19-12

S p Ravery ON NOV 1 & 2021



Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2019

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/Form990EZ for instructions and the latest information. 19/1

Open to Public Inspection

A	For the	2019 calendar year, or tax year beginning , 2019, and ending	—.t		, 20	
В	Check if a	pplicable: C Name of organization	D Empl	oyer i	dentification number	
	Address	46-2146247				
	Name ch	E Telephone number				
닖	Instial retu	IP O Boy 1017		(9	70) 381-1973	
H	Amended	City or town, state or province, country, and ZIP or foreign postal code	F Grou		emption	
Ħ		on pending Greeley, CO 80632		nber	•	
G	Accoun		heck I	▶ □	if the organization is not	
	Nebsite				tach Schedule B	
J 1	ax-exe	**· · · · · · · · · · · · · · · · · · ·	•		0-EZ, or 990-PF).	
		organization: Corporation Trust Association Other				
L/	Add line	s Sb, 65, പ്രീ 75 to പ്ര Sto determine gluss receipts. If gross receipts are \$200,000 or more, or if total a				
(Pa	rt II, col	lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ 9	\$	
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in		tion	s for Part I)	
		Check if the organization used Schedule O to respond to any question in this Part I				
	1	Contributions, gifts, grants, and similar amounts received		1	103,755	
	2	Program service revenue including government fees and contracts	[2		
	3	Membership dues and assessments		3		
	4	Investment income		4	21	
	5a	Gross amount from sale of assets other than inventory 5a				
	b	Less: cost or other basis and sales expenses			.6	
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	•	5c	Q.	
	6	Gaming and fundraising events:			Ç.	
9	а	Gross income from gaming (attach Schedule G if greater than \$15,000)			C octen Tan	
Revenue	Ь	Gross income from fundraising events (not including \$ of contributions	7	100		
ě		from fundraising events reported on line 1) (attach Schedule G if the	/CC	بح	102 VEZ	
		sum of such gross income and contributions exceeds \$15,000) 6b 2	× 0		() '),	
	C	Less: direct expenses from gaming and fundraising events 6c	.0		2 82.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtractions)	ract		Cer	
		line 6c)	. [6d	0	
	7a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	. [7c		
	8	Other revenue (describe in Schedule O)	· [8	0	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	103,775	
	10	Grants and similar amounts paid (list in Schedule O)	.	10		
	11	Benefits paid to or for members	.	11		
205	12	Salanes, other compensation, and employee benefits	. }	12	69,354	
beuses	13	Professional fees and other payments to independent contractors	٠	13	7,750	
_	14	Occupancy, rent, utilities, and maintenance	·	14		
மி	15	Printing, publications, postage, and shipping	.	15	433	
	16	Other expenses (describe in Schedule O)	:	16	22,926	
	17	Total expenses. Add lines 10 through 16		17	100,463	
ž.	18 19	Excess or (deficit) for the year (subtract line 17 from line 9)	<u></u> }	18	3,312	
8 86	13	end-of-year figure reported on prior year's return)		10		
Net Assets	20	• • • • • • • • • • • • • • • • • • • •	_ ⊢	19	75,963	
Ž	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	79,275	



Form	990-EZ (2019)					Kage 12
Pa	rt II Balance Sheets (see the instructions	for Part II)				15:
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part II		🗀
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[75,963	22	79,275
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets			75,963		[*] 79,275
26	Total liabilities (describe in Schedule O)				26	
27 Dat	Net assets or fund balances (line 27 of column till Statement of Program Service Accom			75,963	27	79,275
rai	Check if the organization used Schedule					Expenses
W/ha	t is the organization's primary exempt purpose?	e o to respond to a	ny question in this	Part III 📋	(Rec	jured for section
			4 to - 41			c)(3) and 501(c)(4)
as n	cribe the organization's program scrvico accomplinessured by expenses. In a clear and concise n	ISTIMENTS FOR CACH C	τις three largost p	rogram services,	othe	nizations, optional for rs)
pers	ons benefited, and other relevant information for ea	ach program title.	e services provided	, the number of		,
	A total of 13 gang youth completed training and wen		g 2019. There are on			T
			~			
	,		4.1	🏲		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28a	100,463
29						
	**					
	***************************************					1
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ □ </u>	29a	ļ
30						}

