Form **990-EZ** 

## Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2016

Department of the Treasury Internal Revenue Service

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990

Open to Public Inspection

Inte	mal Rever	nue Service	Information about Forms	90-EZ and its instruction:	s is at wi	ww.irs.gov/ioni	1990.		
A	For the	2016 calend	ar year, or tax year beginning	January 1	, 2016,	and ending		embe	<u> </u>
В	Check of ap	opticable:	C Name of organization				D Empl	/	entification number
	Address c	hange	Ricky's Hope incorporated			1	/	<b>_</b> ;	35-255336(/
	Name cha	ınge	Number and street (or P.O. box, if mail is r	not delivered to street address)	?_	Room/suite	E Telep	hone n	umber
띰	Initial retui	p123 Obion Court					91	9-763-6008	
H	Amended	n/terminated	City or town, state or province, country, ar	nd ZIP or foreign postal code			F Grou	ıp Exe	mption
=	Applicatio		Raleigh, NC 27616				Nurr	ber	<b>▶</b> 2
		ting Method:	Cash Accrual Other (spe	ecify) >		H (	Check I	<b>▶</b> [7]	f the organization is no
	Vebsite		//www.rickyshope.com	·					ach Schedule B
			eck only one) - 2 501(c)(3) 501(c)	( ) ◀ (insert no.) ☐ 49	47(a)(1) o		•		0-EZ, or 990-PF).
		organization:		<del></del>	Other				
			7b to line 9 to determine gross receipt			more, or if total	assets		<del></del>
			w) are \$500,000 or more, file Form 990					<b>▶</b> ¢	
	art I		e, Expenses, and Changes in		Ralanc	es (see the i	netnic	tions	for Part I) [2]
	aiti		the organization used Schedule			•			siorraiti) 🖼
	11 4	<del></del>			Jesuon	III diis Faiti	•		1150
?			ons, gifts, grants, and similar amou					1	1150
?		_	ervice revenue including governme	ent rees and contracts				2	
?			ip dues and assessments					3	
?	1 _	Investment						4	
	5a		ount from sale of assets other than	•	5a	<u> </u>	0	1	
	b		or other basis and sales expenses		5b	<u>L</u>	0		
တ္တ	C	-	ss) from sale of assets other than i	nventory (Subtract line 5	b from I	line 5a)		5c	
3	6	_	nd fundraising events					. ]	
: <u>Z</u>	a		ome from gaming (attach Sche	edule G if greater tha	n				
		\$15,000)			6a	<u>l</u>	. 0	1	
<b>~</b> -5	b								
Ë	ł		raising events reported on line 1)		e .				
SCANNED YUN		sum of suc	ch gross income and contributions	exceeds \$15,000)	6b		0		
,	С		ct expenses from gaming and fund		6c	<u>L.</u>	0		
<b>%</b>	d	Net incom	e or (loss) from gaming and fund	Iraising events (add line	s 6a an	d 6b and sub	tract		
	1	line 6c)						6d	(
201 <b>7</b>	7a	Gross sale	s of inventory, less returns and all	owances	7a	L	0		
<b>17</b>	Ь	Less: cost	of goods sold	· RECEIVED	7b		0		
	C	Gross prof	fit or (loss) from sales of inventory		e-7a)			7c	(
	8	Other reve	nue (describe in Schedule O)		. [6] .			8	(
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7	chand 84. 1. 5. 2.017	.101.		. >	9	1150
	10	Grants and	d similar amounts paid (list in Sche	dule O)	.is			10	
	11	D 64	atal da lan dan amanahan		<u>-</u> 45.			11	(
ø	12	Salaries, o	aid to or for members ! ther compensation, and employee	benefits 2	] .			12	
Expenses	13	Profession	al fees and other payments to inde	ependent contractors				13	(
Je C	14		y, rent, utilities, and maintenance					14	13301
굛	15	-	ublications, postage, and shipping					15	600
_	16		enses (describe in Schedule O)				•	16	55.
	17	•	enses. Add lines 10 through 16 .					17	13901
_	40	Fyces or	(deficit) for the year (Subtract line	17 from line Q\	<del></del>	· · · · · ·	• •	18	12751
əts	19		s or fund balances at beginning o				with		1273
SS(	'		ar figure reported on prior year's re	-		· ·		19	
Net Assets	20		nges in net assets or fund balance					20	
ž	20							21	1275
	21		or fund balances at end of year.	<del></del>			<u>.                                      </u>	41	Form <b>990-EZ</b> (2016
FO	r Papen	work Heauci	tion Act Notice, see the separate ins	vucaons.	Cat	. No. 10642I			rum 234=E4 (2010

