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CLIENT'S COPY

Form 8879-EO

### IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service For calendar year 2019, or fiscal year beginning \_\_\_\_\_\_, 2019, and ending \_\_\_\_\_\_\_, 2019, and ending \_\_\_\_\_\_, 2019, and end

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

2019

Name of exempt organization

Name and title of officer

Hope House of Colorado

Employer identification number

84 - 1567838

20

Part I	Type of Return and Return Information	(Whole Dollars Only)			
Executive Director					
Lisa Ste	ven				

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	2,926,835.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	Зb	
	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X lauthorize Kundinger, Corder & Engle, P.C.	to enter my PIN
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature  Date  Date	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 843005 Do not enter all zeros	s
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for th confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (Me <i>e-file</i> Providers for Business Returns.	0
ERO's signature 🕨 Kundinger, Corder & Engle P.C. Date 🕨	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	0 So

Form <b>990</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the 2	019 calendar year, or tax year beginning and	ending		
B c	Check if applicable:	C Name of organization		D Employer identific	ation number
X	Address change	Hope House of Colorado			
	Name change	Doing business as Hope House Colorado		84-1567838	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	6475 Benton St BLDG A		303-429-1012	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	3,157,214.
	Amended	Arvada, CO 80003		H(a) Is this a group ret	turn
	Applica-	F Name and address of principal officer:Lisa Steven		for subordinates?	P Yes 🗵 No
	pending	same as C above		H(b) Are all subordinates inc	luded? Yes No
11	Tax-exem	npt status: 🔟 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527	If "No," attach a I	ist. (see instructions)
-		www.hopehouseofcolorado.org		H(c) Group exemption	number 🕨
KF	orm of or	ganization: 🗴 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2000 M	State of legal domicile: CO
Pa		Summary			
ø	<b>1</b> Br	iefly describe the organization's mission or most significant activities: Provide	e self-su	fficiency	
anc	pr	cograms for parenting teenage mothers.			
Governance		neck this box $\blacktriangleright$ if the organization discontinued its operations or dispos			
Š		umber of voting members of the governing body (Part VI, line 1a)			10
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		umber of independent voting members of the governing body (Part VI, line 1b) $_{\rm .}$			9
Activities &		$_{ m otal}$ number of individuals employed in calendar year 2019 (Part V, line 2a) $_{ m const}$			43
ivit		tal number of volunteers (estimate if necessary)			507
Act	7 a To	tal unrelated business revenue from Part VIII, column (C), line 12			0.
	b Ne	et unrelated business taxable income from Form 990-T, line 39	·····	7b	0.
				Prior Year	Current Year
ne		ontributions and grants (Part VIII, line 1h)		2,040,739.	2,909,705.
Revenue		ogram service revenue (Part VIII, line 2g)		0.	14,527.
Re		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	2,603.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		119.	0.
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,040,858.	2,926,835.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,095,235.	1,221,399.
ens		ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä	1	tal fundraising expenses (Part IX, column (D), line 25)  225,		516 255	
_	1	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		516,355.	652,606.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,611,590.	1,874,005.
- s	<b>19</b> Re	evenue less expenses. Subtract line 18 from line 12		429,268.	1,052,830.
Net Assets or Fund Balances				ginning of Current Year	End of Year
Asse Bala	20 To	otal assets (Part X, line 16)		5,267,034.	6,323,941.
let ⊿ ind	21 To	otal liabilities (Part X, line 26)		234,153. 5,032,881.	219,979. 6,103,962.
	122 Ne	et assets or fund balances. Subtract line 21 from line 20 Signature Block		5,032,881.	0,103,962.

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.

		r's name Maria Montoya Director			
Sign	Signature of officer		Date		
Here Paid Preparer Firm's	Lisa Steven, Executive Director				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature Da	ate Check PTIN		
Paid	Maria Montoya	Maria Montoya	if self-employed P01363907		
Preparer	Firm's name 🕞 Kundinger, Corder & Engl	e, P.C.	Firm's EIN 🕨		
Use Only	Firm's address 👞 475 Lincoln Street, Suit	e 200			
	Denver, CO 80203		Phone no.303-534-5953		
May the II	RS discuss this return with the preparer shown abc	ove? (see instructions)	X Yes No		
	e       Lisa Steven, Executive Director Type or print name and title         Print/Type preparer's name Maria Montoya       Preparer's signature Maria Montoya       Date       CheckPTIN if self-employed       PTIN P01363907         Parer Only       Firm's nameKundinger, Corder & Engle, P.C.       Firm's EIN       Firm's EIN         Ponver, CO 80203       Phone no.303-534-5953       Phone no.303-534-5953				

