(Rev January 2020)

Return of Organization Exempt From Income Tax

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

OMB No 1545 0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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

Α	For the	2019 calen	dar year, or tax	year begini	ning 9/0	1	, 201	9, and end	ing 8/	/31/		, 2020
В	Check if a	applicable.	С		•					D Emp	loyer ider	itification number
	Adda	ress change	TREASURE F	HOUSE OF	HOPE					45	-3172	2407
	∏ _{Nam}	ne change	1724 LANS								ohone nun	
	\vdash	al return	AURORA, CO	80010						1 30	33636	5387
	\vdash	return/terminated]							- 50	33030	307
	\vdash	ended return	}							G C	s receipts	\$ 272,769.
	H	lication pending	F Name and addre	ess of principal	officer Targe		n T D D C M C	<u> </u>	H(a) is this	s a group re		
	∐ Аррі	ilication penoing	SAME AS C	ADOUT	emeer EXE(CUTIVE	DIRECTO	K	1 ''			
_	Toy ov	empt status:	X 501(c)(3)	501(c) () 	ort no)	4947(a)(1)	r 11127	L If "No	ll subordina ," attach a l	ist (see ii	nstructions)
÷		<u>-</u>					1434/(a)(1)	" LYDG	٠,, ۵,,,,,,			
<u>, , , , , , , , , , , , , , , , , , , </u>			W. TREASURE	Trust		Other >	- 1 1.	Year of form		exemption		
K		of organization		Trust	Association	Other	11,	. Year of form	ation 200	, o j	1 State of	legal domicite
Pa	rt I	Summar		ion's missi	n or most s	anificant o	otuutiod: TIC	DROUT	DE TAID	TUTDIIA	T ABIT	FAMILY UNIT
												, COUNSELING,
S							YO MET	7 NO CE	KEEK D	FAFFOI	EMENT	' COOMPETING' -
LIFE SKILLS AND SUPPORTIVE SERVICES. 2 Check this box In the organization discontinued its operations or disposed APPLIANCE of its not support of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 2a) Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 OGDEN. UT												
Æ	2 0	hack this be	y D If the		discontinue	d its opera	tions or dis	nhsed etc	me than	2595 of it	s net a	
2 Check this box If the organization discontinued its operations or disposed the property of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)											1 6	
ଐ			dependent votin					ne 📆			2 4	0
ies	5 T	otal number	of individuals e	mployed in	calendar yea	ar 2019 (Pa	art V, line 2	a & 0(CT 062	20 20 -	5 5	1
ivit	6 T	otal number	of volunteers (e	estimate if r	ecessary)			1 ¹⁰	<u> </u>	؟ و٠٠٠ س نين	≨ 6	40
Act	7a T	otal unrelate	ed business reve	nue from P	art VIII, colu	ımn (C), lır	ne 12	1 0	GDEN,	רט ו	7a	0.
	bΝ	let unrelated	l business taxab	le income f	rom Form 99	90-T, line 3	9	<u></u>			7b	0.
									1	Prior Yea	ar	Current Year
•	8 C	Contributions	and grants (Pa	rt VIII, line	lh)					224,	831.	272,767.
Revenue			rice revenue (Pa									
)ve			tment income (Part VIII, column (A), lines 3, 4, and 7d) r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									2.
œ								•				
			e – add lines 8 t					line 12)		<u>224,</u>	837.	272,769.
			ımılar amounts p				3)					
		•	I to or for memb					•				
ın.	15 S	Salaries, oth	er compensation	, employee	benefits (Pa	art IX, colu	mn (A), line	s 5-10)		29,	700.	39,803.
Expenses	16a F	Professional	fundraising fees	(Part IX, co	olumn (A), li							
per	Ь⊤	otal fundrais	sing expenses (F	Part IX, colu	ımn (D), line	25) >						
ŭ	17 C		ses (Part IX, colu							148.	180.	128, 314.
			es. Add lines 13				A), line 25)				880.	168,117.
			expenses. Sub								957.	104,652.
გ წ		toveride less	у сиропосо. Сар			-		·	Reginni	ing of Curr		
ts o	20 T	otal assets	(Part X, line 16)						Deginin		685.	158,337.
lase Bat	21 T		s (Part X, line 2	6)	••		•	•	 -		0.	0.
Net Assets o	22 N		fund balances.		a 21 from lir	ne 20			<u> </u>	E 2	685.	158,337.
D.	-4 11			Jubliact III	C 21 110111 111	10 20			·	33,	005.	130,337.
Га	rt II	Signatur										1-6 4 4
Comp	er penaltie olete Dec	es of perjury, I de laration of prepar	eclare that I have examinate (other than office)	nined this rejur) is based on a	n, including acco Il inf er mation of	mpanying scr which prepare	r has any know	ements, and t ledge	o the best of I	my knowled	ge and be	lief, it is true correct, and
			nolle	1/201	HONSU					10	1	12020
c:		Synatu	ire of officer	-CANN					7 0	ate	 	CHOW C
Sig	jii ro		ELIA ANDER	COM					EVEC.	UTIVE	חדפנ	ירידי ס
116	16		print name and title	SON					EAEC	OTIVE	DIKE	CION
			oreparer's name		Preparer's signa	ature		Date		Check	l if	PTIN
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Pa			VAUGHN		CARLA V	HUGHN		1/23	paso	self-empl	oyea	P01880580
	parer			INC.						┨		
US	e Only	Firm's addre		E HAMPD					Firm's EIN > 46-3794942			
			AURORA							Phone no	720	-329-2999 \
May	the IR	S discuss th	iis return with th	e preparer :	shown above	? (see ins	tructions).					X Yes No

