Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

ΑΙ	For the	2003 calenda	r year, or	tax year beginning	4/1/2003	, and e	ending		3/31/2	2004
<u>B</u>	Check if	f applicable	Please	C Name of organization				D Emp	loyer i	dentification number
_]	Address	s change	use IRS	Invest in Kids				84-145	5282	
\Box	Name c	hange	label or print or	Number and street (or P O box r	mail is not delivered to street add	iress) F	Room/suite			number
Ħ,	Initial re	turn	type.	600 Grant Street			306	(303) 8	230.1	ROR
▔			See Specific		Ctata as as		P + 4			
=	Final ret		Instruc-	City or town	State or co	ountry Zii	7 + 4	F Acco	_	نت ب
′إــــــا	Amende	ed return	tions.	Denver	CO	80	203	<u> </u>	Other (s	specify)
	Applicat	tion pending		n 501(c)(3) organizations and 49			H and 1 are	not appli	cable to	section 527 organizations
				must attach a completed Sched	ıle A (Form 990 or 990-EZ).		H(a) Is the			— —
<u>G</u>	Website	e: NW	/w iik.org				H(b) If"Y	'es," enter	numbe	er of affiliates NA
						_	H(c) Are	all affiliate	es inclu	ded? Yes No
J	Organiza	ation type (checl	k only one)	► X 501(c) (3) ◀	(insert no)4947(a)(1) o	r527	(If "!	No," attac	h a list	See instructions)
K	Check he	ere 🕨	If the organ	ization's gross receipts are norma	ly not more than \$25,000 Th	e	H(d) Is th	iis a sepai	rate retu	urn filed by an organization
	-			h the IRS, but if the organization r		ın the	cove	ered by a	group n	uling? Yes X No
,	mail, it sh	nould file a return	without fina	ancial data. Some states require	a complete return.		I Gro	up Exemp	tion Nu	mber NA
							M Che			e organization is not required
L	Gross re	eceipts Add lir	nes 6b 8b	, 9b, and 10b to line 12		990,637				m 990, 990-EZ, or 990-PF)
Par				s, and Changes in Net As	sets or Fund Balanc			ne instri	ıction	(2
. u.	1			grants, and similar amount		oo (oco pa	90 10 01 11	10 1110111	100.0	<u> </u>
	1	Direct public			1	1a	8.	79,229		
2004	1	Indirect pub				1b		70,220		
<u> </u>	1	•		itions (grants)	•	1c	1(01,935	"	
හ				hrough 1c) (cash \$	•))	1d	981,164
ə	2			enue including governmen				-' F	2	6,907
	3	_		nd assessments				r	3	0
SEP	4	•		nd temporary cash investi				[4	2,566
•	5		-	st from securities .				[5	0
_	6 a	Gross rents				6a		Ī		
7	b	Less. rental	expense	s		6b				
<u></u>	С	Net rental in	ncome or	(loss) (subtract line 6b fro	m line 6a)				6c	0
	, 7	Other invest	tment inc	ome (describe					7	0
	8 a	Gross amou	unt from s	sales of assets other	(A) Securities		(B) Other	. [lin	
ڏ و	;	than invento	ory.		. 0	8a		0		
	b			s and sales expenses .	0	8b		0	1	
		•		schedule)	0			0		
	d	_		ombine line 8c, columns (A				<u></u>	8d	0
	9			vities (attach schedule). If an		, check here				
	a		•	ncluding \$	<u>879,229</u> of	_ 1		اء	,	
	1.		•	d on line 1a)		9a		0		
			•	s other than fundraising e	•	9b		0		8
				from special events (subt				· · · •	9с	0
				tory, less returns and allov	vances	10a 10b			}	
		Less: cost o	-	om sales of inventory (attach	· · · · · · · · · · · · · · · · · · ·		100)		10c	0
	11			D 11/11 1: 400)		ob nom me	iva)	ŀ	11	0
	12		•	lines 1d, 2, 3, 4, 5, 6c, 7, 8	ld 9c 1ftc and 4th o			· · ·	12	990,637
	13			om line 44, column (B)) .			<u> </u>	• •	13	682,713
es		•	•	neral (from line 44, colum	1 . 1		100	`. }	14	95,986
Expenses	15			e 44, column (D))		2 3 2004	Q	!	15	51,393
Ř	16			s (attach schedule)		. ==	8		16	01,000
ш	17	-		d lines 16 and 44, column	11 3	eser De la Rest	\R_	`	17	830,092
	40			r the year (subtract line 17		EN, U		.	18	160,545
Accele	19			alances at beginning of ye		ın (A))			19	630,526
4	20			t assets or fund balances					20	0
=	21			alances at end of year (co				Г	21	791,071