Form	1990 (2019) Hope House of Colorado	84-1567838	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Hope House Colorado empowers parenting teenage moms to strive for		
	personal and economic self-sufficiency and to understand their		
	significance in God's sight, resulting in a healthy future for them,		
	and for their children.		
2	Did the organization undertake any significant program services during the year which were not listed on	the	
-	prior Form 990 or 990-EZ?	Г	Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	vices?	Yes X No
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es as measured by e	vnenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		enses, and
4a		(Revenue \$	14 527 )
40	<pre>(Code:)(Expenses \$1,454,141. including grants of \$) Hope House Colorado empowers parenting teenage moms to strive for</pre>	(Revenue \$	<u> </u>
	personal and economic self-sufficiency and to understand their		
	significance in God's sight, resulting in a healthy future for them and		
	for their children. Hope House is metro-Denver's only resource		
	providing teen moms residential, mentoring and GED services including		
	parenting and life skills classes, healthy relationship classes,		
	certified counseling, and social activities designed to promote		
	community among theteen moms. Hope House relies on numerous volunteers		
	and local business partnerships to accomplish this mission.		
4b	(Code:         ) (Expenses \$)	(Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ )	(Revenue \$	)
		·	
	Other program convises (Deservice on Schedule O)		
40	Other program services (Describe on Schedule O.)	`	
40	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses > 1,454,141.	)	
40	Total program service expenses 1,454,141.		<b>–</b> 000 (ac (a)

Form	990	(2019)	

Form 990 (2019) Hope House of Colorado
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
h	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	106		v
10		12b 13		X
13		14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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Form	990	(2019)	)

Hope House of Colorado

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Schedule L. Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II х 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV х 28a Х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If "Yes," complete Schedule L, Part IV 28c Х x Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Х Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V. line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? х 35a b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 23 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ٥ 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

1c

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Form	990 (2019) Hope House of Colorado 84-1567838		P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 43			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	x	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Δ	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	0		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	00		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form	990 (2019) Hope House of Colorado		84-1567838			age <b>6</b>
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	). See	instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	0		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2	х	
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form S			4	х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		х
6	Did the organization have members or stockholders?			6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders. or			
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	onea		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	ine hinnig the form.			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Y</i>			12.0		
Ū	in Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	х	
14	Did the organization have a written document retention and destruction policy?			14	х	
15	Did the process for determining compensation of the following persons include a review and approva			17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		lacpendent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15a	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			130		
16-2	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent	vith a			
104	taxable entity during the year?			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar			104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
				16b		
800	exempt status with respect to such arrangements?					
	List the states with which a copy of this Form 990 is required to be filed None					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ad 00	D.T (Section 501/c)/	S)e ont	1) 21/21	able
18		iu 99		JS ONLY	) avall	aule
	for public inspection. Indicate how you made these available. Check all that apply.	00 64	shadula ()			
10	X Own website Another's website X Upon request Other (explain			od fire c		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	DITTICT	or interest policy, a	na final	icial	
~~	statements available to the public during the tax year.	-1				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks al	iu records 📂			
	The Organization - 303-429-1012 6475 Benton St BLDG A, Arvada, CO 80003					

Form 990		84-1567838	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A	. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
4	at the state of the second	and the second state to all a second state to a	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	Ŭ		(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week		, unle cer ar					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the
	related	istee o	trustee		æ	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com /ee				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Brian Bess	2.00	-	-		-		<u> </u>			
Board President		x		x				٥.	0.	٥.
(2) Jennifer Zertuche	2.00									
Board Treasurer		х		х				0.	0.	0.
(3) Amy Bowman	2.00									
Board Secretary		х		х				0.	0.	0.
(4) Lindsay Bernum	2.00									
Member at Large		х						0.	0.	0.
(5) Moni Piz-Wilson	2.00									
Member at Large		х						0.	0.	0.
(6) Steve Prokopiak	2.00									
Member at Large		х						0.	0.	0.
(7) Brenda Reid	2.00									
Member at Large		х						0.	0.	0.
(8) John Steven	2.00									
Member at Large		х						0.	0.	0.
(9) Dale Brinkman	2.00									_
Member at Large		х						0.	0.	0.
(10) Steve Reynolds	2.00									_
Member at Large		х						0.	0.	0.
(11) Lori Anne Reinwald	2.00									_
Member at Large		х						0.	0.	0.
(12) Lisa Steven	40.00									
Executive Director				х				77,877.	0.	2,253.
										<b>– – – – – – – – – –</b>