Form	990 (2019) TREASURE HOUSE OF HOPE	45-3	3172407	Page 2
Par		•	•	, –
	Check if Schedule O contains a response or note to any line in this Part III .			
1	Briefly describe the organization's mission.			
	TO PROVIDE INDIVIDUAL AND FAMILY UNIT RESTORATION THROUGH HOUST	ING FOR	ONE YE	R AS WELL
	AS CAREER DEVELOPMENT, COUNSELING, LIFE SKILLS AND SUPPORTIVE S			
2	Did the organization undertake any significant program services during the year which were not listed on the	prior		
-	Form 990 or 990-EZ?	F		es X No
	If "Yes," describe these new services on Schedule O.	• • •	□.	os <u>k</u> no
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	canucac?		res X No
3	If "Yes," describe these changes on Schedule O.	SELVICES:	□ '	es V No
_				.
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the services of the service	ervices, as lions to othe	measured ers the tot	by expenses.
	and revenue, if any, for each program service reported.	10 0111	51.55 ₁ 11.11 14.11	
	(Code:) (Expenses \$ 102,717. including grants of \$)	(Revenue	Ś	172,343.)
		(, , , , , , , , , , , , , , , , , , ,	·	172,545.
		1000 peek 6011 m		
4 b	(Code) (Expenses \$ including grants of \$)	(Revenue	\$)
		(, , , , , , , , , , , , , , , , , , ,	·	
	1 1 111 1 (111 (1 1) (1 A) AN AN AN AN AN AN			
		- -		
				
				
40	(Code) (Expenses \$ including grants of \$)	(Revenue	Ś	-1
→ ¢	/ (Code / (Copenses 4 including graits of 4)	(1.04eilue	*	
			- -	
				
				-
	*			
A	Other program services (Describe on Schedule O.)	· · · · · · · · · · · · · · · · · · ·		
40		ė		,
	(Expenses \$ including grants of \$) (Revenue	y		
PΔΔ	Total program service expenses ► 102,717.			orm 990 (2019)
	165 AD1021 07/21/19			

Page 3

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		Х
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		х
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		Х
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		Х
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		х
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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, 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	11 a	Х	
	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	11 b		X
c	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	11 c		х
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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	11 f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes.' complete Schedule D, Parts XI and XII	12a		Х
b	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	12Ь		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		Х
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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
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
BAA		Form	990	(2019)