124 | Z

Form 990 (2003) Invest in Kids 84-1455282 Part II Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations Functional Expenses and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising and general 6b, 8b, 9b, 10b, or 16 of Part I. services 22 ellefffer i 1924 – i Allifate i 1924 – i Allifate i 1924 – i (cash 0 noncash \$ 22 O 23 Specific assistance to individuals (attach schedule) . 23 ol 0 24 24 Benefits paid to or for members (attach schedule) . . 25 126,829 75,064 32,741 19.024 Compensation of officers, directors, etc. 25 26 Other salaries and wages 26 287.030 253,754 25,100 8,176 27 Pension plan contributions 27 n 28 Other employee benefits 28 17,636 14,109 2.469 1,058 30,222 29 24,264 3,842 Payroll taxes 29 2,116 Professional fundraising fees 30 30 11,250 11,250 31 31 14,285 14,285 Accounting fees . 32 32 Legal fees . . . 358 358 36,640 1,239 33 Supplies 33 40,418 2,539 8,748 34 Telephone 34 10,911 1,439 724 35 1,991 132 Postage and shipping 35 1,596 263 2,330 36 Occupancy 36 35,133 28,168 4,635 37 Equipment rental and maintenance . . . 37 338 271 45 22 5,943 38 Printing and publications 38 8,303 978 1,382 39 Travel 40.801 40.801 39 40 Conferences, conventions, and meetings . 40 1,465 2,030 41 41 O 42 8,926 738 42 Depreciation, depletion, etc. (attach schedule) 11,133 1,469 Other expenses not covered above (itemize) a Consultants 43 43a 20,728 18,000 2,728 b Program evaluation services 138,968 43b 138,968 43c 1,630 1,630 c Insurance d Education and advocacy 43d 9,138 9,138 e Incredible Years - teacher/parent training and incentives 43e 17,758 17,758 f Event planning and preparations 3,202 43f 3,202 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 . 95,986 830,092 682,713 51,393 ► X lif you are following SOP 98-2 Joint Costs. Check ► Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$ Statement of Program Service Accomplishments (See page 25 of the instructions.) Part III Program Service What is the organization's primary exempt purpose?

Help implement prevention programs for young children. Expenses Required for 501(c)(3) and All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (4) orgs, and 4947(a)(1) of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) trusts, but optional for others) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others) a Nurse-Family Partnership currently serves over 2000 first time families in 49 of Colorado's 64 counties This program has been shown over the last 25 years to dramatically reduce child abuse and neglect, juvenile crime, smoking and drug and alcohol abuse. 379,979 (Grants and allocations \$ b The Incredible Years Program was implemented in 9 Colorado counties during the calendar year 2003. This program has been researched over the last 20 years, and has proven to have outstanding impacts for children ages 3-8, their parents and their teachers. The program is proven to be effective in increasing young 302,734 childrens' school readiness & positive parenting skills (Grants and allocations \$ (Grants and allocations \$ (Grants and allocations \$ e Other program services (attach schedule) (Grants and allocations \$

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

682,713

Part IV	Balance Sheets (See page 25 of the instructions.)	
Note:	Where required, attached schedules and amounts within the description	LA.