Form 990 (2019) Hope House of	f Colorado								84-1567	838		Р	9 age
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	vees	, an	d Hi	ighes	st C	Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos beck		1 than d	one	Reportable	Reportable		Es	stimat	ed
	hours per	box	, unle	ss pe	erson	is both	n an		compensatio	n	ar	nount	of
	week		cer ar		lirecto	or/trus	.ee)		from related			other	
	(list any hours for	irecto						the	organization			ipensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	(U)		om th aniza	
	organizations	ruste	ll trus		ee	mpen		(11 2/1000 11100)			Ĭ	d rela	
	below	Individual trustee or director	In stitutional trustee	L_	nploy	st col	er					anizat	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				Ū		
1b Subtotal								77,877.		0.		2	,253.
c Total from continuation sheets to Part V								0. 77,877.		0. 0.		2	0. ,253.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but</li> </ul>									000 of reportabl			2	,255.
compensation from the organization		1030	11310	su a	000	e) wi		eceived more than \$100		C			C
												Yes	No
3 Did the organization list any former officer	. director. trust	ee. I	kev (	ame	love	e. or	hio	phest compensated emp	olovee on	l			
line 1a? If "Yes," complete Schedule J for											3		x
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n anc	l ot	ther compensation from	the organization				
and related organizations greater than \$15									3		4		x
5 Did any person listed on line 1a receive or									idual for services				
rendered to the organization? If "Yes," cor	nplete Schedul	e J f	or s	uch	pers	son .		-			5		х
Section B. Independent Contractors													
1 Complete this table for your five highest c	ompensated in	depe	ende	ent c	ont	racto	rs	that received more than	\$100,000 of com	ipens	ation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	thi	n the organization's tax	year.				
(A) Name and busines	s address							( <b>B)</b> Description of s	ervices	С	<b>))</b> ompe	<b>C)</b> nsatic	on
Westwind Mechanical, Inc.													
23993 Running Deer Rd, Conifer, CO 8								Heating & Air Cond	itioning			203	,661.
Office Interiors, 12170 Tejon St Sui	te												
300, Westminster, CO 80234								Office Furniture				172	,245.
Fire Alarm Services, Inc.								Fire alrm systems,	fire				
4800 W 60th Ave, Arvada, CO 80003								sprinkler system				136	,233.
Done Right Curb & Concrete LLC													
12071 Tejon St #470, Westminster, CC	80234							Concrete Contracto	r			131	,243.
Courtesy Electric Company									.			10-	0.00
1380 S Santa Fe Dr #200, Denver, CO								Electrical Contrac				107	,860.
2 Total number of independent contractors		iot li	mite	a to		se lis 5	steo	a above) who received n	lore than				
\$100,000 of compensation from the organ	nzaliuli 📂					5							

				use of Co	lor	ado			84-1567838	Page
Pai	rt VII									
		Check if Schedule O	cont	ains a respo	nse	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue		Revenue excluder from tax under sections 512 - 51
ts t	1 a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues								
Γ, C		Fundraising events				541,589.				
ar /		Related organizations								
s,		Government grants (cont								
r S		All other contributions, gifts,								
- Pa		similar amounts not included	l abov	/e 1f		2,368,116.				
d d d	g	Noncash contributions included in	n lines	1a-1f <b>1g</b> \$		138,941.				
a C	h	Total. Add lines 1a-1f				►	2,909,705.			
						Business Code				
e	2 a	Education programs				900099	14,527.	14,527.		
e Ž	b									
กับ	С									
lev an	d									
Program Service Revenue	е									
r		All other program service								
	g	Total. Add lines 2a-2f					14,527.			
	3	Investment income (inclue								
		other similar amounts)					2,603.			2,603
	4	Income from investment of		-	-					
	5	Royalties	· · · · · · ·							
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss	;) <u>.</u>	(i) Coourit		1				
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a							
Ð	D	Less: cost or other basis	76							
evenue	-	and sales expenses	7b 7c							
še č		Gain or (loss)								
er Re		Net gain or (loss) Gross income from fundraisi								
Other	0 4	including \$	-	•						
•		contributions reported on								
		Part IV, line 18		,	8a	230,379.				
	b	Less: direct expenses			8b	230,379.				
		Net income or (loss) from			nts	►	0.			
		Gross income from gamir		-						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s	<b>&gt;</b>				
	10 a	Gross sales of inventory,	less	returns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sale	s of invento	у	►				
s N						Business Code				
eou	11 a									
enu	b									
Miscellaneous Revenue	с									
SIN TIS		All other revenue								
	е	Total. Add lines 11a-11d								
	12	Total revenue. See instruction	ons			►	2,926,835.	14,527.	0.	2,603

