## Form 990-EZ

## 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 2021

**Open to Public** 

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Inspection Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2021 calendar year, or tax year beginning 2021, and ending B Check if applicable: C Name of organization D Employer identification number Address change HOPE HOUSE NORTHERN COLORADO 84-2254895 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return Final return/terminated 1812 56TH AVENUE STE C (970)219-0995 Amended return City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Application pending GREELEY, CO 80634 Number ▶ G Accounting Method: X Cash Accrual Other (specify) ▶ H Check ► ☐ if the organization is not | Website: ▶ HOPEHOUSENORTHERNCO.ORG required to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or (Form 990). 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 136,304 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 54,189 2 3 3 4 4 5a c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than Revenue **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 82,115  $\boldsymbol{c}$  Less: direct expenses from gaming and fundraising events . . . . . . . . . 21,967 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 60 60,148 7a Gross sales of inventory, less returns and allowances..... 7a b Less: cost of goods sold...... 7c 8 Other revenue (describe in Schedule O) 8 9 9 114,337 10 10 11 11 12 12 22,407 13 350 14 Occupancy, rent, utilities, and maintenance ..... 14 22,880 15 15 2,126 16 16 26,908 17 17 74,671 18 39,666 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19

Other changes in net assets or fund balances (explain in Schedule O)..........

96,214

135,880

19

20

Form 990-EZ (2021) HOPE HOUSE NORTHERN					
Part II Balance Sheets (see the instructions for Part III	ort II)		84-2	254	895 Page 2
Check if the organization used Schedule O	to respond to any a	uestion in this Dart I	ı		
	to respond to drift q	acodor in this rait			0.000
22 Cash, savings, and investments			(A) Beginning of year		(B) End of year
23 Land and buildings			96,214		135,880
24 Other assets (describe in Schedule O)			0	23	0
25 Total assets	•••••••		0	24	0
26 Total liabilities (describe in Schedule O)	• • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	96,214		135,880
27 Net assets or fund balances (line 27 of column (B) must	agree with line 21)	• • • • • • • •	0	26	0
Part III Statement of Program Service Accompl	ishments (see the i	netructions for Part	96,214	27	135,880
Check if the organization used Schedule O	to roopend to only	usedien in this Deut	··· <i>)</i>		Expenses
What is the organization's primary exempt purpose? <b>SEE LI</b>	NE 20	uestion in this Part	III	(Regi	uired for section
					c)(3) and 501(c)(4)
Describe the organization's program service accomplishments f as measured by expenses. In a clear and concise manner, desc	or each of its three larg	est program services,		orgar	nizations; optional for
persons benefited, and other relevant information for each progr	ribe the services providantitle	ded, the number of		other	s.)
28 PROVIDING SELF-SUFFICIENCY PROGRAMS FO		S			T
	11011				
(Grants \$ ) If this amo	ount includes foreign gr	ants check here	ьп	28a	
29		arres, erroent more s		20a	0
		200			
(Grants \$ ) If this amo	ount includes foreign gra	ants, check here	▶ □	29a	
30					
(Grants \$ ) If this amo	ount includes foreign gra	ants, check here	▶ □	30a	
31 Other program services (describe in Schedule O)					
(Grants \$ ) If this amo	ount includes foreign gra	ants, check here	▶ □	31a	
32 Total program service expenses (add lines 28a through 3	31a)			32	0
LIST OF UTICERS, Directors, Trustees, and Key	Employees (list each	one even if not compe	nsated - see the instru	uction	s for Part IVI
Check if the organization used Schedule O to res	pond to any question in	this Part IV			П
	(b) Average	(c) Reportable	(d) Health benefits,		
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC/	contributions to employee benefit plans, and	(e	) Estimated amount of
	devoted to position	1099-NEC)	deferred compensation		other compensation
		(if not paid, enter -0-)	·		
COLLEEN EMERY					
EXECUTIVE DIRECTOR	30.00	12,000	0		0
STACI SEARS					
BOARD PRESIDENT	2.00	0	0		0
KRISTINA MEYERS					
BOARD TREASURER	2.00	0	0		0
JOHN EMERY					
BOARD MEMBER	2.00	0	0		0
TANYA KISNER					
BOARD MEMBER	2.00	0	0		0
JOHN KUDDES		39063			39
BOARD MEMBER	2.00	0	0		0