		(2019)					F HO										45-3	<u> 17240</u>	7	Р	age
Pai	t IV	Chec	klist o	of Req	uire	d Sch	edule	s (c	ontın	ued)											
22	Did ti	ho orga	nortesion	rapart	more	than ¢	5 000 6	of ara	nte or	other	accict	ance to	or for	domesi	he indi	uduale	on Part	IY I		Yes	No
22	colun	nn (A),	line 27	If 'Yes,	com	plete S	Schedul	e I, P	arts I a	and III		ance to		uomes		viduais	····		22		Х
23	and for	ne organ ormer of edule J	ficers, d	answer in the sectors	Yes' to , trusto	o Part \ ees, ke	/II, Sect y emplo	tion A, yees,	, line 3 and hi	l, 4, or ghest o	5 abou	ut comp nsated e	ensatior employe	of the es? If '	organi; Yes,' co	zation's Omplete	current		23		Х
24 a	the la	ne organi ast day o	of the y	ear, tha	at was	sissued	d after l	e with Decer	an out nber 3	tstandır 31, 200	ng prin)27 <i>If</i>	icipal ar 'Yes,' a	nount o	f more f ines 24	than \$1 4b thro	00,000 ugh 24d	as of d and		24a		х
ŀ	Did tl	he orgai	nization	invest	any p	oroceed	is of tax	x-exe	mpt bo	onds b	eyond	a temp	orary p	period (except	on?			24b		
	any t	ne organi ax-exen	npt bon	ds?							•						fease		24c		
		he orgar										-	-		-				24d		
	trans	ion 501(action w	vith a d	squalif	ied pe	erson d	uring th	ie yea	ar? If '	Yes,' a	comple	ete Sch	edule L	, Part					25a		Х
ŀ	Is the that ti <i>Sche</i>	organiz he transa edule L,	ation av action h <i>Part I</i>	vare tha as not b	t it en een re	gaged in eported 	n an exe on any 	cess b of the	enefit organ	transadization	ction w 's prioi	rith a dis r Forms	squalifie 990 or	d perso 990-EZ	n in a ? If 'Ye	prior yea s,' comp	ar, and olete		25b		Х
26	forme	he orgai er office mily me	r. dırec	tor, trus	stee. I	kev em	plovee.	. creat	tor or i	founde	er. sub	stantia	contril	outor. c	ables t or 35%	o any c control	urrent or led entit	y	26		Х
27	empl mem	he orgai loyee, cr lber, or t ons? <i>If</i> '	reator o to a 35º	r found % contr	er, su olled	ıbstantı entity (ial conti includir	ributo ng an	r or er	mplove	ee the	reof, a o	grant se	election	i comn	nittee	-	:	27		х
28	Was t	the organ	nization	a party	to a b	usiness	transa	ction v	with on and ex	e of the	e follo	wing pai	ties (se	e Sche	dule L,	Part IV			.=-		
á	a A cur	rrent or ' comple	former	officer,	direct	tor, tru	•			•	•	founde	r, or su	bstantı	al cont	tributor	? If		28a		Х
ŧ	A fan	nıly mer	nber of	any ind	dividu	al desc	ribed in	n line	28a?	If 'Yes	,' com	plete S	chedule	e L, Pa	rt IV				28b		X
•	A 35° Yes,	% contro ' comple	olled er ete Schi	ntity of e	one or , <i>Part</i>	r more <i>IV.</i>	ındıvıdı	uals a	ind/or	organı	zation	s descr	ibed in	lines 2	8a or :	28b? <i>If</i>			28c		х
29	Did th	he orgar	nization	receive	e mor	e than	\$25,00	0 in n	ion-cas	sh con	tributi	ons? If	'Yes,'	comple	te Sch	edule N	1		29	Х	-
30	Did the contr	he orgar ibutions	nization ? <i>If 'Ye</i>	receives,' com	e cont <i>plete</i>	tributioi <i>Sched</i>	ns of ar <i>ule M</i> .	rt, hist	torical 	treasu	ures, c	or other	sımılar	assets	s, or qu	alified	conserva	ition 	30		Х
31	Did tl	he organ	nızatıon	liquida	ite, te	rminate	e, or dis	ssolve	and o	cease	operat	tions? /	f 'Yes,'	compl	ete Sc	hedule	N, Part I		31		X
32	Did th Sche	he organ edule N,	ızation s <i>Part II</i>	sell, exc	hange	, dispos	se of, or	r trans	fer mo	re than	n 25%	of its ne	t assets	? If 'Ye	es,' con	nplete		ļ	32		Х
33	Did th 301.7	he organ 7701-2 a	ization o ind 301	own 100 7701-3	% of a ? If '\	an entity Yes,' co	y disreg implete	arded Sche	as sep edule F	parate f R, Part	from th t L	ne organ	ızation	under F	Regulati	ons sec	tions		33		Х
34	Was and I	the orga <i>Part V, I</i>	anizatio Iine 1	n relate	ed to a	any tax	-exemp	ot or to	axable	entity	/? If '\	es,' co	mplete	Sched	ule R,	Part II, ·	III, or IV	,	34		Х
35 a	a Did tl	he orgai	nızatıon	have a	a cont	rolled e	entity w	uthin t	the me	eaning	of sec	ction 51	2(b)(13	3)?	•				35a		X
ı	o If 'Ye entity	es' to lin y within	e 35a, e the me	did the aning o	organ f sect	ization ion 512	receive 2(b)(13)	e any)? <i>If</i> '\	paymo Yes, ' c	ent fro comple	m or e te Scl	engage hedule i	ın any R, <i>Part</i>	transai V, line	ction w	ith a co	ntrolled		35b		
36	Secti organ	ion 501(nization	c)(3) or ? <i>If</i> 'Ye:	ganiza t s,' com	tions. plete	Did the Schedu	e organ ıle R, P	izatioi Part V,	n mak , <i>line 2</i>	e any 2	transf	ers to a	n exen	npt non	-charit	able re	ated		36		Х
37	Did the treate	ne organi ed as a	zation o partner	onduct ship foi	more r fede	than 5% ral inco	6 of its a ome tax	activiti purp	es thro	ough ar	n entity s,' cor	that is nplete s	not a re S <i>chedu</i>	lated o le R, P	rganıza art VI	ition and	that is		37		Х
38	Note	ne organi : All For	m 990	filers ai	e req	uired to	compl	lete S	chedu	le O				VI, line	es 11b	and 19?			38	Х	
Pal		Staten Check if																			П
			23		,			2,			111		- : : -	••••				••••		Yes	No
		r the nu r the nu		•											1 a			0			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? TEEA0104L 07/31/19 BAA Form **990** (2019) Form 990 (2019) TREASURE HOUSE OF HOPE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 45-3172407

	·		Yes	No
2	a 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			
1	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		Х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
1	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		
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)?	4 a		х
ł	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).		ļ	
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	ļ	X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a 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?	6 a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	ļ		
	a 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?	7 a		Х
	b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	<u> </u>	х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			17
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7 f		^
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
Ĭ	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9a	·	
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
á	Initiation fees and capital contributions included on Part VIII, line 12			
ı	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11	Section 501(c)(12) organizations. Enter.			
ä	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
		12a		ļ
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	ļ		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ě	a is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.	l		
	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 Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	\dashv	X
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		 -
	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? If 'Yes,' see instructions and file Form 4720, Schedule N.	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If 'Yes,' complete Form 4720, Schedule O.			
AΑ		Form	990 (2019)

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Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 6 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 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . . 5 Did the organization have members or stockholders? X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X b Arc any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 a X X **b** Each committee with authority to act on behalf of the govorning body?... 8 h 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Wore officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 X X 14 Did the organization have a written document retention and destruction policy?... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers or key employees of the organization 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16h organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filled > NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Other (explain on Schedule O) Own website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O 20 State the name, address, and telephone number of the person who possesses the organization's books and records SHELLY HOUGH 1724 LANSING STREET AURORA CO 80010 303 363-6387

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

- 1 a 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 employees.'
- 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.