	(Oranda A				00-	
24	(Grants \$) If this amount				30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign gra	nte check hara		31a	
32	Total program service expenses (add lines 28a	through 31a)	inis, theta here .	· · · • • • • • • • • • • • • • • • • •	32	100,463
Par						
	Check if the organization used Schedule					
	<u> </u>	(b) Average	(c) Reportable	(d) Health benefits,	1	<u> </u>
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		Estimated amount of their compensation
		devoted to position	(if not paid, enter -0-)			
Roge	r Ramirez			deferred compensation	<u> </u>	
Chair				deterred companisation	-	
Phil (man	11	0	dererred compensation		
	Grizzle		0	deterred compensation		
	Grizzle Chairman		0	deterred companisation		
Allan	Grizzle Chairman Obert	1	0	deterred companisation		
Allan Secre	Grizzle Chairman Obert Etary			deterred compensation		
Allan Secre	Grizzte Chairman Obert stary st Cienfuego Baca	1 2	0	deterred compensation		
Allan Secre Ernes Direc	Grizzle Chairman Obert etary st Cienfuego Baca tor	1	0	deterred compensation		
Allan Secre Ernes Direc Pres	Grizzte Chairman Obert etary et Cienfuego Baca tor Montoya	2	0	deterred compensation		
Allan Secre Ernes Direc Pres	Grizzle Chairman Obert etary st Cienfuego Baca tor	1 2	0	deterred compensation		
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Form **990-EZ** (2019)

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Form 991LF7	<i>የ</i> 2019ነ

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puirements in the stion in this Part V .
Yes No