	Note:	Where required, attached schedules and amount	ts within	the description	(A)		(B)
		column should be for end-of-year amounts only.			Beginning of year		End of year
	45	Cash—non-interest-bearing			20,798	45	115,666
	46	Savings and temporary cash investments			525,888		535,954
	47 a	Accounts receivable	47a	68,202			
	b	Less: allowance for doubtful accounts	47b	0	0	47c	68,202
		Pledges receivable	48a	13,717			
		Less: allowance for doubtful accounts	48b	0	15,688		13,717
	49	Grants receivable		· · · · ·	79,481	49	70,000
	50	Receivables from officers, directors, trustees, and					•
	·	(attach schedule)	•		0	50	0
şţ	51 a	Other notes and loans receivable (attach	احما				
Assets	L	•	51a	<u> </u>	0	E4.0	0
٩	52	Less: allowance for doubtful accounts Inventories for sale or use	$\overline{}$	<u> </u>		51c	0
	52 53	Prepaid expenses and deferred charges			21,138	_	17,669
	54	Investments—securities (attach schedule)				54	17,000
		Investments—land, buildings, and					
	•••	equipment: basis	55a	o			
	b	Less: accumulated depreciation (attach	1	<u>-</u>			
		schedule)	55b	ol	0	55c	0
	56	Investments—other (attach schedule)			0		0
	57 a	Land, buildings, and equipment: basis	57a	41,873			
		Less accumulated depreciation (attach					
		schedule)	57b	29,181	19,215	57c	12,692
	58	Other assets (describe ► Deposits)	3,090	58	3,090
					i		
	59	Total assets (add lines 45 through 58) (must equ			685,298		836,990
	60	Accounts payable and accrued expenses			45,257		39,598
	61	Grants payable				61	
Х	62	Deferred revenue				62	
ij	63	Loans from officers, directors, trustees, and key e			0	62	0
Liabilities	64 0	schedule)			0	63 64a	0
_		Mortgages and other notes payable (attach schedule)				64b	
		Other helitice (describe - Noferred rent	-		9,515		6,321
	00	Other habilities (describe		′	0,010		0,021
	66	Total liabilities (add lines 60 through 65)			54,772	66	45,919
		anizations that follow SFAS 117, check here		and complete lines			
	Orga	67 through 69 and lines 73 and 74.		and complete inics			
S	67	Unrestricted			439,420	67	487,255
Ee	68	Temporarily restricted			191,106		303,816
Ġ	69	Permanently restricted				69	· ·
Net Assets or Fund Balances		inizations that do not follow SFAS 117, check h		▶∏and			
귤	_	complete lines 70 through 74		_			
þ	70	Capital stock, trust principal, or current funds		[70	
š	71	Paid-in or capital surplus, or land, building, and e	quipme	nt fund [71	
Ass	72	Retained earnings, endowment, accumulated inc		F		72	
Ŗ	73	Total net assets or fund balances (add lines 67	7 throug	h 69 or			
~		lines 70 through 72;					
		column (A) must equal line 19; column (B) must	-	-	630,526		791,071
	74	Total liabilities and net assets / fund balances (add	lines 66	and 73)	685,298	74	836,990

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.