\sqcup	Theck this box if neither the organization nor any relate	ed organiz	ation	con	nper	isate	ed any	cu	rrent officer, direct	or, or trustee.	
					(C)				,		
	(A) Name and title	(B) Average hours per	15	both dır	an c	officer /trusti			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	•	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustoc	Officer	Key emptoyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)	ANGELIA ANDERSON EXECUTIVE DIR.	$-\frac{40}{0}$	Х						36,000.	0.	0.
(2)	TIM GAYLORD	10							90,000		
	PRESIDENT	0			X	<u></u>			0.	0.	0.
_(3)	SHARON REED CHAIRMAN	510			Х				0.	· 0.	0.
(4)	SHELLY HOUGH	5									
	SECRETARY	0]		X				0.	0.	0.
(5)	TED FROST	5									
	TREASURER	0			X			_	0.	0.	0.
_(6)		_									
<u>(7)</u>										_	
(8)											
(9)											
(10)											
(11)											
(12)									1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
(13)											
(14)											

Page 8

Part VII Section A. Officers, Directors, Tri	T	ney T	C111	<u> </u>	_	es,	an	u nighest con	ipensaleu Emp	Toyees (continuea)
(A) Name and title	(B) Average hours	box	, unle	heck	sition more	e than is bot	h an	(D) Reportable	(E) Reportable	(F)
Name and the	per week (list any hours for		 1			or/trus emplo		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
	related organiza - tions below	or director	nstitutional trustee	Q	Key employee	Highest compensated employee	욕			organizations
	dotted line)	8	stee			nsated				
(15)	 									
(16)										
(17)										
(18)					-					
<u>(19)</u>		-								
(20)										
(21)										
(22)									-	
(23)										
(24)										
(25)										
1 b Subtotal]		!			□	36,000.	0.	0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A						•	<u>0.</u> 36,000.	<u> </u>	0.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	sted	abov	/e) v	vho	recei	ved			
										Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc										3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportabler than \$1!	e coi 50,00	mpei)0? /	nsa If 'Y	tion 'es,'	com	oth <i>ple</i> : 	er compensation t te Schedule J for	from .	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e compen s,' comple	satio	n fro	om a ule .	any <i>J foi</i>	unre r <i>suc</i>	late h p	d organization or erson	ındıvıdual 	5 X
Section B. Independent Contractors										
Complete this table for your five highest compen- compensation from the organization. Report compen		pend the ca	dent alend	cor dar y	trac ear	tors endir	tha ng w			
Name and business addi	ress							(B) Description o	of services	(C) Compensation
										· · · · · · · · · · · · · · · · · · ·
										
2 Total number of independent contractors (including b		ted to	thos	se li	sted	abov	ve) v	who received more	than	
\$100,000 of compensation from the organization	<u>-</u>	EEA0	108L	07/3	1/19					Form 990 (2019)

		Check if Schedu	le O	contains	a resp	onse or note to ar	ny line in this Part V	/IIL		X
	•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t t	1 a	Federated campaid	าทร		1 a		. 5.,			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1 b		· _			
5 5	C	Fundraising events	i		1 c	137,780.	1			
a #	d	Related organization	ons		1 d		1	<u> </u>		
6 E	е	Government grants (con	tributi	ions)	1 e		1			}
5 3	f	All other contributions,					1			}
the E		similar amounts not incl Noncash contributions ii	luded	above	1f	134,987.	4			
ξŽ	9	lines 1a-1f	nciude	eu in	1 g	40,555.				
P Sor	h	Total. Add lines 1a	-1t	•	· ;		272,767.	, ,	21.0	
- g					1	Business Codc	, -	/·· -		•
Program Service Revenue	2a				ſ					
æ	b	,								
ice	C									
Ž,	d									
Ë	e	·								1
g G	f	All other program s	servi	ce revenu	ie –					1
g.	g	Total. Add lines 2a	-2f		_	, >			·	
	3	Investment income ((ınclu	iding divide	ends, in	terest, and				
		other similar amou	nts)				2.	2.		
	4	Income from invest	tmer	nt of tax-e	xempt	bond proceeds				
	5	Royalties				<u> </u>				
			ĺ	(i) R	eal	(ii) Personal	1			[
		Gross rents	6a							
	ı	Less: rental expenses	6b				1			
	C	Rental income or (loss)	6с							
	d	Net rental income	or (lo	oss)						
	7 a	Gross amount from		(ı) Secu	rities	(II) Other				
		sales of assets	7a				1			
	b	other than inventory Less. cost or other basis	\vdash	-			1			
		and sales expenses	7b				1		Ì	İ
		Gain or (loss).	7c			1				
	d	Net gain or (loss)				. •				
Φ	8a	Gross income from fund	raisin	g events						
롲		(not including \$								
ě		of contributions reported	on li	ine 1c).						
æ	١.	See Part IV, line 18	•	•	8 a		1			
Other Revenue		Less, direct expens			81		ļ		,	· · · · · · · · · · · · · · · · · · ·
δ	C	Net income or (loss	s) fro	om fundra	ısıng e	vents ►	<u> </u>			
	9a	Gross income from gami	ıng ac	tivities.						
	١.	See Part IV, line 19 .		٠	9 a		1			
	1	Less: direct expens			91	<u> </u>				
	l	Net income or (loss	-	-	g activ	ties -				
	10 a	Gross sales of inventory	, less							
	١.	returns and allowances		_	102	 	-			
	i .	Less: cost of goods			ioi Douglas	<u> </u>	ļ			
	C	Net income or (los	s) irc	Jili Sales (ווייי	Business Code	<u> </u>			
3	11 -	DDDAD MENTO	יירוו		- +			-		
2 3	11 a	BREAD MINIST	τ <mark>ΚΤ</mark>		-	623990	-			
물필	ם	' 			- - - -					
scellaneo Revenue	C	All other revenue	- -							
Miscellaneous Revenue			- 11		L	-	-			
	12	Total revenue See						2		