Hope House of Colorado

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	80,130.	32,052.	24,039.	24,039.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,003,137.	798,658.	60,860.	143,619.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,005.	11,370.	669.	966.
9	Other employee benefits	42,651.	26,742.	12,329.	3,580.
10	Payroll taxes	82,476.	64,177.	5,879.	12,420.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	2,283.	1,402.	270.	611.
С	Accounting	47,948.		47,948.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	10,087.	2,087.	8,000.	
12	Advertising and promotion				
13	Office expenses	49,568.	23,584.	508.	25,476.
14	Information technology	49,668.	46,120.	993.	2,555.
15	Royalties				
16	Occupancy	77,122.	70,950.	1,639.	4,533.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,318.	1,357.	2,995.	2,966.
20	Interest	6,402.	6,402.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	78,121.	73,743.	1,332.	3,046.
23		22,220.	20,648.	444.	1,128.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Direct Program Expenses	273,500.	273,500.		
b	Merchant Fees	25,419.		25,419.	
с	Other Expenses	2,950.	1,349.	1,529.	72.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,874,005.	1,454,141.	194,853.	225,011.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
93201	0 01-20-20				Form <b>990</b> (2019)

Form 990 (		
Part X	Balance	Sheet

		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
		·		-	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			618,435.	1	518,342.
	2	Savings and temporary cash investments			1,405,486.	2	386,446.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			20,212.	4	23,869.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	stantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified pe				
		under section 4958(f)(1)), and persons describe	ed in see	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		Γ		7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges				9	7,444.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,757,924.			
	b	Less: accumulated depreciation		370,084.	3,168,755.	10c	5,387,840.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			3,432.	14	
	15	Other assets. See Part IV, line 11			50,714.	15	
	16	Total assets. Add lines 1 through 15 (must equ			5,267,034.	16	6,323,941.
	17	Accounts payable and accrued expenses			107,304.	17	105,135.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ŝ	22	Loans and other payables to any current or forr					
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrel			126,849.	23	114,844.
	24	Unsecured notes and loans payable to unrelate			,	24	, ,
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	•				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			234,153.	26	219,979.
		Organizations that follow FASB ASC 958, che	eck her	e 🕨 X	,		, , , , , , , , , , , , , , , , , , , ,
Ses		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			1,082,973.	27	6,012,733.
Bal	28	Net assets with donor restrictions			3,949,908.	28	91,229.
pu		Organizations that do not follow FASB ASC 9			, ,		,
Εu		and complete lines 29 through 33.	,				
o c	29	Capital stock or trust principal, or current funds				29	
sett	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated ir				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,032,881.	32	6,103,962.
2	33	Total liabilities and net assets/fund balances			5,267,034.	33	6,323,941.
	00	TOTAL HADHILIES AND HEL ASSELS/TUNU DAIDIUES .			3,207,001.	00	

Form **990** (2019)

### Hope House of Colorado

Form	1990 (2019) Hope House of Colorado	84-1567838		Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,926	,835.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,874	,005.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,052	,830.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	,032	,881.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		18	,251.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6	,103	,962.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name	oft	he organization						Employer	identification number
			ouse of Colorad						4-1567838
Par	tl	Reason for Public (	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions	S.	
The o	rgan	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(*	I)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit descrik	bed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	le or
-		university:							
<b>10</b> L		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	iired by the or	ganization	after June 30, 1975.
г		See section 509(a)(2). (Cor							
11 L	_	An organization organized a			•				
<b>12</b> L		An organization organized a	-	•				-	
		more publicly supported or							Check the box in
		lines 12a through 12d that				-		-	
а		<b>Type I.</b> A supporting orga		-	•				
		the supported organization		• • • •	a majority (	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	-					()	
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported
		organization(s). You mus	-						
С		Type III functionally inte						lly integrate	ed with,
		its supported organization							
d		J Type III non-functionally						-	
		that is not functionally int	•	<b>e</b> ,			•	u an attent	iveness
		requirement (see instruct Check this box if the orga							
е	L	functionally integrated, or					атурет, туре	n, rype m	
f	Ento	er the number of supported of	,,	, , , , , , , , , , , , , , , , , , , ,	ing organiz	Lation.			
		vide the following information	-	nd organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
				above (see instructions))					
Total									

