	<u>Balance 12/31/2006</u>	<u>Additions</u>	<u>Disposals</u>	<u>Balance 12/31/2007</u>
1715	A/C Land & Improvements	\$313,055.82	\$67,334.88		\$380,390.70
1755	A/C Buildings	\$529,653.90	\$95,680.12		\$625,334.02
1805	A/C Office Equipment	\$82,600.64	\$22,328.80	\$2,135.71	\$102,793.73
1815	A/C Medical Equipment	\$25,978.78	\$4,835.71		\$30,814.49
1825	A/C Construction Equipment	\$48,049.59	\$2,441.28		\$50,490.87
1835	A/C Vehicles	\$55,452.44	\$18,667.27		\$74,119.71
	Totals	\$1,054,791.17	\$211,288.06	\$2,135.71	\$1,263,943.52

Common Hope
Calendar Year Ending December 31, 2007
Form 990 Part IV Line 51a
Notes Receivable Detail

41-1560297

Cecilio Fuentes	\$2.23
Cecilia Isabel Berduo Contreras	\$58.33
Sandra Ortiz	\$16.38
Tamalyn Jackson Gutierrez	\$147.07
Bob Goss	\$4.56
Fredy Roberto Anderson Recinos	\$0.04
Francisco Ernesto Berganza Rodas	\$65.52
Alma Barrios Guigui	\$13.10
Amalia Garcia	\$26.21
Paola Xiomara Ramos Morales	\$13.10
Aura Marina Hernandez	\$144.15
Brenda L. Realique Chanquin	\$183.46
Carlos Enrique Chavez Obregon	\$235.88
Alejandra del Rosario Tacen Machan	\$65.53
Claudia Lorena Hernandez	\$52.42
Domingo Tzorin Alonzo	\$157.25
Elmer Paz Marin	\$45.87
Mateo Quiacain Ixcaja	\$183.46
Sofia Enid Alvarez Lemus	\$78.63
Feliz Poron Medio	\$104.83
Irma Cristina Sanchez	\$19.66
Jorge Velasquez Pol	\$262.02
Jose Gumercindo Ordoñez	\$117.94
Lesbia Marroquin	\$144.15
Ligia Xiomara Pol Silva	\$111.39
Lys Angelica Barrios	\$144.15
Narciso Rabarique	\$39.31
Nestor Gustavo Miranda	\$78.63
Patricia Ramirez Alvarez	\$127.76
Ingrid Paola de Mata Reyna	\$170.36
Victor Leonel Perez Lopez	\$78.63
Victor Mauricio Luna	\$157.25
Virgilia Tojin	\$52.42
Willy Milton Rosales Lopez	\$235.88
Alan Arnoldo Barrios Reyes	\$26.22
Juana Olinda Garcia de Hernandez	\$147.42
Anibal Efrain Rosales Rodriguez	\$78.63
Carlos Raul Rodriguez	\$29.48
Claudia Maribel Silva Rosales	\$183.47
Sandra Patricia Carrera Reyes	\$99.98
Ericak Isabel Evelyn Us Tojin	\$157.25
Jaime Fernando Rabanales	\$13.10
Maria Armenia Chacon Lopen	\$245.71
Mayra Lisbeth Gonzalez Pichola	\$183.46
Renato Westby	\$541.30
Vivian Lisseth Alvarez Cordon	\$163.81
Wendy Yesennia Cruz Maldonado	\$183.46
Jose Luis Garcia Gomez	\$91.73
Axel Facundo Marroquin Sipac	\$131.04
Leddy Nataly Bobadilla Ibarra	\$85.18
Leonel Estuardo Siu Quiñonez	\$65.53
Pablo Saturnino Tzoy Cozic	\$85.18
	\$5,849.52

Statement 6

Common Hope
Calendar Year Ending December 31, 2007
Form 990, Part IV, Line 56
Other Investments

41-1560297

<u>Description</u>	<u>Beginning Book Value</u>	<u>Ending Book Value</u>
Investment in Land	\$43,300	\$0

