Form 990-E7

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)

OMB No. 1545-0047

2020

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.

. 20 A For the 2020 calendar year, or tax year beginning 2020, and ending D Employer identification number C Name of organization B Check if applicable: 84-2254895 X Address change HOPE HOUSE NORTHERN COLORADO Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change Initial return 1812 56TH AVE STE C 9702190995 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return GREELEY, CO 80634 Number ▶ Application pending H Check ▶ ☐ if the organization is not G Accounting Method: required to attach Schedule B https://hopehousenorthernco.org J Tax-exempt status (check only one) — X 501(c)(3) □ 501(c) () ◄ (insert no.) □ 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). 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 . . . Contributions, gifts, grants, and similar amounts received 1 1 2 Program service revenue including government fees and contracts 2 3 3 4 4 Gross amount from sale of assets other than inventory 5a 5a 5b Less; cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . 5c C Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b 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 7a Gross sales of inventory, less returns and allowances 7a 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . C 7c 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 95,351. 9 Grants and similar amounts paid (list in Schedule O) 10 10 8,402. 11 11 Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors . 13 13 14 14 15 15 2,589. 9,046. 16 16 20,037. 17 17 Excess or (deficit) for the year (subtract line 17 from line 9) 75,314. 18 Asset Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20,900. 19 Net Other changes in net assets or fund balances (explain in Schedule O) . . . 20 20 21 96,214. Net assets or fund balances at end of year. Combine lines 18 through 20

Pai	Balance Sheets (see the instructions f			Navil II		
	Check if the organization used Schedule	O to respond to an		A) Beginning of year		(B) End of year
20	Ocal contract and investments		1		22	
22	Cash, savings, and investments	* * * * * * *		······································	23	96,214.
23 24	Other assets (describe in Schedule O)				24	
25	Total assets				25	96,214.
26	Total liabilities (describe in Schedule 0)				26	, , , , , , , , , , , , , , , , , , , ,
27	Net assets or fund balances (line 27 of column		line 21)	20,900.	27	96,214.
Par	Statement of Program Service Accom			art III)		
	Check if the organization used Schedule				/D	Expenses
What	t is the organization's primary exempt purpose?	See Part III	Stmt			uired for section c)(3) and 501(c)(4)
as m pers	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	its three largest preservices provided,	ogram services, the number of	orgai othei	nizations; optional for rs.)
28	SEE LINE 29					
	(Grants \$ 0.) If this amount	includes foreign gra	nts. check here .	▶ □	28a	0.
29	DEVELOPED INSTRUCTIONAL PROGRAM MATERIAL, ESTABLISHED NETWORK OF					
	(Grants \$ 8,402.) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29a	11,796.
30						
	/O h	in the day of the same and	nto about base		20-	
21	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra	nts, check here .		30a	
	Other blodiam services (describe in ochedule of					1
31		includes foreign gra	nts, check here .	•	31a	1
		includes foreign gra through 31a)			31a 32	11,796.
32	(Grants \$) If this amount	through 31a)		🕨	32	11,796.
32	(Grants \$) If this amount Total program service expenses (add lines 28a	through 31a) y Employees (list each	one even if not comp ny question in this I	▶ pensated—see the in Part IV	32 nstruc	11,796.
32	(Grants \$) If this amount Total program service expenses (add lines 28a till List of Officers, Directors, Trustees, and Key	through 31a) y Employees (list each	one even if not comp ny question in this I (c) Reportable	pensated—see the incompart IV	32 nstruc 	11,796. ctions for Part IV)
32 Par	(Grants \$) If this amount Total program service expenses (add lines 28a to 10 to 1	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the inpart IV	32 nstruc 	11,796. ctions for Part IV)
32 Par	(Grants \$) If this amount Total program service expenses (add lines 28a to 10	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the inpart IV	32 nstruc ee (e)	11,796. ctions for Part IV)
32 Par	(Grants \$) If this amount Total program service expenses (add lines 28a to 10 to 1	through 31a)	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the incommendation of the incom	32 nstruc 	11,796. ctions for Part IV)
32 Par COI EXE STA	(Grants \$) If this amount Total program service expenses (add lines 28a of the composition of the composit	through 31a)	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the incensated —see the incensity (d) Health benefits, contributions to employ benefit plans, and deferred compensation	32 nstruc 	11,796. ctions for Part IV)
COI EXE STA	(Grants \$) If this amount Total program service expenses (add lines 28a of the composition of the composit	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the interpretation of the contributions to employ benefit plans, and deferred compensation of the contributions to employ benefit plans, and deferred compensation of the contributions to employ benefit plans, and deferred compensation of the contribution of the contributio	32 nstructure (e)	11,796. ctions for Part IV) Estimated amount of other compensation 0.
COI EXE STA	(Grants \$) If this amount Total program service expenses (add lines 28a of tive List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title LLEEN EMERY ECUTIVE DIRECTOR ACI CLEMMONS ESIDENT URA SMITH CRETARY	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the incommendation of the incom	32 nstructure (e)	11,796. ctions for Part IV)
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Par COI EXE PRE LAU SEC JOH BOA	(Grants \$) If this amount Total program service expenses (add lines 28a of tive List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title LLEEN EMERY ECUTIVE DIRECTOR ACI CLEMMONS ESIDENT URA SMITH CRETARY	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the interpretation of the contributions to employ benefit plans, and deferred compensation of the contributions to employ benefit plans, and deferred compensation of the contributions to employ benefit plans, and deferred compensation of the contribution of the contributio	32 nstruc 	11,796. ctions for Part IV) Estimated amount of other compensation 0.
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	٧.	\sqcup
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	00		
0.4	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			
	change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		
JJa	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
h	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		
b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000		
C	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.			
b	Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still 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			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	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			715
	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	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40-		
41	List the states with which a copy of this return is filed ▶	40e		×
42a	The organization's books are in care of ▶ COLLEEN EMERY Telephone no. ▶ (970)	0)21	9-00	95
1200	Located at ▶ 1812 56TH AVE STE C, GREELEY CO ZIP + 4 ▶ 806			
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 ▶			19.00
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		X
4.0	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		-	
	and enter the amount of tax-exempt interest received of accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		100	
	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			
75/	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			
	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 Form 990-FZ. See instructions	45h		