## 932022 09-25-19

Dent II	Support Schedule for Organizations Described i

in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,340,681 1,893,495 2,247,921 2,040,739 2,909,705 12,432,541. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 3,340,681, 1,893,495 2,247,921 2,040,739 2,909,705 12,432,541. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 52,588, 12,379,953. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 3,340,681. 1,893,495 2,247,921 2,040,739 2,909,705 12,432,541. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 7 9 5 119 2,603 2,743. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 12,435,284. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 99.56 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) % 15 Public support percentage from 2018 Schedule A, Part II, line 14 96 06 15 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ► X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2019

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	) (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ű	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10							
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	••	(-) 0015	(1-) 0010	(-) 0017	(-1) 0010	(-) 0010	
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (f) Total
	Amounts from line 6						
108	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) oi	rganization,
	check this box and stop here						<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2019 (	line 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)19</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiz	ation	
t	<b>33 1/3% support tests - 2018.</b> If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1	/3% , and
	line 18 is not more than 33 1/3%, che	eck this box and <b>si</b>	t <b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

No

Yes

10b

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
<b>6</b> 00	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	Зb		

Schedule A (Form 990 or 990 EZ) 2019 Hope House of Colorado

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 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	Fage 7
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii) Distributable
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			Earm 990 or 990-EZ) 201

Schedule A	(Form 990 or 990-EZ) 2019 Hope House of Colorado	84-1567838	Page <b>8</b>
Part VI	(Form 990 or 990-EZ) 2019 Hope House of Colorado <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	nes 1 and 2; Part IV, Sec Part V, Section B, line 1e	2; ction C,

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	**
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### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

84-1567838

		-	
Iope	House	of	Colorado

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Page 2

Hope House of Colorado

Employer identification number

84-1567838

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
1		\$_	300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
2		\$_	250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
3		\$_	165,822.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b)		(c) Total contributions	(d) Type of contribution	
4	Name, address, and ZIP + 4	\$_	143,470.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
5		\$_	124,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution	
6		\$_	61,117.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

Hope House of Colorado

84-1567838

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
—		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		   \$			

Page 4

ame of or	ganization		Employer identification nun
	se of Colorado		84-1567838
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, cha Use duplicate copies of Part III if additional sp	rough <b>(e) and</b> the following line e ritable, etc., contributions of <b>\$1,000 o</b>	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the entry. For organizations or less for the year. (Enter this info. once.) \$
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(.,	
-		(e) Transfer of g	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of g	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
a) No			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
ŀ	Transferee's name, address, and		Relationship of transferor to transferee

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization		Em	ployer identification number
	Hope House of Colorado			84-1567838
Pa			s or Acco	<b>Unts.</b> Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(1-) [	
	_	(a) Donor advised funds	(D) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes II No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring	
				Yes 📖 No
Pa			Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation			y important land area
	Protection of natural habitat	Preservation of	a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conser	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic struct	ture included in (a)	2c	
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organizatio	on during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h			Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	servation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easeme	ents during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	)(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 📖 No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement	and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statem	ents that de	escribes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		ther Simi	ilar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement a	and balance	sheet works
	of art, historical treasures, or other similar assets held for publi			of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public $\boldsymbol{\varepsilon}$	exhibition, education, or research in furt	herance of p	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	<b>m ·</b> · · · · · · <b>·</b> · · · · · · · · ·			\$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	al gain, provi	de
	the following amounts required to be reported under FASB AS	C 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		►	\$
b	Assets included in Form 990, Part X			\$