Note: Investment was sold in April, 2007

**Common Hope
990 Part V-A
List of Officers, Directors, Trustees, and Key Employees
During 12 months ending 12/31/2007**

41-1560297

A	B	C	D	E
Name and Address	Title and average hours per week devoted to position	Compensation	Contributions to employee benefit plan & deferred compensation (Health, Dental, Disability, IRA)	Expense account and other allowances
Shari Blindt PO Box 14298 St Paul MN 55114	Executive Director 50 hours/week	\$54,999.96	\$5,688.22	\$0.00
Kathleen Lock PO Box 14298 St Paul MN 55114	Director of Finance 50 hours/week	\$46,880.00	\$2,037.62	\$0.00
Tamalyn Gutierrez PO Box 14298 St Paul MN 55114	Guatemala Country Director 50 hours/week	\$41,232.00	\$5,648.53	\$0.00
Jim McDonald PO Box 14298 St Paul MN 55114	Board Chair (until 9/20) Interim Board Treasurer (3/29 - 9/20) 4 hours/week	\$0.00	\$0.00	\$0.00
Tom Joyce PO Box 14298 St Paul MN 55114	Board Member (as of 1/1) Board Chair (9/20 - 12/31) 4 hours/week	\$0.00	\$0.00	\$0.00
Pete Regnier PO Box 14298 St Paul MN 55114	Board Vice Chair 1 hour/week	\$0.00	\$0.00	\$0.00
Sally Westby PO Box 14298 St Paul MN 55114	Board Secretary .5 hours/week	\$0.00	\$0.00	\$0.00
Fran McCloskey PO Box 14298 St Paul MN 55114	Board Treasurer (until 3/29) .5 hours/week	\$0.00	\$0.00	\$0.00
David Heider PO Box 14298 St Paul MN 55114	Board Member (as of 6/14) Board Treasurer (9/20 - 12/31) .5 hours/week	\$0.00	\$0.00	\$0.00
Ed Flaherty PO Box 14298 St Paul MN 55114	Board Member .5 hours/week	\$0.00	\$0.00	\$0.00
James Hatch PO Box 14298 St Paul MN 55114	Board Member .5 hours/week	\$0.00	\$0.00	\$0.00
John Huebsch PO Box 14298 St Paul MN 55114	Board Member .5 hours/week	\$0.00	\$0.00	\$0.00
Joan Uselmann PO Box 14298 St Paul MN 55114	Board Member .5 hours/week	\$0.00	\$0.00	\$0.00
Randi Yoder PO Box 14298 St Paul MN 55114	Board Member .5 hours/week	\$0.00	\$0.00	\$0.00
Totals		\$143,111.96	\$13,374.37	

Common Hope
Calendar Year Ending December 31, 2007
Form 990, Schedule A, Part III, Line 2b
Extension of Credit

41-1560297

Small loans (\$50 - \$1,000) are made to Guatemalan employees to help cover extraordinary expenses. A promissory note is signed and the loans are repaid by payroll deduction.

**Common Hope
Calendar Year Ending December 31, 2007
Form 990, Schedule A, Part III, Line 2c
Furnishing of Goods and Services**

41-0560297

Short term visitors to our Guatemalan sites may include U.S. staff and Board members who are there on business. Housing is generally provided at the site free of charge if space is available.

**Common Hope
Calendar Year Ending December 31, 2007
Form 990, Schedule A, Part III, Line 2d
Expense Reimbursement**

41-1560297

Common Hope staff sometimes use personal money to pay Common Hope expenses. Requests for reimbursement must be documented with receipts and be approved by a supervisor. The ED's reimbursements are approved by a member of the board. Reimbursement checks rarely exceed \$600. In addition see Part V-A

Board members do not receive compensation or reimbursement for expenses.

Common Hope
Calendar Year Ending December 31, 2007
Form 990, Schedule A, Part III, Line 3a
Scholarship assistance

41-1560297

Individuals receiving aid from Common Hope are the poor of Guatemala. Many are extraordinarily poor widows and children who live in houses built of cornstalks with dirt floors. Applications for aid are reviewed and verified by a social worker making a home visit.