Dord IV	90 (2003)		Invest in Kids			84-1455282		Page 4
Part IV	-A Reconciliation of Reven	ue per Audit	ed	Part I\	/-B Reconcili	ation of Expenses per	Aud	ited
	Financial Statements w	ith Revenue _!	oer		Financial	Statements with Expe	nses	per
	Return (See page 27 of t	he instruction	s)		Return			
а	Total revenue, gains, and other sup	port		а	Total expenses	and losses per	ļ	
	per audited financial statements	▶ <u>a</u>	1,020,137		audited financial		а	859,592
b	Amounts included on line a but	not		b	Amounts include	ed on line a but not		
	on line 12, Form 990 ⁻				on line 17, Form		l	
	Net unrealized gains	1		(1)	Donated service			
	on investments . \$				and use of facilit		4	
٠,,	Donated services and			(2)	Prior year adjust			,
	use of facilities	29,500		1	reported on line			
	Recoveries of prior	1				· · · <u>\$</u>	┨	,
	year grants \$			(3)	Losses reported			, 'ouy'
(4)	Other (specify).	1			line 20, Form 99	0 <u>\$</u>	┨	
	<u> </u>			(4)	Other (specify)		/	
	<u>\$</u>		 			\$	-	
	Add amounts on lines (1) through (4	¹) ▶ b	29,500	ļ		\$		00.50
			000 007		Add amounts on li		<u>b</u>	29,500
	Line a minus line b	. ▶ <u>C</u>	990,637	1 .	Line a minus line	· ·	<u></u>	830,092
	Amounts included on line 12,	1		d	Amounts include			
	Form 990 but not on line a:		,		Form 990 but no			1, 1
	Investment expenses	1 1		(1)	Investment expe			,
	not included on line				not included on	···· -	1	
	6b, Form 990 \$				6b, Form 990 .	<u>\$</u>	┨	1.1
(2)	Other (specify).]		(2)	Other (specify)		1	
	\$					· <u>\$</u>	┨	10
	Add amounts on lines (1) and (2) . ▶ d	- 0		Add amounts on	1 lines (1) and (2) ►	d	
	Add amounts on lines (1) and (2) Total revenue per line 12, Form			e		per line 17, Form 990	H	<u>'</u>
	(line c plus line d)		990,637	-	· · · · · · · · · · · · · · · · · · ·	d)	e	830,092
Part V	List of Officers, Director							
raitv	of the instructions)	is, ilustees,	and Ney Emplo	yees (LIST CACH ONE CVC	ii ii iiot compensatea, si	cc pe	190 Z1
	/	(,,) Title and average hour	e per	(C) Compensation	(D) Contributions to	Γ	(E) Expense
					(If not paid, enter -0-)	employee benefit plans & deferred compensation		account and other allowances
	(A) Name and address]"	week devoted to position	"'			1	
Name			Title Executive D		und v			
	Jennifer Atler Str 600 Gran	nt Street			58,247	2,119		(
City	Jennifer Atler Str 600 Gran	nt Street 80203 н	Title Executive D	ir/Bo		2,119		(
City Name	Jennifer Atler Str 600 Gran Denver ST CO ZIP Lisa Merlino Str 600 Gran	nt Street 80203 H	Title Executive D	ir/Bo		2,119		(
City Name	Jennifer AtlerStr 600 GranDenverST CO zIPLisa MerlinoStr 600 GranDenverST CO zIP	nt Street 80203 H	Title Executive D WK 32 Title Deputy Dire	ir/Bo	58,247			
City Name City	Jennifer Atler Str 600 Gran Denver ST CO zlp Lisa Merlino Str 600 Gran Denver ST CO zlp	nt Street 80203 н nt Street 80203 н	Title Executive D NWK 32 Title Deputy Dire NWK 36	ir/Bo	58,247			
City Name City Name	Jennifer Atler Str 600 Gran Denver ST CO zIP Lisa Merlino Str 600 Gran Denver ST CO zIP Str Str ST ZIP	nt Street 80203 н nt Street 80203 н	Title Executive D WK 32 Title Deputy Dire WK 36 Title	ir/Bo	58,247			
City Name City Name City	Jennifer Atler Str 600 Gran Denver ST CO zIP Lisa Merlino Str 600 Gran Denver ST CO zIP Str ST ZIP	t Street 80203 H t Street 80203 H	Title Executive D //WK 32 Title Deputy Dire //WK 36 Title //WK	ir/Bo	58,247			(
City Name City Name City Name City Name	Jennifer Atler Str 600 Gran Denver ST CO zIP Lisa Merlino Str 600 Gran Denver ST CO zIP Str ST zIP Str Str	t Street 80203 H t Street 80203 H	Title Executive D Title Deputy Dire Title Title Title Title Title	ir/Bo	58,247			(
City Name City Name City Name City Name	Jennifer Atler Str 600 Gran Denver ST CO zIP Lisa Merlino Str 600 Gran Denver ST CO zIP Str ST zIP Str ST zIP ST zIP ST zIP See Statement 2 str Str	nt Street 80203 H nt Street 80203 H	Title Executive D Title Deputy Dire Title Deputy Dire Title Title Title	ir/Bo	58,247			
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City Name City Name City Name City Name City Name City Name City City Name	Jennifer Atler	ht Street 80203 H Street 80203 H	Title Executive D //WK 32 Title Deputy Dire //WK 36 Title //WK Title //WK Title //WK Title //WK	ir/Bo	58,247 68,582	2,794		
City Name	Jennifer Atler Str 600 Gran Denver ST CO zIP Lisa Merlino Str 600 Gran Denver ST CO zIP Str ST Str ST Str ST ST ZIP Str ST ZIP Str ST ZIP Str ST ZIP ST	ht Street 80203 H Street 80203 H	Title Executive D Title Deputy Dire Title	ir/Bo	58,247 68,582	2,794		
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City Name	Jennifer Atler Str 600 Gran Denver ST CO zIP Lisa Merlino Str 600 Gran Denver ST CO zIP Str ST ZIP Str ST ZIP See Statement 2 Str ST ZIP ZIP	ht Street 80203 H 80203 H H 80203 H H H H H	Title Executive D Title Deputy Dire Title Deputy Dire Title	ir/Bo	58,247 68,582	2,794		
City Name	Jennifer Atler Str 600 Gran Denver ST CO zIP Lisa Merlino Str 600 Gran Denver ST CO zIP Str ST ZIP Str ST ZIP See Statement 2 Str ST ZIP Str	ht Street 80203 H 80203 H H H H H	Title Executive D Title Deputy Dire Title Deputy Dire Title	ir/Bo	58,247 68,582	2,794		
City Name	Jennifer Atler	ht Street 80203 H 80203 H H H H H	Title Executive D Title Deputy Dire Title Deputy Dire Title Title	ir/Bo	58,247 68,582	2,794		
City Name	Jennifer Atler	ht Street 80203	Title Executive D //WK 32 Title Deputy Dire //WK 36 Title //WK	ir/Bo	58,247 68,582	2,794		(