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	Balance Sheets (see the instructions					
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II	<u>.</u> .	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	0	22	
:3	Land and buildings		[	0	23	
4	Other assets (describe in Schedule O)		[	0	24	
5	Total assets			0	25	· · · · · · · · · · · · · · · · · · ·
5	Total liabilities (describe in Schedule O)				26	127
7	Net assets or fund balances (line 27 of column	n (R) must agree with	h line 21\		27	127
	till Statement of Program Service Accom				21	121
٠,	Check if the organization used Schedule					Expenses
		o to respond to a	ny question in triis	ranin L	(Rec	guired for section
	it is the organization's primary exempt purpose?	<del></del>				(c)(3) and 501(c)(4)
esc	cribe the organization's program service accompli	ishments for each o	f its three largest p	rogram services,		inizations; optional f
	neasured by expenses. In a clear and concise m		e services provided	d, the number of	othe	ers)
rso	ons benefited, and other relevant information for e	<del> </del>				
8	feeding the hungry- we provided one main dinner of	dignity for the home	less on 12/22/16 that	would feed 70		
	individuals and familles, all items were in-kind dona	ted by local resturant	s and organizations			
?	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶ 🔲	28a	
9	supply bags for the homeless and domestic violence	e survivors- weekly w	e went to the downto	own area in		
	Raleigh NC and distributed supply bags that contain					
	these items were either donated or purchased by the					
		includes foreign gra			29a	
D	Referal of domestic violence victims- we partnered w				250	<u>'</u>
U						
	dealing with this issue to their organization for servi	ices. We also suppled	cothing and supply	bags to those in		
	need					
	(Grants \$ ) If this amount	includes foreign gra	ants, check here .	<u> ▶ □</u>	30a	<u> </u>
1	Other program services (describe in Schedule O)					
		includes foreign gra		▶ □ !	31a	H
2	Total program service expenses (add lines 28a					
-	rotal program service expenses (and lines zoa	through 31a)			32	
	t IV List of Officers, Directors, Trustees, and Key			🕨		ctions for Part IV
	t IV List of Officers, Directors, Trustees, and Key	y Employees (list eacl	n one even if not com	▶ pensated—see the ir		ctions for Part IV)
		y Employees (list each O to respond to a	n one even if not com	▶ pensated—see the ir		ctions for Part IV
	t IV List of Officers, Directors, Trustees, and Key	y Employees (list eacl	n one even if not coming question in this  (c) Reportable compensation	pensated—see the ir Part IV (d) Health benefits, contributions to employe	nstruc	Estimated amount
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	y Employees (list each O to respond to as (b) Average	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV  (d) Health benefits, contributions to employe benefit plans, and	e (e)	Estimated amount
ari	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to an (b) Average hours per week	n one even if not coming question in this  (c) Reportable compensation	pensated—see the ir Part IV (d) Health benefits, contributions to employe	e (e)	Estimated amount
ari sa i	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Nicole Cox	y Employees (list each O to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV  (d) Health benefits, contributions to employe benefit plans, and	e (e)	[
ari O	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Nicole Cox	y Employees (list each e O to respond to as (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV  (d) Health benefits, contributions to employe benefit plans, and	e (e)	Estimated amount
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a o	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  Nicole Cox  en G. Cox III  President	y Employees (list each e O to respond to an (b) Average hours per week devoted to position  80	n one even if not coming question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount
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	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this				- 
		indudesons for that vy officer in the digunization used ochequie of to respond to any question in this	rant	Yes	No	_
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33			
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)				- 2
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		•	-
	_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a			-
	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		,	-
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		v	2
	37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b			)
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a			2
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	30a		-	
	39	Section 501(c)(7) organizations. Enter:			j- , j	1
	а	Initiation fees and capital contributions included on line 9				į
	b	Gross receipts, included on line 9, for public use of club facilities		· .		
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			ر ورد	
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь			
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-	ν , ,,		
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		ا الرئيسة الرئيسة	İ
	41	List the states with which a copy of this return is filed ▶				
	42a	The organization's books are in care of ▶ Telephone no. ▶				
	b	Located at ► ZIP + 4 ►  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)?  If "Yes," enter the name of the foreign country: ►	42b	Yes	No 🗸	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		. •	- , r	
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . [ If "Yes," enter the name of the foreign country:	42c		~	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. •	► □	-
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No	[
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			i İ
	c	Did the organization receive any payments for indoor tanning services during the year?	44c		-	
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				į
		explanation in Schedule O	44d		~	
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	]	~	:
	_ <b>b</b> _	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	-		 [

orm 99	0-EZ (2	2016) ,	·					Р	age
	<b></b>							Yes	No
6	Did t	the organization engage, directly or i	ndirectly, in political of	campaign activities or	n behalf of o	r in opposit	ion		
	to ca	andidates for public office? If "Yes,"	complete Schedule C	C, Parti			. 46		•
ırt	VI	Section 501(c)(3) organizations							
	_	All section 501(c)(3) organization	ns must answer que	estions 47–49b and	52, and co	mplete the	e tables f	or line	26
		50 and 51.			o_,	p.o.o un		O	
		Check if the organization used Sc	hadula O ta raanan	d to only milestics in	Abia Dant M				_
		Check if the organization used Sc	nedule O to respond	u to any question in	uns Part VI	<del></del>	<u>· · · · · · · · · · · · · · · · · · · </u>	· ·	
	D:-1.4						r	Yes	N
7	טום ז	the organization engage in lobbying				_			
	•	? If "Yes," complete Schedule C, Par		· · · · · · · ·					V
3	Is the	e organization a school as described i	in section 170(b)(1)(A)(	ii)? If "Yes," complete	Schedule E		. 48		V
Эа	Did t	the organization make any transfers t	to an exempt non-cha	aritable related organi	zation?		. 49a		v
b	If "Ye	es," was the related organization a so	ection 527 organization	on?			. 49b		_
)	Com	plete this table for the organization's	s five highest compen	sated employees (ot)	ner than offic	ers directo	ers trusted	es and	1 k
	empl	loyees) who each received more than	n \$100.000 of compe	nsation from the orga	nization If t	here is none	enter "N	lone "	• • • • •
		-,,	T	1	(d) Health		2, CITICI 14	one.	
	(a)	Name and title of each employee	(b) Average	(c) Reportable	contributions		(e) Estimate	d amou	nt o
	(4)	realis and title or each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,	and deferred	other com		
				1 2 1000 11100)	compe	nsation			
ne					1				
					1	****			
			1	1	1				
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-				<del>                                     </del>	<del> </del>				
					Į.				
					- <del> </del>				
				<u> </u>	†				
f 1	Com	I number of other employees paid ov	's five highest compo	ensated independent		who each	received	more	tha
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