Ves Note Ves	Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi			. 🗆
detailed description of each activity in Schedule 0 . 4. 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 0. See instructions 3. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 3. If "Yes" to line \$5a, has the organization fleat form \$90-Tit the year? If "Yes," provide an explanation in Schedule 0. Was the organization a section \$51(c)(4), 501(c)(5), or \$51(c)(6) or \$501(c)(6) or \$5		mondonorio for rate vi, cricole il tro digamazzioni doca conteduto e la resperia le ari, quantità il il	<u> </u>		No
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 55a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on fines £2, 6a, and 7a, among others)? 55a Unit the organization as exciton \$51(c)(4), \$51(c)(5), or \$51(c)(6) or granization subject to section \$63(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 55b ✓ 55c ✓	33		33		1
activities (such as those reported on lines 2, 6a, and 7a, among others)? b if "exe" bine 35sh, bat the organization fleaf a Form 990-1" for the year? If "No," provide an explanation in Schedule O to Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and priory tax requirements during the year? If "Yes," complete applicable parts of Schedule N 770 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 871 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 872 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 873 Bid the organization fle Form 1120-POL for this year? 874 Bid the organization and in a prior year and still outstanding at the end of the tax year covered by this return? 975 If "Yes," complete Schedule L, Part I, and enter the total amount involved 976 Gross recepts, included on line 9, for public use of club facilities 977 Section 501(c)(3) (301(c)(4), and 501(c)(29) organizations. Did the organization during the year undersection 911 ▶ 1 section 4912 ▶ 1 section	34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		1
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(o/d), 501(o/d), 501(o/d), 501(o/d), 501(o/d), 501(o/d) 36 Did the organization undergo a liquidation, dissolution, termination, or significant olsposition of net assets during the year? If "Yes," complete Schedule C, Part III . 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 137a 37b Did the organization brorow 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? 37b If "Yes," complete Schedule L, Part II, and enter the total amount involved 18a 39 Section 501(o/d), Organizations. Enter: 39a Individual of the sea and capital contributions included on line 9 39a Section 501(o/d), Organizations. Enter amount of tax unposed on the organization during the year under: 39a Section 501(o/d), 301(o/d), and 501(o/d) organizations. Did the organization during the year under: 39a Section 501(o/d), 501(o/d), and 501(o/d) organizations. Did the organization during the year under: 39a Section 501(o/d), 501(o/d), and 501(o/d) organizations. Did the organization during the year under: 39a Section 501(o/d), 501(o/d), and 501(o/d) organizations. Did the organization during the year under: 39a Section 501(o/d), 501(o/d), and 501(o/d) organizations. Enter amount of tax on line 40b Section 501(o/d), 501(o/d), and 501(o/d) organizations. Enter amount of tax on line 40c perimbursed by the organization being the tax year, was the organization aparty to a prohibited tax shelter 41b List the states with which a copy of this return is filed ▶ Colorado 41c The organization's books are in care of ▶ Pres Montoys 41b A tary time during the calendar year, did the organization have an interest in or a signature or other authority owas formacial account in 6roling requirement	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
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. 55	h				1
during the year? If "Yes," complete applicable parts of Schedule N 78a Did the organization file Form 1120-POL for this year? 88b Did the organization file Form 1120-POL for this year? 88c 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? 88b 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? 88c Did the organizations. Enter. 88c Inhibition fees and capital contributions included on line 9 89c Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization during the year under: section 4911 ▶ 89c 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 and the horganizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956. 8 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T. 1 Let the states with which a copy of this return is filed ▶ Colorado 1 Telephone no. ▶ (979) 381-1973 2 Telephone no. ▶ (979) 381-1973 2 Did the organization should be organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶		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	35c		1
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II, and enter the total amount involved	36	during the year? If "Yes," complete applicable parts of Schedule N	36		1
Did the organization borrow from, or make any loans to, any officer, director, frustee, 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? **Bethylor of the property of the organization based of the property of the property of the organization of tax parts of the organization and property of the organization of the property of	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	1		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? bill "Yes," complete Schedule L, Part II, and enter the total amount involved likiation fees and capital contributions included on line 9. contributions included on line 9, for public use of club facilities likiation fees and capital contributions included on line 9. contribution 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4915 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-E27 if "Yes," complete Schedule L, Part I constant in the states with which a copy of this return is filed ▶ Colorade The organizations and sold (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 do 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 do Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c reimbursed by the organization Forganization solotes are in care of ▶ Pres Montoya Located at ▶ 1324 10th Ave 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 ▶ Section 4947(a)(1) increaming the hard and enter the amount of tax-exempt interest received or accrued during the tax year year and enter the name of the foreign country ▶ 10 If the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ bid the organization maintain any donor advised funds du			37b		✓
b if "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9. Gross receipts, included on line 9, for public use of club facilities 39b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, ord 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 c 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 4956 d 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 4956 d 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 4956 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization angers or disqualified persons during the year under sections 4912, 4955, and 4956 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization is flowed by the organization	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were		}	-,-
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 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 c 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 4956 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e 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 Losted at ▶ 1324 10th Ave 1 List the states with which a copy of this return is filed ▶ Colorado The organization's books are in care of ▶ Pres Montoya 1 Losted at ▶ 1324 10th Ave 2 A tay 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 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 ▶ Seet he instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 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 count			368	-	✓
a Initiation fees and capital contributions included on line 9 includ			1		,
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911 ▶ ; section 4955 ▶ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 - E27 if "Yes," complete Schedule L, Part 1 c 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 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on 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 List the states with which a copy of this return is filed ▶ Colorado 42a The organization's books are in care of ▶ Pres Montoya Located at ▶ 1324 10th Ave b 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, securiles account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization persate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization have a		, , , , , , , , , , , , , , , , , , ,]		'
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4951 ▶ 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-E27 if "Yes," complete Schedule L, Part I C 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 . d 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 . d 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 . d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization a party to a prohibited tax shelter transaction? If "Yes," complete form 8886-T . 40 East the states with which a copy of this return is filed ▶ Colorado 41 List the states with which a copy of this return is filed ▶ Colorado 42a The organization's books are in care of ▶ Pres Montoya	_		1		
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 C 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, 4956, and 4958. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 4 RI 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 41 List the states with which a copy of this return is filed ▶ Colorado 42a The organization's books are in care of ▶ Pres Montoya Located at ▶ 1324 10th Ave 2 IP + 4 ▶ 80631 43b 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 leuch as a bank account, securities account, or other financial account?? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in heu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 Yes No empleted instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? Did the organization receive any payments from or engage in any transaction with a contr		Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 4 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T List the states with which a copy of this return is filed ▶ Colorado The organization's books are in care of ▶ Pres Montoya Located at ▶ 1324 10th Ave 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 In "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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 ▶ Section 501(c)(1) nonexempt charitable trusts filing Form 990-EZ in heu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in heu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 5 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 5 Did the organization receive any payments for indoor tanning services during the year? 4 Did the organization have 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 Interest Port Port Port Port Port Port Port Por	b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	- 40b		√
40c reimbursed by the organization .		on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			,
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ Colorado Telephone no. ▶ (970) 381-1973 Located at ▶ 1324 10th Ave		40c reimbursed by the organization			
The organization's books are In care of ▶ Pres Montoya Located at ▶ 1224 10th Ave 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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 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 ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	e		40e	-	1
Located at ▶ 1324 10th Ave	41				
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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ 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 ▶ ↓ 43 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42a	The organization a books are in date of a			3
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If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
Financial Accounts (FBAR). c 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 ▶ 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 ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					
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and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	C		42c		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	43			. 1	▶ 🗆
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		and enter the amount of tax-exempt interest received or accrued during the tax year		W	NI -
completed instead of Form 990-EZ	44-	Did the service of the service and department of the service of th		Yes	NO
completed instead of Form 990-EZ	448	completed instead of Form 990-EZ	44a		1
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	þ	completed instead of Form 990-EZ	\vdash		1
Did the organization have a controlled entity within the meaning of section 512(b)(13)?		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			√
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	452	·			1
Form 990-EZ. See instructions		Did the organization receive any payment from or engage in any transaction with a controlled entity within the			,
		Form 990-EZ. See instructions	45b	لــــا	✓

