## 990-EZ

Internal Revenue Service

## **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No. 1545-0047

Open to Public Inspection

▶ Do not enter social security numbers on this form, as it may be made public. Department of the Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

,2019 A For the 2019 calendar year, or tax year beginning Jun 29 2019, and ending Dec 31 D Employer identification number C Name of organization B Check if applicable: 84-2254895 HOPE HOUSE NORTHERN COLORADO Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return (970)219-09956153 CROOKED STICK DR Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return WINDSOR, CO 80550 Number > Application pending H Check ▶ ☐ if the organization is **not** G Accounting Method: required to attach Schedule B https://hopehousenorthernco.org I Website: ▶ (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — 🗵 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) or 527 K Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . . . . . Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . 24,332. 1 2 Program service revenue including government fees and contracts . . . . . 2 3 3 4 4 5a Gross amount from sale of assets other than inventory . . . . . Less: cost or other basis and sales expenses . . . . . . . . . . . . 5b h 5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . C Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . . . . . 7a 7a 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c C Other revenue (describe in Schedule O) . . . . . . . . . . . . . . . 8 8 9 24,332 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . . . . . 9 10 10 Grants and similar amounts paid (list in Schedule O) . . . . . . . . . . . 11 11 Benefits paid to or for members . . . . . . . . . . . . . . . . . . 12 Salaries, other compensation, and employee benefits . . . . . . 12 13 13 Professional fees and other payments to independent contractors . . . 14 14 Occupancy, rent, utilities, and maintenance . . . . . . . . . . . . 15 Printing, publications, postage, and shipping . . . . . . . . . . . 15 16 3,432. 16 3,432. 17 17 20,900. Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . . . . . . . . . . . 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . 20 20,900. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . 21

Par	t II Balance Sheets (see the instructions	or Part II)				
	Check if the organization used Schedule	O to respond to an				<u> </u>
				A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	20,900.
23	Land and buildings				23 24	
24	Other assets (describe in Schedule O)				25	20,900.
25 26	Total assets				26	20,300.
27	Net assets or fund balances (line 27 of column		A131		27	20,900.
Part				art III)		
T CIT	Check if the organization used Schedule	O to respond to an	y question in this F	Part III		Expenses
What		See Part III				quired for section (c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli	shments for each of	its three largest pr	ogram services,	orga	anizations; optional for
as m	leasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the	services provided,	the number of	othe	rs.)
28	ESTABLISHED WEBSITE AS A RESOURCE	FOR TEEN MOTH	IERS,			
	ESTABLISHED 501(c)(3)AND OBTAINED	EXEMPTION, CRE	ATED			
	PROGRAM CONTENT, AND OTHER ASSIST				00-	2 065
	(Grants \$ 0.) If this amount				28a	2,965.
29						
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	🕨 🗀	<b>29</b> a	
30						
	(O) 1 A				30a	
	(Grants \$ ) If this amount	includes foreign gra			308	1
24						
31	Other program services (describe in Schedule O)				31a	1
	Other program services (describe in Schedule O)	: includes foreign gra	nts, check here .	▶ □	31a	
	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke	includes foreign gra through 31a) y <b>Employees</b> (list each	nts, check here n one even if not comp	ensated—see the i	32 nstru	2,965. ctions for Part IV)
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a	includes foreign gra through 31a) y Employees (list each e O to respond to ar	nts, check here  one even if not comp ny question in this I	ensated—see the i	32 nstru	2,965.
32	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke	includes foreign gra through 31a) y <b>Employees</b> (list each	nts, check here n one even if not comp	ensated—see the local library	32 nstru 	2,965. ctions for Part IV)
32 Par	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a  List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title	through 31a)	nts, check here  one even if not company question in this leader to compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	ensated—see the incomplete in	32 nstru 	2,965. ctions for Part IV)
32 Par	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title  LEEN EMERY CUTIVE DIRECTOR	through 31a)	nts, check here  one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC)	censated—see the incomparative (d) Health benefits contributions to employ benefit plans, and deferred compensation	32 nstru 	2,965. ctions for Part IV)
32 Par COL EXE LOR	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title  LEEN EMERY CUTIVE DIRECTOR II BURGE	tincludes foreign grathrough 31a)	nts, check here  one even if not company question in this lead to compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	ensated—see the insert IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru · · · · · ·	2,965. ctions for Part IV)
32 Par  COL EXE LOR PRE	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title  LEEN EMERY CUTIVE DIRECTOR I BURGE SIDENT	through 31a)	nts, check here  one even if not company question in this leader to compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	censated—see the incomparative (d) Health benefits contributions to employ benefit plans, and deferred compensation	nstru · · · · · ·	2,965. ctions for Part IV)
32 Par COL EXE LOR PRE ELY	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a  IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  LEEN EMERY CUTIVE DIRECTOR I BURGE SIDENT SE AGUIRRE	tincludes foreign grathrough 31a)	nts, check here  one even if not company question in this lead to compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	ensated—see the increase the in	nstru · · · · · ·	2,965. ctions for Part IV)
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COL EXE LOR PRE ELY TRE STA SEC JOH BOA	Other program services (describe in Schedule O) (Grants \$ ) If this amount Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title  LEEN EMERY CUTIVE DIRECTOR II BURGE SIDENT SE AGUIRRE ASURER ACI CLEMMONS CRETARY IN EMERY ARD MEMBER	includes foreign grathrough 31a)	nts, check here  one even if not company question in this leader compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	ensated—see the incomparation of the period	nstru- yee (e)	2,965. ctions for Part IV)
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	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	<u></u>	
Part \	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V	
	modulations for that the cheeking are engagement		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		×
05-	change on Schedule O. See instructions	34		_
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.	071		
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b	files is	×
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	19/10		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 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.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	7-01-63		
-	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization	-		
е	transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed	100	1	1 ,
42a	The organization's books are in care of ▶ COLLEEN EMERY  Telephone no. ▶ (97)	0)21	9-09	995
	Located at ▶ PO BOX 69, WINDSOR CO ZIP + 4 ▶ 805			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		×
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
G	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		×
•	If "Yes," enter the name of the foreign country ▶	-		-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		T	T
44-	Did the averagination resistain any depay advised funds during the year? If "Vec " Form 900 must be	155491.05	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	770		
U	completed instead of Form 990-EZ	44b		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c	-	×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1		0 101
	explanation in Schedule O	44d	_	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			100,00
	Form 990-EZ. See instructions	45h		×