Part IX | Statement of Functional Expenses

Seci	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a r			*	. : X
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	36,000.	0.	36,000.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,803.	,	3,803.	
11	Fees for services (nonemployees)				
a	a Management	_			
t	Legal				
C	Accounting	1,500.		1,500.	
C	i Lobbying				
	Professional fundraising services See Part IV, line 17		•		
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	321.		321.	
12	Advertising and promotion	1,586.	1,586.		· , · · , ·
13	Office expenses	611.	611.		· · · · · · · · · · · · · · · · · · ·
14	Information technology	1,010.	1,010.		
15	Royalties	,	,		
16	Occupancy .	34,602.	34,602.		
17	Travel	734.	734.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22		4 0.63	4 0.63		
23	Insurance	4,863.	4,863.	703.	
	Other expenses. Itemize expenses not	2,877.	2,174.	703.	
	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 O.)				
a	BREAD SUPPLIES	21,435.	21,435.		
	UTILITIES	17,562.		17,562.	
C	INKIND DONATIONS	7,380.	7,380.		
c	FUEL	7,328.	7,328.		
	All other expenses SEE SCHO.	26,505.	20,994.	5,511.	
25	Total functional expenses. Add lines 1 through 24e	168,117.	102,717.	65,400.	0.
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any	line in this Part X			
	•			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		26,873.	1	40,823.
	2	Savings and temporary cash investments		3,791.	2	13,793.
	з	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	· · · · · · · · · · · · · · · · · · ·
	5	Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial cont controlled entity or family member of any of these persons	·		5	
	6	Loans and other receivables from other disqualified person	· ·		 -	
		section 4958(f)(1)), and persons described in section 4958	(c)(3)(B).		6	
	7	Notes and loans receivable, net			7	
sts.	8	Inventories for sale or use	,		8	<u> </u>
Assets	9	Prepaid expenses and deferred charges			9	
4	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	17,184.			
	Ь	Less: accumulated depreciation 101	4,863.	23,021.	10 c	12,321.
	11	Investments – publicly traded securities		,	11	
	12	Investments – other securities. See Part IV, line 11.			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets	[14	
	15	Other assets See Part IV, line 11			15	91,400.
	16	Total assets. Add lines 1 through 15 (must equal line 33).		53,685.	16	158,337.
_	17	Accounts payable and accrued expenses .			17	
	18	Grants payable		· ·	18	
	19	Deferred revenue	,		19	
	20	Tax-exempt bond liabilities			20	
8	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, key employee, creator or founder, substantial contributor,	or 35% -			
Ë		controlled entity or family member of any of these persons	<u> </u>		22	
	23	Secured mortgages and notes payable to unrelated third p			23	
	24	Unsecured notes and loans payable to unrelated third part			24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24). Complete	related third parties, Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
ces		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.	X	•		
<u>a</u>	27	Net assets without donor restrictions		23,674.	27	145,375.
8	28	Net assets with donor restrictions		30,011.	28	12,962.
Vet Assets or Fund Balances	<u> </u>	Organizations that do not follow FASB ASC 958, check he and complete lines 29 through 33.	ere ►			
Б	29	Capital stock or trust principal, or current funds			29	
ŝ	30	Paid-in or capital surplus, or land, building, or equipment t	und, .		30	
8	31	Retained earnings, endowment, accumulated income, or o	<u> </u>		31	
Ä	32	Total net assets or fund balances		53,685.	32	158,337.
É	22	Total liabilities and net assets/fund halances	}	53,685	33	158, 337

Forn	m 990 (2019) TREASURE HOUSE OF HOPE 45-	3172407		Pa	age 12
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	72,7	769.
2	Total expenses (must equal Part IX, column (A), line 25) .	2		68,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		04,6	
4	Not assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			385.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1	58,3	 337.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		7 % -	.uu.	,
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant? .		2 a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both. Separate basis	d on a	,	,	
					v
	b Were the organization's financial statements audited by an independent accountant?		2ь	•	Х
	If 'Yos,' check a box bolow to indicate whether the financial statements for the year were audited on a separal basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	te	,	٠	*,
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, roview, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O		'		

TEEA0112L 01/21/20

3 a

3 b

Form 990 (2019)

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

BAA

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.lrs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number TREASURE HOUSE OF HOPE 45-3172407 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross invostment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (ii) EIN (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

Par	t II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	id 170(b)(1)(A)(vi) [,]		
	(Complete only if you checked organization fails to qualify	the box on line 5, under the tests lis	7, or 8 of Part I or sted below, pleas	r if the organization e complete Part II	i failed to qualify un H.)	ider Part III. If the	,		
Sec	tion A. Public Support								
	ndar year (or fiscal year nning 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	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								
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).								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support	,				· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, 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.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	uties, etc (see in	structions)			12			
13	First five years. If the Form 990 is organization, check this box and		n's first, second, ti	nird, fourth, or fifth	tax year as a sector	on 501(c)(3)	►□		
Sec	tion C. Computation of Pu	blic Support P	ercentage	·					
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))	14	%		
15	Public support percentage from	2018 Schedule A,	Part II, line 14		• • •	15	%		
16a	33-1/3% support test—2019. If t and stop here. The organization	he organization di qualifies as a put	d not check the solicly supported o	box on line 13, an organization	nd line 14 is 33-1/3	3% or more, check	this box		
b	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 to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	es' test, check this	box and stop her	re. Explain in Part	VI how		
b	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

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.)