Form 99	0-EZ (2	2019)	-							*	fage 4
46		he organization ongago, directly or in Indidates for public office? If "Yes," c							46	Yes	No
Part \		Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s Only s must answer que	stions 47–49b a	nd 52, a	nd con			46 es f	or lin	es
48 49a b 50	year? Is the Did to If "Ye Com	the organization engage in lobbying? If "Yes," complete Schedule C, Part a organization a school as described in the organization make any transfers to s," was the related organization a se plete this table for the organization's oyees) who each received more than	activities or have a : Il	section 501(h) ele i)? If "Yes," comple ritable related org on?	ction in o	effect du fule E ? an office	· · · · · · · · · · · · · · · · · · ·	ors, tru		Yes	√ √ d key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-Mi	contri benefi		employee id deferred	(e) Est		d amou pensat	
f 51	Total Com \$100	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ Name and business address of each independent	s five highest compenization. If there is no	ensated independ		ractors v		recei ¹			than
52	Did 1	number of other independent contra the organization complete Schedul pleted Schedule A	ie A? Note: All se	ction 501(c)(3) o	· · ·			· □ <			
Under pe true, com	nalties ect, an	of penalty, I declare that I have examined this red complete. Declaration of preparer (other than	etum, including accompant officer) is based on all info	ring schedules and statement of which prepared to the prepared	tements, an rer has any	d to the b knowledg	est of my kn e.	owledge	and	belief,	it is
Sign Signiture of officer Date Here Pres Montoya, Executive Director Type or print name and title											
Paid Prepa Use C		Print/Type preparer's name	Preparer's signature		Date	Føm's	Check ☐ self-employ	of red	IN		
		Firm's address ▶				Phone	no.				
May the	e IRS	discuss this return with the preparer	snown above? See i	nstructions			🏴	▶ ∐ `	Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization Employer identification number Jobs of Hope, Inc. 46-2146247 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). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 university: 10 An organization that normally receives: (1) more than 331x% 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 331/8% of its support from gross investment 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. 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. 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, C 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of support (see (described on lines 1-10 listed in your governing other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Par	Support Schedule for Organiza	ations Descr	bed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	1
Section A. Public Support Calendar year (er fiscal year beginning in) 1 Giffs, 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 turnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 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) 5 Public support. Subtract line 5 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 on related business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 12 Gross receipts from related business is regularly carried on 15 Public support. Add lines 7 through 10 16 Gross income from unrelated business is regularly carried on 16 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 17 Public support percentage from 2018 Schedule A. Part II, line 14 18 Public support percentage from 2018 Schedule A. Part II, line 14 19 Public support percentage from 2018 Schedule A. Part II, line 14 19 Public support percentage from 2018 Schedule A. Part II, line 14 19 Public support percentage from 2018 Schedule A. Part II, line 14 19 Public support percentage from 2018 Schedule A. Part II, line 14 19 Public support percentage from 2018 Schedule A. Part II, line 14 19 Public support percentage from 2018 Schedule A. Part II, line 14 19 Public support percentage from 2018 Schedule A. Part II, line 14 19 Public support percentage from 2018 Schedule A. Part II, line 14 19 Public support test—2018. If the or								
Calendar year (or fiscal year beginning in) 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 unt 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 unt or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 9 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 10 Other income. Do not include gain or loss from the sele of capital assets (Explain in Part VI). 11 Total support. Add lines? Ithrough 10 12 Gross receipts from related business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sele of capital assets (Explain in Part VI). 11 Total support percentage from 2018 Schedule A, Part II, line 14 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c organization), check this box and stop here. Five years are the companization and not check a box on line 13, and line 14 is 331-9% support percentage for 2019 (line 6, column (f) divided by line 11, column (f) . 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) . 15 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) . 16 303-978 support test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b,		Part III. If the organization fails to						,
a Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities unrished by a governmental unit to the organization without charge. Total, Add lines 1 through 3 . 84,110 93,784 52,129 82,159 96,835 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) . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year for fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T Amounts from line 4 . 84,110 93,784 52,129 82,159 95,835 95,		ion A. Public Support						
membership fees received. (Do not include any "unusual grants.") . 84,110 93,784 52,128 82,159 96,835 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . 3 3 The value of services or facilities furnished by a governmental unit to the organization without charge	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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	1							
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 unt to the organization without charge . 4 Total. Add lines 1 through 3								,
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 . 84,110 93,784 52,129 82,159 96,835 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25 of the amount shown on line 11, column (f) . 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T A mounts from line 4 . 84,110 93,784 52,129 82,159 96,835 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . 85 112 89 25 21 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) . 6,025 18,066 12,050 13,216 5,620 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) . 12 3 First five years. If the Form 930 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 331°48 support test—2019. If the organization did not check the box on line 13, 16a, and line 15 is 331°49 or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 16a, and line 17 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain Part VI how the organiza			84,110	93,784	52,129	82,159	96,835	409,01