If "Yes," attach schedule—see page 28 of the instructions

		90 (2003) Hivest III Nids 64-1453262			Page 3
Part	: V	Other Information (See page 28 of the instructions.)		Yes	No
76		Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77		Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
		If "Yes," attach a conformed copy of the changes			<u> </u>
		Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
		If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	<u> </u>
79		Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80		Is the organization related (other than by association with a statewide or nationwide organization) through common	80a	×	
		membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? If "Yes," enter the name of the organization ▶ Invest in Kids Action	ova	^	
	D		,	,	
04		and check whether it is X exempt or nonexempt.			
		Enter direct and indirect political expenditures See line 81 instructions	81b		X
		Did the organization file Form 1120-POL for this year?	010		-^-
02		or at substantially less than fair rental value?	82a	х	
		If "Yes," you may indicate the value of these items here. Do not include this amount	024		
		as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . 82b 29,500		<i>h</i> ′	
83		Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
		Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
		Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
	b	If "Yes," did the organization include with every solicitation an express statement that such contributions			
		or gifts were not tax deductible?	84b		N/A
85		501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		N/A
		Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		N/A
		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.			
		Dues, assessments, and similar amounts from members			
		Section 162(e) lobbying and political expenditures	,		
		Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . 85e N/A Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
		Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	N/A	
	_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to	uug	IVA	
		its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
		following tax year?	85h	N/A	
86		501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 . 86a N/A		·	
		Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87		501(c)(12) orgs Enter. a Gross income from members or shareholders 87a N/A			
		Gross income from other sources. (Do not net amounts due or paid to other		,	
		sources against amounts due or received from them.)			
88		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			V
00		301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89		501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
		section 4911 ▶0 ; section 4912 ▶0 ; section 4955 ▶0 501(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	89b		Х
		Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			<u> </u>
		sections 4912, 4955, and 4958			0
		Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
		List the states with which a copy of this return is filed None			
	D	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	0.455		6
91		The books are in care of ► Name Invest in Kids - Jennifer Atler, Exec Director Telephone no ► (303) 83	9-1808	<u> </u>	 -
		Located at ► 600 Grant Street, Suite 306 City Denver ST CO Zip + 4 ► 80203			· , :
92		Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041— Check here			▶∐
		and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

Part VI	Analysis of Income-Producing Act	ivities (See page	33 of th	ne instruc	ctions.)		
Note: E	Enter gross amounts unless otherwise	Unrelated busi	ness inc	ome	Excluded by sec	tion 512, 513, or 514	(E)
indicate	ed.	(A)		(B)	(C)	(D)	Related or exempt
93	Program service revenue	Business code	An	nount	Exclusion code	e Amount	function income
а	Incredible Years training						6,907
b			l				
C .							
d į							
e							
f	Medicare/Medicaid payments .						
g	Fees and contracts from government agencies						
94	Membership dues and assessments						
	Interest on savings and temporary cash investments				14	2,56	6
	Dividends and interest from securities		.				
	Net rental income or (loss) from real estate		ļ		<i>"</i>	<u>'</u>	
	debt-financed property	·	ļ		ļ		
	not debt-financed property		ļ				
	Net rental income or (loss) from personal property						
	Other investment income	····-				-	
	Gain or (loss) from sales of assets other than inventory		ļ				
	Net income or (loss) from special events		,				
	Gross profit or (loss) from sales of inventory		-				
	Other revenue a		-				
b.			 -				+
Ç.			-		<u> </u>		
			1				
e . 104	Subtotal (add columns (B), (D), and (E))		-	0	,	2,56	6 6,907
	Total (add line 104, columns (B), (D), and (E))		ــــــــــــــــــــــــــــــــــــــ		l=	2,30	9,473
	Line 105 plus line 1d, Part I, should equal th	e amount on line	12 Pari				
Part Vi					200 /200 200	24 of the instruct	ione \
	•						
Line N ▼	 Explain how each activity for which income of the organization's exempt purposes (of the organization). 					antly to the accomp	nishment
93 (a)	Provided training sessions for teachers,					chment program	
33 (a)	1 Tovided training sessions for teachers,	parents, children	iii tiie ii	ici edibie	rears Gilla elli	criment program.	
Part IX	Information Regarding Taxable Su	heidiaries and Di	eronar	ded Enti	ties (See nage)	34 of the instructi	ons)
I dit ix		(B)					(E)
	Name, address, and EIN of corporation,	Percentage	of		(0)	(D) Total income	End-of-year
	partnership, or disregarded entity	ownership inte		Natur	e of activities		assets
N/A			%				0 (
			%				0 (
			%				0 (
Pinnin.			%				0 (
Part X	Information Regarding Transfers A	Associated with F	ersona	al Beneti	t Contracts (Se	e page 34 of the	instructions.)
(a) Did	d the organization, during the year, receive any fu	ands, directly or indir	ectly, to	pay prem	iums on a persona	I benefit contract?	Yes X No
(b) Di	d the organization, during the year, pay pre	miums, directly or		1	I I CI		
	f "Yes" to (b), file Form 8870 and Form 4	•					
	Under penalties of perjury, I declare that I have exa	•					
	and belief, it is true, correct, and complete. Declara						
Please	I A AN ALLIA	HO-					
Sign	Signature of officer						
Here							
	Jennifer Atler Type or print name and title						
		l , / Da					
Paid	Preparer's signature						
Prepare	Firm's name (or yours A Cott-oll & Acces	too Dh					
Use On	V If self-employed)						
	address, and ZIP + 4 7775 Glen Ridge	יט , Castle Rock, י					

