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)

2019

Open to Public

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

Department of the Treasury		the Treasury			. <u> </u>	$\mathcal{N}(\mathcal{N})$	Inspection			
Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest in					$\overline{\mathcal{M}_{\mathbf{A}}}$					
<u>A</u>	For the 3019 calendar year, or tax year beginning 07-01, 2019, and ending						, 20 20			
							tification number			
X	Address ch Name char	hange `	NEW HOPE ATHLETIC CLUB, INC		61-	1-1271089				
X	Name char	nge 📶	Number and street (or PO box, if mail is not delivered to street address)	Room/suite	E Telepho	one numb	per			
Ц	Initial retur	n ´								
	Final return	n/terminated	98 VILLAGE DR	208	_	70) 692				
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code	12	F Group	Exemption	on '			
	Application	n pending	Nazareth, KY 40048	<u> </u>	Numbe	er 🕨				
G	Account	ing Method	X Cash	н	Check ►	X If the	organization is not			
1	Website	e: >			required to	attach So	chedule B			
J	Tax-exe	mpt status (cl	heck only one) - 🗶 501(c)(3) 🔲 501(c)() ◀ (insert no) 🔲 4947(a)(1) o	r 527	(Form 990,	990-EZ,	or 990-PF)			
ĸ	Form of	organization	Corporation Trust Association X Other 1	EXEMPT	,		· ·			
L	Add line	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	e, or if total as:	sets					
(Pa	art II, colu	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	24,792			
	art I		e, Expenses, and Changes in Net Assets or Fund Balan	ices (see th	e instructio	ns for P				
. –			he organization used Schedule O to respond to any question in th	•		1	🔀 🍃			
_	1		grants, and similar amounts received			1	6,236			
	2		vice revenue including government fees and contracts · · · · · · · · · ·			2				
	3		dues and assessments			3				
	4		ncome			4				
	1 .		·	5a						
		Less cost or	1 1							
			5a-							
	6	_ ` ') from sale of assets other than inventory (Subtract line 5b from line 5a) fundraising events			19	RECEIVED			
	1	_	e from gaming (attach Schedule G if greater than			171	HOCHAGO			
ē	-			Sa		88	SEP 2 1 2020			
enc	, h	•	L	ntributions			SEP 2 1 2020			
Revenue				ithoutions			OGDEN, UT			
œ			ing events reported on line 1) (attach Schedule G if the	вь I	c 010		OGDEN, UT			
		``		Sc Sc	5,819	-				
			The state of the s	· · · · · · · · · · · · · · · · · · ·		1				
	a		r (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	SI.						
	_					6d	5,819			
				'a		-				
				'b		┨				
			or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c				
			e (describe in Schedule O)			8	12,737			
_	9		e Add Innes 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	24,792			
	10		milar amounts paid (list in Schedule O) · · · · · · · · · · · · · · · · · ·			10	·			
	11		to or for members			11				
S	12		er compensation, and employee benefits			12				
Expenses	13		fees and other payments to independent contractors			13	503			
cbe	14		ent, utilities, and maintenance			14	6,999			
ũ			cations, postage, and shipping			15	4,191			
	16		es (describe in Schedule O) · · · · · · · · · · · · · · · · · ·			16	5,804			
_	17		ses Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·			17	17,497			
10	18		eficit) for the year (Subtract line 17 from line 9)			18	7,295			
sets	19		fund balances at beginning of year (from line 27, column (A)) (must agree with							
Net Assets			gure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·			19	91,741			
let.	20	Other change	es in net assets or fund balances (explain in Schedule O)			20	(21,425)			
Z	24	Not accete or	fund balances at and of year. Combine lines 18 through 20			24	77 (11			

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)

21

77,611

For	m 990-EZ'(2019) NEW HOPE ATHLETIC CI	LUB, INC		61-1	271	089 Page 2
P	art II Balance Sheets (see the instructions for Part	t II)				
	Check if the organization used Schedule O to	o respond to any qu	estion in this Part II			<i>.</i> <u> </u>
	•			(A) Beginning of year		(B) End of year
22	Cash, savings and investments			29,760	22	30,758
23	Land and buildings			61,981	23	46,853
	Other assets (describe in Schedule O)		The state of the s	0	24	0
	Total assets		ŀ	91,741	25	77,611
	Total liabilities (describe in Schedule O) · · · · · · · ·			91,741	26	77,011
	Net assets or fund balances (line 27 of column (B) must agree		, t	91,741	27	
$\overline{}$	art III Statement of Program Service Accomplis				2,	77,611
	Check if the organization used Schedule O					Expenses
<u></u>			Jestion in this Fait		(Rec	juired for section
vvn	at is the organization's primary exempt purpose? SEE SCE	HEDULE O			501(c)(3) and 501(c)(4)
Des	scribe the organization's program service accomplishments for	each of its three larges	t program services,		orga	nizations, optional for
	measured by expenses. In a clear and concise manner, describ sons benefited, and other relevant information for each program	•	d, the number of		othe	
28	PROVIDE RECREATION TO YOUTH IN THE ARE	A BY USE OF OUR	₹			
	FACILITIES				1	
	(Grants \$) If this amo	unt includes foreign gra	nts, check here	▶ □	28a	0
29	The second secon	<u></u>				
	·		····			
						