Sec	tion A. Public Support	, ,			 		
Calen	dar 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.)				1, 2		0.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.			-			0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513				*	•	0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	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	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b.	0.	0.	0.	0.	0.	
_	Public support. (Subtract line 7c from line 6.)	U.		0.	0.	U.	0.
Sec	tion B. Total Support	<u> </u>		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	0.	0.	0.	Ö.	0.	0.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	0.	0.	0.	0.	0.	0.
	First five years. If the Form 990 organization, check this box and	stop here		I, third, fourth, or	fifth tax year as	a section 501(c)(3)	► X
	tion C. Computation of Pul			. 10		1 1	0
	Public support percentage for 20	•	***	e 13, column (f))		15	%
	Public support percentage from 2			·	• • • • • • • • • • • • • • • • • • • •	16	0/0
	tion D. Computation of Inv	 				· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for			-	mn (f))	17	%
	Investment income percentage fr					18	8
	33-1/3% support tests—2019. If t is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	s a publicly suppo	rted organization	. ▶ 📋
b	33-1/3% support tests-2018. If the	ne organization die	not check a box	on line 14 or line	e 19a, and line 16	is more than 33-1	/3%. and
20	line 18 is not more than 33-1/3% Private foundation. If the organiz	, check this box ai	nd stop here. The	organization qua	lifies as a publicl	y supported organi	

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	
---	--

			Yes	No
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	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
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.	3b		
С	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.			
4 a	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	4b		
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	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (h) 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).	5a		
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?	5c		L
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 .	6		
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).	7		
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).	8		
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.	9b		
С	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	9 c		
10a	Was the organization subject to the excess business holdings rules of section 1943 because of section 1943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
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.)	10b	—	

Par	t IV	Supporting Organizations (continued)			
11	, Has tl	he organization accepted a gift or contribution from any of the following persons?		Yes	No
	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	_	ning body of a supported organization?	11a		
		nily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	lion E	3. Type I Supporting Organizations	\neg	Yes	No
1		e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		163	110
	Part V	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in If how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.			
	direct	organization had more than one supported organization, describe how the powers to appoint and/or remove ors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization.					
				—	
Sec		C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees the of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			
	suppo	orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
		ſ		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	year,	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (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	2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	the or	ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By rea	ason 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 nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3,		
Sec	tion E	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 year (see instructions).			
а	□ Tł	ne organization satisfied the Activities Test. Complete line 2 below.			
b	Tt	ne organization is the parent of each of its supported organizations. Complete line 3 below.			
c	Tł	ne organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	tions).	
2	Activit	ties Test. Answer (a) and (b) below.	ſ	Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	suppoi	rted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported vizations and explain how these activities directly furthered their exempt purposes, how the organization was	ŀ		
	respo	nsive to those supported organizations, and how the organization determined that these activities constituted			
_		antially all of its activities			
þ	the or	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
		ganization's position that its supported organization(s) would have engaged in these activities but for the ization's involvement	2b		
2		it of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
_	each	of the supported organizations? Provide details in Part VI.	3a		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its integrations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		
	22200			l	

Sche	dule A (Form 990 or 990-EZ) 2019 TREASURE HOUSE OF HOPE		45-31	72407	Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizati	ions	•	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	Part VI). Sec through E	÷ ,
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1		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			
Sec	tion B — Minimum Asset Amount	•	(A) Prior Year	(B) Curre (option	
_1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		•		
	Average monthly value of securities	1a			
Ł	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
•	I Total (add lines 1a, 1b, and 1c)	1d			
•	Discount claimed for blockage or other factors (explain in detail in Part VI):				
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		ļ	
Sec	tion 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		<u> </u>	
	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-functionally inte (see instructions).	grated	Type III supporting org	anization	
BAA			Schedule A (Fo	orm 990 or 99	0-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page 7

Par	t V │Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt p	urposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	5,	
3	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provide	details	
9				
10	Line 8 amount divided by line 9 amount			
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	<u> </u>		<u>.</u>
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	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			
	Applied to 2019 distributable amount			
	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 Part VI. 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.			
	Breakdown of line 7			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017 .	white the second	,	4 . 4
d	Excess from 2018	o 1.1 g. 5	the second of the second	F 4 100 2 4

Schedule A (Form 990 or 990-EZ) 2019

BAA

e Excess from 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

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.