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

(d) Contributions to

(e) Expense

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information—(See separate instructions.) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number Invest in Kids 84-1455282 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I

(b) Title and average hours

(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	•		average hours oted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Courtney Thomas						
Str 600 Grant Street, Suite 306						
City Denver ST CO		Title Nurse	Consultant			
Zip 80203 Country		Avg hr/wk	36	68,875	0	0
Name Kristy Johnson						
Str 600 Grant Street, Suite 306]				
City Denver ST CO		Title Progra	am Specialis			
Zip 80203 Country		Avg hr/wk	27	53,710	3,179	_0
Name					;	
Str]				
City		Title		!		
Zip Country		Avg hr/wk				
Name						
Str		1				
Cıty		Title				
Zip Country		Avg hr/wk				
Name						
Str		1				
City		Title				
Zip Country		Avg hr/wk				
Total number of other employees paid over			į	" " " " " " " " " " " " " " " " " " "	Many the fill of the second of	', , , , , , , , , , , , , , , , , , ,
\$50,000	<u> </u>	None				
Part II Compensation of the Five	_		-			
(See page 2 of the instructions	List	each one (w	hether individu	ials or firms) If there	are none, enter "None) ")
(a) Name and address of each independent of	ontra	ctor paid more	than \$50,000	(b) Typ	e of service	(c) Compensation
Name University of Denver		Check here	e if a business			
Str 2199 S. University Blvd						
City Denver				7		
ST CO ZIP 80208	Count	ry		Program evaluatio	n services	60,000
Name The Colorado Fdn for Families and C	hildre	Check here	e if a business			
Str 303 E. 17th Ave. #400						
City Denver						
ST CO ZIP 80203	ount	гу		Program evaluatio	n services	87,016
Name		Check here	e if a business	_		
Str						
City						
ST ZIP (Count	ry				
Name		Check here	e if a business			
Str						
City						
ST ZIP (Count	ry		_		
Name		Check here	e if a business	4		
Str						
City						
	Count	ŗy				
Total number of others receiving over				The state of the s	in lander over 2 pm selector between all the province to the land and the	
\$50,000 for professional services	<u> </u>	None		or the same and th	t der i si	

Par	t III	Statements About Activities (See page 2 of the instructions)		Yes	No
1		ing the year, has the organization attempted to influence national, state, or local legislation, including any impt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
	or ii	ncurred in connection with the lobbying activities \$ \frac{7,723}{\text{(Must equal amounts on line 38, t VI-A, or line i of Part VI-B.)}}	1	_ X	
	org	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities		,	
2	sub with owr	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority her, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the isactions.)		",	
а		e, exchange, or leasing of property?	2a	-	Χ
b		ding of money or other extension of credit?	2b		X
c d		nishing of goods, services, or facilities?	2c 2d	Χ	
e	Tra	nsfer of any part of its income or assets?	_2e		Х
3 a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
b		determine that recipients qualify to receive payments)	3a 3b	Х	<u>X</u>
4	Dıd	you maintain any separate account for participating donors where donors have the right to provide advice he use or distribution of funds?	4		Х
Par	IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The o	organ	ization 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 name, city, and state City ST Country	ital's		
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sect 170(b)(1)(A)(IV). (Also complete the Support Schedule in Part IV-A)	ion		
11 a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the gener public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	al		
11 b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more that of its support from gross investment income and unrelated business taxable income (less section 511 tax) from business taxable income (less section 512 taxable t	ı <mark>n 33</mark> ısınes	1/3% ses	
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of 509(a)(2). (See section 509(a)(3).)	f sect	ion	
		Provide the following information about the supported organizations. (See page 5 of the instructions.) (b) Line nu	ımher		i
		(a) Name(s) of supported organization(s) (b) Line its from ab			