The value of services or facilities furnished by a governmental unit to the organization without charge . 4 Total. Add lines 1 through 3	2							
The value of services or facilities furnished by a governmental unit to the organization without charge						i		
furnished by a governmental unit to the organization without charge . 4 Total. Add lines 1 through 3	3					· - · · · · · ·		
Total. Add lines 1 through 3			!					
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) . Section B. Total Support. Subtract line 5 from line 4 Section B. Total Support (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T Amounts from line 4		• •					1	
each person (other than a governmental unto or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6	4	Total. Add lines 1 through 3	84,110	93,784	52,129	82,159	96,835	409,017
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6	5	The portion of total contributions by						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		•					·	
line 1 thate exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 Beginning in a support in the set of section B. Total Support Amounts from line 4 Beginning in a support in the set of section such in the set of section support in the set of section support section support section such in the set of section support sectio		' '		1	,		, [
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Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T 7 Amounts from line 4				ļ			1	
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) T 7 Amounts from line 4	_							
Calendar year (or fiscal year beginning in) Amounts from line 4			<u>_</u>	i			<u> </u>	409,017
7 Amounts from line 4			(a) 2015	(b) 2016	(a) 2017	(4) 2010	(a) 2010	(O Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								(f) Total
payments received on securities loans, rents, royalties, and income from similar sources	•		84,110	93,784	52,129	82,159	96,835	409,017
rents, royalties, and income from similar sources	•		1				Ī	
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.)			ļ		1		}	
Net income from unrelated business activities, whether or not the business is regularly carried on			85	112	80	25	21	332
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.)	9	Net income from unrelated business						332
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		activities, whether or not the business		ł				
loss from the sale of capital assets (Explain in Part VI.)		is regularly carried on		ļ			ļ	
(Explain in Part VI.)	10							
Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2018 Schedule A, Part II, line 14 15 Public support test—2019. If the organization did not check the box on line 13, and line 14 is 33½% or more, check the box and stop here. The organization qualifies as a publicly supported organization 33½% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support organization 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and II 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and II				4			ļ	
Gross receipts from related activities, etc. (see instructions)		+	6,025	18,066	12,050	13,216	5,620	54,977
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2018 Schedule A, Part II, line 14 33¹/a% support test—2019. If the organization did not check the box on line 13, and line 14 is 33¹/a% or more, check the box and stop here. The organization qualifies as a publicly supported organization 33¹/a% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support organization 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 10%-facts-and-circumstances test—2018. If the organization			<u> </u>					464,326
organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))								
Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	13		•		-	_		• • • • • • • • • • • • • • • • • • • •
Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2018 Schedule A, Part II, line 14 15 16a 33¹/a% support test—2019. If the organization did not check the box on line 13, and line 14 is 33¹/a% or more, check thox and stop here. The organization qualifies as a publicly supported organization 5 33¹/a% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support organization 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 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 33¹/a% or more, check the sox and stop here. Explain the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support organization.	Secti				· · · · · ·			> _
 Public support percentage from 2018 Schedule A, Part II, line 14 33¹/a% support test—2019. If the organization did not check the box on line 13, and line 14 is 33¹/a% or more, check to box and stop here. The organization qualifies as a publicly supported organization 33¹/a% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support organization b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 					L column (fl)		14	%
 33¹/a% support test—2019. If the organization did not check the box on line 13, and line 14 is 33¹/a% or more, check the box and stop here. The organization qualifies as a publicly supported organization								%
 box and stop here. The organization qualifies as a publicly supported organization								
 this box and stop here. The organization qualifies as a publicly supported organization								
 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support organization	b	331/2% support test-2018. If the organiz	ation did not o	heck a box or	line 13 or 16a	, and line 15 i	s 331/3% or mo	re, check
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support organization		this box and stop here. The organization	qualifies as a p	ublicly suppor	ted organizatio	n		▶ 🗆
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support organization	17a	10%-facts-and-circumstances test-20	19. If the organ	nization did no	t check a box	on line 13, 16	a, or 16b, and	line 14 is
organization								
b 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and li					-			supported
		_						▶ 🗆
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop he	b							
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publi								
supported organization	40							
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	10	Private foundation. If the organization did	not check a b	ox on line 13,	16a, 16b, 17a,	or 1/b, check	this box and s	ee ▶ □