Schedule D	Eorm 000	1 2010
Schedule D	FOUL 990	12019

Sche	dule D (Form 990) 2019 Hope House	of Colorado					8	4-15678	38	Pa	age <b>2</b>
Pa	t III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe	r Simila	r Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at make sig	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🛄	Loan or exc	hange progra	am					
b	Scholarly research	e	<b>,</b>	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c							se in Parl	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	istorical trea	sures, or oth	er similar	assets		-		_
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on I	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						1f		1		
	Did the organization include an amount on F						y?	L	Yes		
	If "Yes," explain the arrangement in Part XIII.						<u></u>	<u></u>	<u></u>		
Pa	<b>t V Endowment Funds.</b> Complete i								( ) F		
		(a) Current year	(b)⊦	rior year	(c) Two yea	rs back (	d) Three ye	ears dack	(e) Four	years	раск
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) heid as:						
a L	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
C											
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation th	at are hold a	ad administr	rad for th		otion			
Ja		ession of the organiz		at are neiu a			e organiza	ation	Ī	Yes	No
	by: (i) Unrelated organizations								3a(i)	105	
									3a(ii)		
h	(ii) Related organizations	ations listed as requi	red on S	Schodulo R2					3b		
4	Describe in Part XIII the intended uses of the								56		
	t VI Land, Buildings, and Equipm		JWITTEIT	iunus.							
	Complete if the organization answere		0 Part IV	/ line 11a S	See Form 990	) Part X I	ine 10				
	Description of property	(a) Cost or c			or other		cumulate	-   -	(d) Boo	k valu	
	Description of property	basis (investr			(other)		reciation	1		value	5
19	Land			200.0	369,577.	366				369	577.
	LandBuildings			4	,409,517.		34,3	382.	4	,375,	
	Leasehold improvements				598,853.		193,4		1		412.
	Equipment				379,977.		142,2			,	716.
	Other				,		,			,	
	Add lines 1a through 1e. (Column (d) must e		X colur	nn (R) line 1	10c)				5	,387,	840
1010		9441 I OIII 000, I AII	<i>,</i> , , , , , , , , , , , , , , , , , ,	(,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,						, ,	

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			,
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9) T + + (0 + (1)) + + = + = = = = = = + (0) + = + (0) + = + (0) + = + = + = + = + = + = + = + = + = +			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			
(8) (9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Sche	dule D (Form 990) 2019 Hope House of Colorado			84-1567838	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,961,568.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b	60,152.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	-25,419.		
е	Add lines 2a through 2d			2e	34,733.
3	Subtract line 2e from line 1			3	2,926,835.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,926,835.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,890,487.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	41,901.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	41,901.
3	Subtract line 2e from line 1			3	1,848,586.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4a</b>			
b	Other (Describe in Part XIII.)	. 4b	25,419.		
с	Add lines 4a and 4b			4c	25,419.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,874,005.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 2d - Other Adjustments:

Merchant Fees

Part XII, Line 4b - Other Adjustments:

Merchant Fees

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Activ	rities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury	Deartment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public							
Internal Revenue Service		to www.irs.gov/Form990 for inst	ruction	is and	the latest informat			Inspection
Name of the organization								entification number
		of Colorado					84-1567838	
	complete this par	Complete if the organization answ t.	ered "\	es" o	n Form 990, Part IV,	line 17	'. Form 990-E	Z filers are not
1 Indicate whether th	e organization rais	sed funds through any of the follow	ing acti	vities.	Check all that apply			
a 🔛 Mail solicitat	ions	e Solicita	ation of	non-g	overnment grants			
<b>b</b> Internet and	email solicitations	s <b>f</b> Solicita	ation of	gover	nment grants			
c Phone solici		g 🛄 Specia	l fundra	aising	events			
d In-person so								
•		or oral agreement with any individua	•	•			or Ye	s 🗌 No
, ,	,	art VII) or entity in connection with   /iduals or entities (fundraisers) purs			0			
compensated at le	•	· /·		ayree		une iui		be
								1
(i) Name and addres	s of individual		(iii) fundi	Did	(iv) Gross receipts		mount paid retained bv)	(vi) Amount paid
or entity (fund		(ii) Activity		ustody ntrol of	from activity	fundraiser		to (or retained by) organization
			_	utions?		liste	ed in col. <b>(i)</b>	
			Yes	No				
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	contrik	oution	s or has been notified	d it is e	exempt from	registration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		· · · · ·	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Gala	Golf	2	(add col. <b>(a)</b> through col. <b>(c)</b> )
a			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	419,777.	196,050.	156,141.	771,968
	2	Less: Contributions	314,438.	93,620.	133,531.	541,589
	3	Gross income (line 1 minus line 2)	105,339.	102,430.	22,610.	230,379
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs		82,677.		82,677
Direct Expenses	7	Food and beverages	55,717.			55,717
	8	Entertainment	12,337.			12,337
	9	Other direct expenses	37,285.	19,753.	22,610.	79,648
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		▶	230,379
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		►	0