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the	395	F	age
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			.П
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
54.0000	detailed description of each activity in Schedule O			X
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			
٥٣.	change on Schedule O. See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b		
C	To the section of the			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
27.0	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	3/8			
		37b		X
50 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			
b	If "Voo " complete Cohedule I. Deet II and all I I I I I I I I I I I I I I I I I I	38a		X
39	Section 501(c)(7) organizations. Enter:			
а	Initiation to so and position are this wife and the last of the la			
	Gross receipts, included on line 9,			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	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			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		Printer and	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		
	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	40e		x
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► COLLEEN EMERY  Telephone no. ► 970-2:	19-09	95	
_	Located at ▶ 1812 56TH AVENUE, GREELEY, CO ZIP+4 ▶ 80634			
D	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		X
	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
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 an annual to the second of the se	• • • •	. ▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Voc	NI-
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a	TERRITOR OF	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			<u> </u>
	completed instead of Form 990-EZ	44b	an way a	x
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	776		Λ
	explanation in Schedule O	44d	meter le	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? • • • • • • • • • • • • • • • • • • •	45a		x
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		5 2 3	
	Form 990-EZ. See instructions	45b		X

46	Did the organization engage, directly or indirectly, i	n political campaign activi	ities on behalf of or in one	nosition	2.42 D	Yes	No	
	to candidates for public office? If "Yes," complete	Schedule C, Part I	mes on benan or or m opp	osition	. 46			
Par	T VI Section 501(c)(3) Organizations	Only					Ь	
	All section 501(c)(3) organizations	must answer questi	ions 47 - 49b and 52	, and complete the ta	ables for	lines		
	ou and oi.							
	Check if the organization used Scl	nedule O to respond	to any question in the	nis Part VI				
47	Did the organization engage in labbutar and the					Yes	No	
~,	Did the organization engage in lobbying activities of	or nave a section 501(n) e	election in effect during the	e tax				
48	year? If "Yes," complete Schedule C, Part II	470/5/41/41/41/210 101/4			. 47		X	
49a	Is the organization a school as described in section Did the organization make any transfers to an exer	1 1/U(D)(1)(A)(II)? IT "Yes, ant non-charitable related	" complete Schedule E		. 48		X	
b	If "Yes," was the related organization a section 527	organization?	organization:		. 49a		Х	
50	Complete this table for the organization's five highest	st compensated employee	s (other than officers, dire	ctors, trustees and kev	. 490		L	
	employees) who each received more than \$100,000	of compensation from th	e organization. If there is	none, enter "None."				
		(b) Average	(c) Reportable	(d) Health benefits,				
	(a) Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC/	contributions to employee benefit plans, and deferred		Estimated amount of other compensation		
		devoted to position	1099-NEC)	compensation				
NONE	E							
				100				
					100 20000			
							***************************************	
51	Complete this table for the organization's five highes \$100,000 of compensation from the organization. If  (a) Name and business address of each independent contra	there is none, enter "Non	e."					
	(-) The second decrees of each independent contra	GIOI	(b) Type of service	(c)	Compensation	1		
VONE								
10112								
		2			1			
							_	
d	Total number of other independent contractors each	receiving over \$100,000						
52	Did the organization complete Schedule A? Note:	All section 501(c)(3) orga	nizations must attach a					
	completed Schedule A	• • • • • • • • • • •			X Yes	П	No	
Jnder	penalties of perjury, I declare that I have examined this retu	rn, including accompanying	schedules and statements, a	nd to the best of my knowledge	e and belief,	it is		
rue, co	orrect, and complete. Declaration of preparer (other than of	ficer) is based on all informat	tion of which preparer has an	y knowledge.				
Sign	COLLEEN EMERY Signature of officer			04-27-2 Date	022			
Here		DIRECTOR		Date		-		
	Print/Type preparer's name P	reparer's signature	Date	Charl II.	PTIN			
Paid	LINDA TAFT		05-23-202	a last analysis				
-	arer Firm's name ► OLAM INC		PS 23-202	Firm's EIN		<b>\</b>		
Jse	Only Firm's address ► 1136 E STUART ST	REET UNIT 4201		THIO EN				
	FORT COLLINS CO			Phone no. 970-47	2-4111			
/lay th	ne IRS discuss this return with the preparer shown al	oove? See instructions .			X Yes	Пи	No	

Page 4