Schedule A (Form 990 or 990-EZ) 2019

Part							
•	(Complete only if you checked t						nder Part II.
	If the organization fails to qualify	under the t	ests listed bel	ow, please c	omplete Part	II.)	
	ion A. Public Support	T	1	1 110017	1 2 2 2 2 2	1 2212	
Cale	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		- 	 			/
	sold or services performed, or facilities			ļ	{	/	
	furnished in any activity that is related to the organization's tax-exempt purpose	į		{			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the		·			/	
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities		 	 	 		
,	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				./		
	Amounts included on lines 1, 2, and 3					- -	
	received from disqualified persons .	X					
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	<u> </u>	<u> </u>	<u></u>			
	Add lines 7a and 7b			ļ	ļ		
8	Public support. (Subtract line 7c from				1		
Saat	Ine 6.)		1 /	l			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(2) 2010	(6) 2010	(6) 2011	(4) 2010	(0) 2010	(7) 7014.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	/					
	royalties, and income from similar sources .	/					
Ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	/	`	<u> </u>			<u></u>
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether	ļ					
	or not the business is regularly carried on						
12	Other income. Do not include gain or		 				
12	loss from the sale of capital assets		ŀ				
	(Explain in Part VI.)			\	.		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n'e firet secon	d third fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)
1-7	organization, check this box and stop he				•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8			13. column (f))		15	%
16	Public support percentage from 2018 Sch				1	16	%
$\overline{}$	on D. Computation of Investment In				,	\	· · · · · · · · · · · · · · · · · · ·
17	Investment income percentage for 2019 (y line 13, colu	mn (f)	17	%
18	Investment income percentage from 2018	Schedule A,	Part III, line 17			`18	%
19a	331/5% support tests-2019. If the organi	zation did not	t check the box	on line 14, ai	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box						
6/	331/s% support tests—2018. If the organiz	ation did not d	check a box on	line 14 or line 1	19a, and line 16	is more than 3	31/s%, and
	line 18 is not more than 331/3%, check this b					•	_
20	Private foundation. If the organization de	o not check a	pox on line 14.	. 19a. or 19b. (CRECK THIS DOX	ano see instru	ctions 🕨 🔲