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1	Gross revenue						
ş	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
lirect E	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
9 a	<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> </ul>							
b	<b>b</b> If "No," explain:							
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No		

Sch	nedule G (Form 990 or 990-EZ) 2019 Hope House of Colorado 84	-1567838	}	Page 3
11	Does the organization conduct gaming activities with nonmembers?	L	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
	b An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
ł	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	t		
	of gaming revenue retained by the third party ▶\$			
Ċ	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		1	
	retain the state gaming license?	L	Yes	└── No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	id Part III,	lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			


### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

### Hope House of Colorado

Employer identification number
84-1567838

Par	τI	Types of Property								
			(a)	(b)	(c)			(d)		
			Check if	Number of contributions or	Noncash contributio amounts reported o			od of determir	-	_
			applicable		Form 990, Part VIII, line		noncash	contribution a	mount	S
1	Art	- Works of art								
2		- Historical treasures								
3		- Fractional interests								
4		oks and publications								
5		thing and household goods	X		83,(	)72.Fa	ir Value			
6		rs and other vehicles	X	1		500.Fa	ir Value			
7		ats and planes								
8		ellectual property								
9		curities - Publicly traded								
10		curities - Closely held stock								
11		curities - Partnership, LLC, or								
	trus	st interests								
12		curities - Miscellaneous								
13		alified conservation contribution -								
	His	toric structures								
14		alified conservation contribution - Other								
15	Rea	al estate - Residential								
16		al estate - Commercial								
17		al estate - Other								
18		lectibles								
19		od inventory								
20		igs and medical supplies								
21		kidermy								
22		torical artifacts								
23		entific specimens								
24		heological artifacts								
25		ner 🕨 ()								
26	Oth									
27	Oth	ner 🕨 ()								
28	Oth	ner 🕨 ( )								
29	Nu	mber of Forms 8283 received by the organiz	zation during	g the tax year for o	ontributions					
	for	which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29					
									Yes	No
30a	Dur	ring the year, did the organization receive by	y contributio	on any property re	oorted in Part I, lines 1 t	hrough	28, that it			
		st hold for at least three years from the date								
	exe	empt purposes for the entire holding period?	?					30a		Х
b	lf "`	Yes," describe the arrangement in Part II.								
31	Doe	es the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard cor	ntributio	ons?	31	X	
32a	Doe	es the organization hire or use third parties o	or related or	ganizations to soli	cit, process, or sell non	cash				
		ntributions?						32a		X
b		Yes," describe in Part II.								
33	lf th	ne organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is	s check	æd,			
		scribe in Part II.								
LHA	F	or Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Sch	edule M (Fori	n 990)	2019

Page **2 Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part II


84-1567838

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 84-1567838

Hope House of Colorado

Form 990, Part VI, Section A, line 2:

The executive director (Lisa Steven) and Board member (John Steven)are

married.

Form 990, Part VI, Section A, line 4:

During 2019 Hope House of Colorado amended and restated its Bylaws, which

have been attached to the 2019 Form 990.

Form 990, Part VI, Section A, line 8b:

Hope House Colorado does not have any committees that are authorized to act

on behalf of the governing body.

Form 990, Part VI, Section B, line 11b:

The Accounting Firm prepares the 990 and provides a draft to the Finance

Committee, Executive Director and Treasurer for their review. Corrections,

if any, are made and then the 990 is distributed to the full board of

directors for their review before the 990 is submitted to the IRS.

Form 990, Part VI, Section B, Line 12c:

Enforcement of the conflicts of interest policy takes place at least once

each and/or at each meeting where new items of business are introduced that

require independence. A certification form is completed whereby each member

of the board certifies that they understand and agree to abide by the

requirements of the Conflict of Interest Policy.

Form 990, Part VI, Section B, Line 15:

Name of the organization	Employer identification number
Hope House of Colorado	84-1567838
The Board of Directors reviews and approves the Executive Director's salary	
with the related party board member excluded from the discussion and vote	
on the issue.	
Form 990, Part VI, Section C, Line 19:	
Available upon request.	
Form 990, Part XII, Line 2c	
This process has not changed from the prior year.	