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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) 2002 (b) 2001 (c) 2000 (d) 1999 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 1.097.714 100.542 106,702 34,586 1,339,544 16 Membership fees received 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 0 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 2.093 2.497 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 0 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 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 3,464 3,424 1,345,505 Total of lines 15 through 22 1,099,807 104,370 106,702 34.626 1.099,807 Line 23 minus line 17 . . 104,370 106,702 1,345,505 34,626 1,044 25 Enter 1% of line 23 1,067 346 10,998 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . 26a 26,910 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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b 393,993 26c Total support for section 509(a)(1) test: Enter line 24, column (e) 1,345,505 Add: Amounts from column (e) for lines 18 2,497 19 22 3,464 26b 26d 399,954 26e 945,551 Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . 26f 70 27% 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. (2002)(2001)(2000) (1999) 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 11, 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: (2002)(2001)(2000) (1999) Add: Amounts from column (e) for lines Add: Line 27a total . 27d 0 0 27e Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . ▶ 27f 27g g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 0.00% h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . 0 00% 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through

2002, 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.

Par	(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its		Yes	No
	charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
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?	30		
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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)	11.194	<i>(</i> ,	
		,		
32 a	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		h
	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	ļ		
	if you answered 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:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
•	Employment of faculty or administrative staff?	33c		
L	Employment of faculty or administrative staff?	330		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
•				
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		,	
			,	
0.5				
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	11/1	* ,	
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 pendiscrimination? If "No." attach an explanation	35		

Part	VI-A Lobbying Expenditures by Electing P (To be completed ONLY by an eligible orga	•	. •	ne instructi	ons)	
Check	▶ a	Check ► b	If you chec	ked "a" and "	limited control" p	rovisions apply
	Limits on Lobbying I	·			(a) Affiliated group totals	(b) To be completed for ALL electing
36	Total lobbying expenditures to influence public opinio			. 36		organizations 0
37	Total lobbying expenditures to influence a legislative	,-	- /	37	 	7,723
38		· · · · · ·		. 38	0	7,723
39	Other exempt purpose expenditures			39	1 -	822,369
40	Total exempt purpose expenditures (add lines 38 and			40	0	830,092
41	Lobbying nontaxable amount. Enter the amount from				111	000,002
71		bying nontaxable a			,	
		ne amount on line 40	mount io)	ing " " " " " " " " " " " " " " " " " " "	, ,
	•	plus 15% of the excess	s over \$500 000			
		plus 10% of the excess		41	0	149,514
		plus 5% of the excess			Ť	110,011
	Over \$17,000,000 \$1,000,0	•	040, 41,000,000		, ,	
42	Grassroots nontaxable amount (enter 25% of line 41)			. 42	0	37,379
43	Subtract line 42 from line 36. Enter -0- if line 42 is mo			43	Ö	0,0,0
44	Subtract line 41 from line 38 Enter -0- if line 41 is mo			44	0	0
•	Cubitati into 41 nom into co Entar o 11 into 11 to into		• • •			
	Caution: If there is an amount on either line 43 or line	e 44, you must file Fo	om 4720.	1 ***	<i>'</i>	
		ing Period Under Se		· · · · · · · · · · · · · · · · · · ·		
	(Some organizations that made a section 50	•	• • •	f the five colu	mns below	
	See the instructions for line					
		Lobbying	Expenditures	During 4-Y	ear Averaging	Period
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) ▶	2003	2002	2001	2000	Total
45	Lobbying nontaxable amount	. 149,514	156,508	116,982	90,806	513,810
40	Labbuing spiling amount (4500/ of line 45/a))	, ,	′	M	* '	770 715
46	Lobbying ceiling amount (150% of line 45(e))				<u> </u>	770,715
47	Total lobbying expenditures	7,723	10,127	3,200	7,395	28,445
		1,7.2		•		
48	Grassroots nontaxable amount	37,379	39,127	29,246		128,454
			" ""	er en haa vaer	turi va	400.004
49	Grassroots ceiling amount (150% of line 48(e))	•			 	192,681
50	Grassroots lobbying expenditures	.	1,440	(122	1,562
	VI-B Lobbying Activity by Nonelecting Pu		7, 1.0	· · · ·	·	.,,,,,,,
	(For reporting only by organizations that did		I-A) (See page	12 of the ins	tructions)	N/A
		•				
	the year, did the organization attempt to influence na			ding any	Yes No	Amount
	ot to influence public opinion on a legislative matter or					
а	Volunteers					
b	Paid staff or management (Include compensation in		i lines c through	ı n.)		
C	Media advertisements					
d	Mailings to members, legislators, or the public					
e	Publications, or published or broadcast statements					<u> </u>
f	Grants to other organizations for lobbying purposes				· 	
g	Direct contact with legislators, their staffs, governmen					
h	Rallies, demonstrations, seminars, conventions, spec		-			
i	Total lobbying expenditures (Add lines c through h.)					0
	If "Yes" to any of the above, also attach a statement	giving a detailed desc	cription of the lo	ppying activ	ities.	