Part IV Supporting Organizations

Section A. All 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.)

 3	

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

_		Var	No
1	_	Yes	IAO
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	10b		

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Part	IV Supporting Organizations (continued)		T	T
44	Hen the comprised a company of a company of the following property		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			Ì
а	below, the governing body of a supported organization?	11a	l	1
h	A family member of a person described in (a) above?	11b		
c,	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	 	+
	on B. Type I Supporting Organizations	1	I	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		l	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			}
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			1
	• **	1	<u> </u>	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1	ľ	ĺ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		•
Soci	on C. Type II Supporting Organizations	2	L	<u> </u>
Seci	on C. Type it Supporting Organizations		Voc	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			-
	the supported organization(s).	1		1
Sect	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			İ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	٠,		i
2		2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		-
Secti	on 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 in	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			l
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ł
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	-	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			 -
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	ĺ		
	activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations. Answer (a) and (b) below.	-		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin Instructions. All other Type III non-functionally integrated supporting organizations.			ions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	,	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	Ì		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
 7 Check here if the current year is the organization's first as a non-functional instructions! 	y int	egrated Type III supporting	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)	Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex			
	organizations, in excess of income from activity			
<u>3'</u>	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	inizations	
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 whice (provide details in Part VI). See instructions.	ch the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6	······································	·	
10	Line 8 amount divided by line 9 amount			
	ion 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			
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	1	,	•
c				
d				
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:			·
a	Applied to underdistributions of prior years			
ь	Applied to 2019 distributable amount			·
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if	'	į	
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			<u></u> <u>-</u> <u>-</u>
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			,
а	Excess from 2015	, .	• • •	. 1
	Excess from 2016			0.
	Excess from 2017			
d	Excess from 2018			
	Excess from 2019		•	y 1/ 10 1