							Yes	No
46	Did the organization engage, directly or in							
	to candidates for public office? If "Yes," of	complete Schedule C,	Part I			46		X
Part	VI Section 501(c)(3) Organizations	s Only					l	-
	All section 501(c)(3) organization		stions 47-49b and	52, and co	mplete the	tables for	or lin	es
	50 and 51.	•		,				
	Check if the organization used Sch	nedule O to respond	to any question in t	his Part VI			121	П
							Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) electio	n in effect o	during the t	ax	.00	110
71	year? If "Yes," complete Schedule C, Part							
40	•					47		X
48	Is the organization a school as described in Did the organization make any transfers to							×
49a						49a 49b		X
b	If "Yes," was the related organization a se Complete this table for the organization's			· · · ·			20.00	dkov
50	employees) who each received more than							u key
-	employees) who each received more than	i ψ i oo, ooo oi compei	Isation from the organ	(d) Health		, criter iv	ione.	
	(a) Name and title of each ampleyee	(b) Average	(c) Reportable	contributions		(e) Estimate	d amo	unt of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,		other com	npensat	tion
			,	comper	isation			
NONE								

-								
						· itteration in the		
f	Total number of other employees paid ov	er \$100,000	. •					
51	Complete this table for the organization			contractors	who each	received	more	than
	\$100,000 of compensation from the organ	nization. If there is no	ne, enter "None."			name v i i i		
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	rice	(c)	Compensati	on	
-	(-)		(-) -)		(-)			
NONE								
					•			
8.								
(1202)								
A					or an extension of the second	William Co.		
d	Total number of other independent contra	actors each receiving	over \$100,000	>				
52	Did the organization complete Schedu	•		nizations m	nust attach	а		***************************************
	completed Schedule A					► X Yes	П	No
Under	penalties of perjury, I declare that I have examined this	return, including accompar			best of my kno	owledge and	d belief	, it is
true, co	prrect, and complete. Declaration of preparer (other than	n officer) is based on all info	ormation of which preparer	has any knowle	dge.			140000000
				08	/30/2021			
Sign	Signature of officer			Date				
Here	COLLEEN EMERY, EXECUT	IVE DIRECTOR						
	Type or print name and title				3.3.4.4.0.000			
Dale	Print/Type preparer's name	Preparer's signature	Da	ate	Charle	PTIN		
Paid	DANTET T HOCAN				Check L self-employ		0.1	
Preparer DANTET T HOGAN CDA DC					8			
use	Only Firm's name ► DANIEL L HOGAR		RT COLLINS. CO	80526 Pho		70)226-		5
Mav t	he IRS discuss this return with the prepare			00320 Pho		> X Yes		No
						- E		