	5.11	85	r ,1 1,1		,		Yes	No
	Did the organization engage, directly or in							733.44
	to candidates for public office? If "Yes," o		Parti		• • •	. 46		×
Part V			otions 17 10h and 1	50 and con	anloto the	tables f	or line	00
	All section 501(c)(3) organization 50 and 51.	s must answer que	Suons 47–430 and t	oz, and con	thiere me	t lables i	UI III I	50
	Check if the organization used Sci	nedule O to respond	to any question in th	nie Part VI				П
	Cricok ii the organization used eoi	icadic O to respond	to any question in a	no i ait vi	<u> </u>	<u></u>	Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	n in effect d	uring the	tay	163	140
	year? If "Yes," complete Schedule C, Par	2.42			100	i		~
	is the organization a school as described in							X
	Did the organization make any transfers t					-		×
	-					. 49b		<u> </u>
<ul> <li>b If "Yes," was the related organization a section 527 organization?</li> <li></li> <li>50 Complete this table for the organization's five highest compensated employees (other than officers, direction).</li> </ul>							es. an	d kev
	employees) who each received more than							
		(b) Average	compensation	(d) Health b				
	(a) Name and title of each employee	hours per week		contributions to employee benefit plans, and deferred		(e) Estimate other com		
		devoted to position	(Forms W-2/1099-MISC)	compens				
NONE								
					1			
					1			
·								
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization (a) Name and business address of each independent	's five highest compe anization. If there is no	ensated independent			received		than
			\(\frac{1}{2}\)		V-7	,		
NONE		***************************************						
		***************************************						
Car Caramana								
M-WW		**************************************						
		***************************************						
	and the second s	<del></del>						
		*** The last last last last last last last last						
d	Total number of other independent contra	actors each receiving	over \$100,000	<b>&gt;</b>				
	Did the organization complete Schedu	ule A? Note: All se	ection 501(c)(3) orga	nizations m	ust attach	n a		
	completed Schedule A					.▶X Yes		No
Under pe	nalties of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (other tha	return, including accompan	ying schedules and statement	ents, and to the	best of my kr	nowledge and	d belief	, it is
	cot, and complete. Declaration of preparer (other tha	n onicer) is based on all mic	officiation of which preparer i					
Sign	Signature of officer			11/   Date	16/2020	)		
Here	COLLEEN EMERY, EXECUTIVE DIRECTOR							
1.010	Type or print name and title							
P. 1 1		Preparer's signature .	/ Da	ite	T -	PTIN		
Paid	Print/Type preparer's name DANIEL L. HOGAN	111 17 1		10.90	Check	If	n E ne	
Prepa	DANITH I WORLD DO				8			
Use C	Firm's address > 2627 REDWING RI		COLLINS, CO 8052			70) 226-		 5
May th	e IRS discuss this return with the prepare				10 HU. 10	► □ Vos		