Part VI	Form 990 or 990-EZ) 2019 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	Page l ne 17a or 17b; Part
	Ill, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and	; Part IV, Section n E, lines 1c, 2a, 2b
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
Part II, Line	e 10:	f 1
Monies re	eceived from local churches and corporations in support of Jobs of Hope, Inc.	
	•	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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	of Hope, Inc					46-	-2146247
Par	Fundraising Activities. Form 990-EZ filers are r	Complete if to not required to	he organiz complete	ation ansv this part.	wered "Yes" on	Form 990, Part IV,	line 17.
1	Indicate whether the organization	n raised funds	through any	y of the follo	owing activities. (Check all that apply.	
а	☐ Mail solicitations		_	_	ion of non-gover		
b	☐ Internet and email solicitatio	ne	_		ion of governmen	_	
C	☐ Phone solicitations	.,,	_		fundraising event		
_	_		g L	□ Sheciai	tunuraising event	5	
đ	In-person solicitations						
2a	Did the organization have a writ or key employees listed in Form	990, Part VII) o	r entity ın c	onnection v	with professional	fundraising services?	? Yes No
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	individuals or or the organization	entities (fun on.	draisers) po	ursuant to agreen	nents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundralser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No]
1							
2							
3							
4							
5							
6						·	
7				<u> </u>			
8							
9							
10							
——— Fotal				▶			
3	List all states in which the organ				olicit contribution	e or has been notific	d it is event from
3	registration or licensing.	nzation is regis	itered of lice	enseu to si	oncit contribution	s or has been notine	ed it is exempt from
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Sch	edule G	6 (Form 990 or 990-EZ) 2019				´ Page <b>2</b>	
P	art II	Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	ng event contributions			ine 18, or reported more	
			(a) Event #1 Banquet	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross recelpts	34,610			34,610	
_	2	Less: Contributions				İ	
	3	Gross income (line 1 minus line 2)	34,610			34,610	
	4	Cash prizes					
	5	Noncash prizes					
enses	6	Rent/facility costs	2,200			2,200	
Direct Expenses	7	Food and beverages	2659			2,659	
Direc	8	Entertainment					
	9	Other direct expenses .	391			391	
	10	Direct expense summary. Ad				5,250	
Da	11 rt III	Net income summary. Subtra Gaming. Complete if th				or reported more than	
		\$15,000 on Form 990-E2	Z, line 6a.	sied 163 On Fonn	oo, rantiv, inte to,	or reported more man	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d))	
Re	1	Gross revenue		· · · · · · · · · · · · · · · · · · ·			
Direct Expenses	2	Cash prizes					
	3	Noncash prizes					
	4	Rent/facility costs		· · · · · · · · · · · · · · · · · · ·			
_	5	Other direct expenses .					
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No		

If this Payerlains		☐ Yes	□No
	•	☐ Yes	☐ No
If "Yes," explain:			
	If "No," explain:	If "No," explain:  Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .

Net garning income summary. Subtract line 7 from line 1, column (d) . . . . . . . . ▶

Schedu	ule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	
`12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	☐Yes	
13	Indicate the percentage of gaming activity conducted in:	63	ب ۱ <b>۱۷</b> ۷
а	The organization's facility		94
ь	An outside facility		<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		70
	records.		
	Name ▶		<del></del>
	Address ►		·
15a	and any anguing the desired that a contract with a time party from whom the organization receives garning		
	revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
C	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	_ 103	110
Part	spent in the organization's own exempt activities during the tax year ► \$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	and (v	); and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	inform	ation.
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection
Employer identification number

Jobs of Hope, Inc.	· · · · · · · · · · · · · · · · · · ·	46-2146247
Part 1, Line 16		·
Office supplies \$ 1,154		
Telephone/Fax/Internet/Web 972		
Advertising 2,497		
Dues/Licenses/Fees 230	)	
Meals 959		
Repairs & Maintenance 230		
Donations 50		
Fundraising expenses 5,249		
Apprentice expenses 8.701		
Training & class materials 300		
Vehicle fuel 325		
Bank charges 46		
insurance 2,043	***************************************	
Taxes 97		
Utilitles/Trash 73		
Total \$22,926		
***************************************		
***************************************		
***************************************		

Schedule O (Form 990 of 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Jobs of Hope, Inc.	46-2146247
Election:	
Section 1.263(A)-3(H) Safe Harbor Election for Small Taxpayers	
The taxpayer hereby makes the safe harbor election for small taxpayer under regulation 1.26:	3(A)-3(H) description of
	escription of
elegible property:	
All repairs, maintenance & supplies up to \$500.	
Capitalization Evapores:	
Capitalization Expenses:	
The taxpayer hereby adopts for book and federal income tax purposes the following policy re	garding capitalization expenses for the
year beginning January 1, 2014. In accordance with iternal revenue code sections 167 and 168	l and related regulations. The taxpayer
has determined that amounts whose (individual cost including tax, installation and delivery co	sts) does not exceed \$500 wil be deducted
as incurred as an operating expense. Amounts exceeding this dollar limit wil be examined ind	ividually to determine if their use or purpose
requires capitalization under the betterment, adaptation or restoration rules used by the Intern	al Revenue Service and will be capitalized or
expensed as incurred as a result of application of those rules.	
Part III- Primary Exempt Purpose	
Finding, training, and equipping gang youth to experience transformation through successful	employment and God's love.
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