Sched		OITH 990 OF 990-EZ)	2003	invest in Kids	84-1455282		Page b
Part	VII	•	-	fers To and Transaction page 12 of the instructions	ns and Relationships With Noncharitable		
51					the following with any other organization described section 527, relating to political organizations?	n sectio	n
а				n to a noncharitable exempt		Yes	No
	(i)	Cash					Х
		Other assets					Х
ь	` '	r transactions:					<u> </u>
_			e of assets with	a noncharitable exempt org	panization b(i)		x
		=		• •	b(ii)	+	X
	(iii)						X
	٠,					 	
			_		b(iv)		X
		Loans or loan gua					X
				ership or fundraising solicita		+	X
С		-	-	lists, other assets, or paid e			Х
d	of the	goods, other asse transaction or sha	ts, or services g	riven by the reporting organi nt, show in column (d) the v	hedule. Column (b) should always show the fair ma zation. If the organization received less than fair ma alue of the goods, other assets, or services received	rket valu	
(i Line	a)	(b) Amount involved	Name of non	(c) charitable exempt organization	(d) Description of transfers, transactions, and sharing arran-	nomonte	
VA	- 110	Amount involved	Name of nor	chantable exempt organization	Description of transfers, transactions, and snaming arrang	jements	
			-				
							•
	-		, . <u> </u>				
	descr	ribed in section 501 s," complete the fo	(c) of the Code	(other than section 501(c)(3 e.		; <u> </u>	No
		(a) Name of organization	1	(b) Type of organization	(c) Description of relationship		
nvest	in Kid	ls Action		501(c) 4	The 501(c)4 is currently mactive.		•
							-
		·					

INVEST IN KIDS 84-1455282 Year ended March 31, 2004

Form 990, Part II, Line 42 and Form 990, Part IV, Lines 57a-c Property and equipment, accumulated depreciation, and depreciation expense.

610 - \$ - 610 \$ tion D	- - - Disposals	\$ \$	3,290
- \$ - 610 \$ tion D	- - - hsposals	\$ 	15,658 3,290 41,873 Balance
- 610 \$ tion D	- - Disposals	Ė	3,290 41,873 Balance
ti on D	- Disposals	Ė	41,873 Balance
е	osals		
219		\$	16,228 10,438
558	_		2,515
133 \$	<u> </u>	\$	29,181

INVEST IN KIDS 84-1455282 Year Ended March 31, 2004

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Form 990, Part V

The following Board Members serve without compensation:

Name and address Robert F. Hill 600 Grant Street Suite 360 Denver, CO 80203	Title Co-chair	Time As required
John Walsh 600 Grant Street Suite 360 Denver, CO 80203	Co-chair	As required
Adele Phelan 600 Grant Street Suite 360 Denver, CO 80203	Board Member	As required
Gregory Kanan 600 Grant Street Suite 360 Denver, CO 80203	Board Member	As required
Cathy Lemon 600 Grant Street Suite 360 Denver, CO 80203	Board Member	As required
Eric Hilty 600 Grant Street Suite 360 Denver, CO 80203	Board Member	As required
James Scarboro 600 Grant Street Suite 360 Denver, CO 80203	Board Member	As required