OMB No 1545-0047

2019

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	TREASURE HOUSE OF HOPE			45-3172	:407
Par	t Organizations Maintaining Done	or Advised Funds or Oth	er Similar Fu	nds or Accounts.	
	Complete if the organization ans	wered 'Yes' on Form 990	, Part IV, line	∍ 6.	
		(a) Donor advised	funds	(b) Funds and ot	her accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year) .				
3	Aggregate value of grants from (during year) \dots .				
4	Aggregate value at end of year			<u> </u>	
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the organization's exclusive legal	assets held in d control?	donor advised funds	Yes No
6	Did the organization inform all grantees, done for charitable purposes and not for the benefit impermissible private benefit?	ors, and donor advisors in writing it of the donor or donor advisor	ng that grant fun , or for any othe	r purpose conferring	Yes No
Par	t II Conservation Easements.				
	Complete if the organization ans	wered 'Yes' on Form 990	, Part IV, line	e 7.	
1	Purpose(s) of conservation easements held b	y the organization (check all th	at apply).		
	Preservation of land for public use (for exam	iple, recreation or education)	Preservat	tion of a historically impoi	tant land area
	Protection of natural habitat		Preservat	tion of a certified historic	structure
	Preservation of open space		<u> </u>		
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation cont	ribution in the for		
					nd of the Tax Year
	Total number of conservation easements			2a	
	Total acreage restricted by conservation ease		(=)	2b	
	Number of conservation easements on a certi-		` '	2 c	<u> </u>
	Number of conservation easements included structure listed in the National Register			2 d	
3	Number of conservation easements modified, trait tax year ►	nsferred, released, extinguished,	or terminated by	the organization during the	
4	Number of states where property subject to conse			_	
5	Does the organization have a written policy re		g, inspection, ha		V
c	and enforcement of the conservation easeme		and anforming of	L_J	Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, nariding of violations,	, and emorcing co	onservation easements duni	ig the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and	enforcing conser	rvation easements during th	e year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the rea	quirements of se	ection 170(h)(4)(B)(i)	Yes No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote	ports conservation easements in to the organization's financial s	n its revenue an	id expense statement and describes the organization	balance sheet, and n's accounting for
Par	conservation easements. III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical	Treasures, or	r Other Similar Asse	ts.
4 ~		· · · · · · · · · · · · · · · · · · ·	 		
ıa	If the organization elected, as permitted unde historical treasures, or other similar assets he Part XIII the text of the footnote to its financial	eld for public exhibition, educati	on, or research	in furtherance of public so	er works of art, ervice, provide in
Ь	If the organization elected, as permitted unde historical treasures, or other similar assets held following amounts relating to these items	r FASB ASC 958, to report in it or public exhibition, education, or	ts revenue state research in furth	ment and balance sheet verance of public service, pro	vorks of art, ovide the
	(i) Revenue included on Form 990, Part VIII,	, line 1		► \$	
	(ii) Assets included in Form 990, Part X	• • •		►\$	
2	If the organization received or held works of art, I amounts required to be reported under FASB	historical treasures, or other similar ASC 958 relating to these item	ar assets for finar	ncial gain, provide the follow	ving
а	Revenue included on Form 990, Part VIII, line			. ►\$	
b	Assets included in Form 990, Part X .	•		▶ \$	

Part III Organizations Maintai	ning Collections	of Art, Histo	ricai i reasures, or	Other Similar Ass	ets (contil	nuea)
3 Using the organization's acquisition, items (check all that apply)	accession, and other	records, check an	ny of the following that ma	ake significant use of its	collection	•
a Public exhibition		d Loan o	r exchange program			
b Scholarly research		e Other				
c Preservation for future genera	ations					
4 Provide a description of the organiza Part XIII.	ation's collections and	explain how they	further the organization's	exempt purpose in		
5 During the year, did the organizat to be sold to raise funds rather th	an to be maintained	as part of the or	ganization's collection?	' <i>.</i> .	Yes	No
Part IV Escrow and Custodial line 9, or reported an a	Arrangements. amount on Form	Complete if the 1990, Part X, I	ne organization ans ine 21.	swered 'Yes' on Fo	rm 990, P 	art IV,
1 a Is the organization an agent, trus on Form 990, Part X?		_		r assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and com	plete the following	ng table:			
					Amount	
c Beginning balance			•	1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2 a Did the organization include an ai	mount on Form 990.	Part X. line 21. f	for escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement				- L		H
Z ii ree, explain the arrangement		or or the original in	and in the book provides	a 3111 ant 71117		
Part V Endowment Funds. Co	molete if the or	nanization and	swered 'Yes' on Fo	rm 990 Part IV lin	10 10	
Turt Elleownent unus. ot	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	oare back
1 a Beginning of year balance	(a) current year	(b) That year	(c) Two years back	(d) Three years back	(E) rour ye	Eal S Dack
b Contributions			····		 	
b Continuations					 	
c Net investment earnings, gains, and losses					,	
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the current year	end balance (line	g 1g, column (a)) held a	is.	•	
a Board designated or quasi-endowme	ent ►	%				
b Permanent endowment ►	8					
c Term endowment ►						
The percentages on lines 2a, 2b, an	d 2c should equal 100	%				
3 a Arc there endowment funds not in the organization by:	e possession of the o	rganization that ar	e held and administered	for the	Yes	No
(i) Unrelated organizations					3a(i)	
(ii) Related organizations .	• • • • • • • • • • • • • • • • • • • •		•		3a(ii)	
b If 'Yes' on line 3a(ii), are the relations	ad organizations list	ad as required o	n Schodulo D2		3b	
4 Describe in Part XIII the intended	-	· · · · · · · · · · · · · · · · · · ·		, , , , , ,	30	
· · · · · · · · · · · · · · · · · · ·		ation's endowmer	it iunus.			
Part VI Land, Buildings, and E	• •	N/	000 D 1 N 1	11 0 5 00	.	l: 10
Complete if the organiz	zation answered	Yes on Form	1 990, Part IV, line	11a. See Form 990	J, Part X,	line 10.
Description of property		or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment	1		17,184.	4,863.	1	2,321.
011			11,104.	7,003.		<u> </u>
Total. Add lines 1a through 1e. (Column		m 990 Part Y o	olumn (R) line 10c)	>		2 221
BAA	r (o) must equal POR	220, 1 att A, CC	Juliu (D), III 100.)		ıle D (Form 9	2,321.
				Juleut	THE P (LOUIN 2	/ //////