Common Hope
Calendar Year Ending December 31, 2007
Schedule D, Part I, Short - Term Capital Gains and Losses

41-1560297

	Date		Sales Price	Cost Basis	Short - Term Gain (Loss)
Shares	Acquired	Date Sold			
Exelon Corp	12	12/14/2006	1/8/2007	\$748.32	(\$45.42)
Graco Inc	15	12/22/2006	1/8/2007	\$600.53	(\$27.40)
Pentair Inc	100	12/20/2006	1/8/2007	\$2,963.96	(\$164.54)
Royal Bank Canada	400	12/21/2006	1/8/2007	\$18,535.52	(\$498.48)
IMS Health	25	2/13/2007	2/22/2007	\$728.27	(\$0.73)
St Jude Medical	3	12/29/2006	5/18/2007	\$108.44	(\$1.74)
Wal-Mart Stores Inc	8	4/25/2007	05/18/08	\$357.96	(\$32.96)
Wells Fargo & Co	23	12/13/2006	5/18/2007	\$816.08	\$2.11
Patterson Companies	28	5/29/2007	6/7/2007	\$1,026.67	(\$18.71)
Efunds Corp	57	7/5/2007	7/6/2007	\$1,996.10	(\$23.13)
International Business	25	7/11/2007	7/12/2007	\$2,703.50	(\$19.63)
Van Kempen Focus 333	1262	8/20/2007	9/21/2007	\$15,496.48	\$835.19
United Health Group	21	10/23/2007	10/29/2007	\$987.19	(\$34.36)
Cisco Systems Inc	200	11/8/2007	11/14/2007	\$5,975.95	(\$84.05)
Pentair Inc	100	11/1/2007	11/14/2007	\$3,408.95	(\$103.05)
Pentair Inc	400	11/1/2007	11/14/2007	\$13,631.83	(\$416.17)
Ishares Tr MSCI	10	12/3/2007	12/6/2007	\$1,570.42	\$32.22
Intel Corp	200	12/10/2007	12/18/2007	\$5,183.97	(\$329.03)
Kraft Foods Class A	20	12/13/2007	12/28/2007	\$634.63	(\$46.57)
Royal Bank Canada	300	12/12/2007	12/31/2007	\$15,261.84	(\$308.16)
Array Biopharma Inc	400	10/26/2006	8/21/2007	\$4,492.89	\$626.73
RTI Biosciences	150	5/10/2007	12/24/07	\$1,274.22	(\$124.77)
				\$98,430.90	(\$782.65)

Statement 13

Common Hope
 Calendar Year Ending December 31, 2007
 Form 990, Schedule D, Part I, Long - Term Capital Gains and Losses

41-1560297

	Shares	Acquired Date	Date Sold	Sales Price	Cost Basis	Long - Term Gain (Loss)
Digimarc Corp	1500	10/3/2000	1/22/07	\$13,358.94	\$23,801.27	(\$10,442.33)
Quicklogic Corp	3000	10/2/2000	2/2/07	\$8,339.74	\$24,368.34	(\$16,028.60)
Rita Medical Systems	5000	1/27/2006	2/9/07	\$2,575.00	\$123.13	\$2,451.87
Tut Systems Inc	15000	10/31/2002	4/9/07	\$17,250.00	\$18,040.83	(\$790.83)
Angiodynamics Inc	861	1/27/2006	5/10/07	\$14,209.48	\$22,279.44	(\$8,069.96)
Depomed Inc	2000	1/26/2004	7/10/07	\$4,020.14	\$15,487.03	(\$11,466.89)
Harris Stratex Networks	1250	9/28/2000	7/11/07	\$21,721.67	\$32,834.60	(\$11,112.93)
Sangamo Biosciences Inc	1000	10/2/2000	10/8/07	\$14,459.78	\$11,954.46	\$2,505.32
Iris International Inc	500	6/21/2006	12/24/07	\$9,984.90	\$6,987.87	\$2,997.03
Total				\$105,919.65	\$155,876.97	(\$49,957.32)

Statement 14