Schedule D (Form 990) 2019 TREASURE HOUSE OF	HOPE		5-3172407	Page 3
Part VII Investments — Other Securities.	l'Vos' on Form 99	N/A O Part IV line 11h See F	orm 000 Part Y	lino 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost		
(1) Financial derivatives	(b) book value	(c) Welliou of Valuation Cost	or end-di-year market va	
(2) Closely held equity interests				
(3) Other	-			
(A)				
(B)				
(C)		 		
(D)				•
(E)				
<u>`</u> (F)				
(G)			· · · · ·	
(H)				
(l)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)				
Part VIII Investments — Program Related. Complete if the organization answered		N/A 0, Part IV, line 11c. See F	orm 990, Part X	, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost	or end-of-year mark	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)				
Part IX Other Assets. Complete if the organization answered	l 'Yes' on Form 99	0, Part IV, line 11d. See Fo	orm 990, Part X	, line 15.
	scription		(b) Book	
(1) EIDL FUNDS			9	<u> 1,400.</u>
(2)				
(3)				
(5)			-	
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	· ·	<u></u>		1,400.
Complete if the organization answered 'Yes' on F		le or 11f. See Form 990, Part X, I		· · · · · · ·
1. (a) Descri	iption of liability		(b) Book	value
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)				
(5)				

2. Liability for uncertain tax positions. In Part XIII, provide like lext 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

Schedule D (Form 990) 2019	TREASURE	HOUSE	OF	HOPE

45-3172407

Page 4

<u>Part XI</u> Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	. 2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Dank VIII Danasa ili aliana of Ermanasa na na aliana Eliana ila Cada manda Milia Ermanasa	
<u>Part XII</u> Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	er Return. N/A
	er Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses 2 Donated Services 2 Donated Services and Use of facilities 3 Donated Services and Use of facilities 4 Donated Services and Use of facilities 2 Donated Services and Use of facilities 2 Donated Services and Use of facilities 3 Donated Services and Use of facilities 4 Donated Services and Use of facilities 5 Donated Services and Use of facilities 6 Donated Services and Use of facilities 6 Donated Services and Use of facilities 6 Donated Services Amount Services S	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) 2 on Form 990, Part IV, line 12a. 2 a 2 a 2 b 2 c 2 d	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d	2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	2 e 3 4 c
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4 Ab	2e 3

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.

BAA

Schedule D (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.
 Go to www.lrs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer Identification number

TREASURE HOUSE OF HOPE 45-3172407 Types of Property (a) Check if (b) (c) Number of Noncash contribution Method of determining applicable contributions or amounts reported noncash contribution amounts on Form 990. items contributed Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests 11 Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial Real estate - Other 17 Collectibles 18 Food inventory X 8,280. IN KIND 19 Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts. 23 Scientific specimens 24 Archeological artifacts. Other► (CLIENT GROOMING 25 100. IN KIND 26 32,175. Other ► |IN KIND 27 Other ► 28 Other ► Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? -30 a X b If 'Yes,' describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?... 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a X b If 'Yes,' describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

2 age

Part II 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.

SCHEDULE O (Form 990 or 990-EZ)

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TREASURE HOUSE OF HOPE

Employer identification number

45-3172407

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

APPROVED BY BPARD PF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
-	TOTAL	SERVICES	& GENERAL	FUNDRAISING
AUTO REPAIRS & MAINTENANCE	4,676.	4,676.		
BANK FEES & MEMBERSHIP	162.		162.	
BREAD-CLEANING & SUPPLIES	3,468.	3,468.		
BUILDING MAINTENANCE & REPAIR	2,625.	•	2,625.	
CLIENT SPECIAL EVENT EXPENSE	910.	910.	•	
DUES, SUBSCPT, POSTAGE, MISC.	1,862.		1,862.	
INSURANCE FOR DRIVERS	1,424.	1,424.		
KITCHEN RENT & BUSINESS EXP	4,275.	4,275.		
MINISTRY SERVICES	4,769.	4,769.		
MISCELLANEOUS-RTD & FEES	122.	57.	~ 65.	
OUTSIDE SERVICES	185.		185.	
PARKING & RELATED	239.	239.		
PAYROLL SERVICE FEES	612.		612.	
POSTAGE AND SHIPPING	201.	201.		
VEHICLE INSURANCE	750.	750.		
VEHICLE REGISTRATION	225.	225.		
TOTAL $\underline{\underline{s}}$	26,505.	20,994.	\$ 5,511.	\$ 0.
	20,303.	20, 334.	y 3,311.	