	(Cranto ft		nto about boro		20-	
20	(Grants \$) If this amo	unt includes foreign gra	nts, check here -	▶ ∐	29a	
30						
		unt includes foreign gra			30a	<u>.</u>
31	Other program services (describe in Schedule O) · · · ·			· · · · · · · · <u>·</u>		
	(Grants \$) If this amo	unt includes foreign gra	nts, check here • •	▶ 📋	31a	
	Total program service expenses (add lines 28a through 31a)			<u>•</u>	32	0
Pa	art IV List of Officers, Directors, Trustees, and Key Em	ployees (list each one e	ven if not compensate	d - see the instructions f	or Pa	rt IV)
	Check if the organization used Schedule O to response	ond to any question in th	nis Part IV			
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation	contributions to employee	• (e) Estimated amount of
		devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
LAI	JREN DOWELL				1	
	ESIDENT	6.00	0	0	1	0
	RIS HOWELL		 			
	CE PRESIDENT	5.00	0	0		0
		3.00	<u> </u>	<u> </u>	+	
	SSICA BLAIR	F 00	_			^
	CRETARY	5.00	0	0	+	0_
	ERYL DOWELL					_
	EASURER	5.00	0	0	+	0
	JIS A CECIL					
DIF	RECTOR	5.00	0	0		0
1AW	NDA DAVIS					
DIF	RECTOR	5.00	0	0		0
(A2	DY RILEY					
DIF	RECTOR	5.00	0	0	\perp	0
						
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			· · · · · · · · · · · · · · · · · · ·	 	+	
					+	
				<u>l,</u>	_1	Farm 000 F7 (00/5)
EΑ						Form 990-EZ (2019)

EEA

`Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O See instructions	34	х	
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<u> </u>	x
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	35b	<u> </u>	
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	35c	ļ	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		<u> </u>
37 a		071	·	
20 a	,	37b	<u> </u>	X
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
	of "Yes," complete Schedule L, Part II and enter the total amount involved	304	-	X
39	Section 501(c)(7) organizations Enter	-		Ι,
а		-	·	
b		┤		° .]
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	┦ .'		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶	37	7.	6,4
b	Section 501(c)(3), 501(c)(4) and 501(c)(29) organizations. Did the organization engage in any section 4958	120	Ĭ .,	, 3,
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			4.4
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	l	x
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	4. 47.	. E	3 67
	on organization managers or disqualified persons during the year under sections 4912,	'> -	1	· `
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	£.	, , , t ₂	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	1. 1	43	
	40c reimbursed by the organization	, ,		ঙ
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		أختسا	
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed KY			
42 a			313	
h	Located at 65 VILLAGE DR APT 208, Nazareth, KY ZIP + 4 4004 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	3	Yes	No
V	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	x
	If "Yes," enter the name of the foreign country	125	_, .	T
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	'		
	Financial Accounts (FBAR)		•	+ 3
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
	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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			Ci4
	completed instead of Form 990-EZ	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1		
	completed instead of Form 990-EZ	44b		x
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	*****		
	explanation in Schedule O	44d		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	5 6 (3)	X L
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1,50	13	1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45b		343
	Form 990-EZ See instructions	770		

Form 9	990-EZ.(2019) NEW HOPE ATHLE	TIC CLUB, INC			61-1	271089	F	age 4
							Yes	No
46	Did the organization engage, directly or indirectly, in		• •				<u> </u>	<u> </u>
Б.	to candidates for public office? If "Yes," complete \$				<u> </u>	46		X
Par	All section 501(c)(3) organization . 50 and 51	ns must answer ques			·	tables for	lines	;
	Check if the organization used So	chedule O to respon	d to any question i	n this Part V	<u> 1</u>			<u>. LL</u>
47	Did the organization engage in lobbying activities of vear? If "Yes," complete Schedule C. Part II		_	tax		47	Yes	No_
48	Is the organization a school as described in section					47		X
49 a	Did the organization make any transfers to an exer		•			49a		x
b	If "Yes," was the related organization a section 527					49b		-
50	Complete this table for the organization's five higher			rectors, trustees	and kev			L
	employees) who each received more than \$100,00							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, compe	to employee	(e) Estimate other cor		
	_							
NONE	<u>s</u>							
\ <u></u>								
f 	Total number of other employees paid over \$100,00							
51	Complete this table for the organization's five higher	·		n received more	than:			
	\$100,000 of compensation from the organization	it there is none, enter "Non	e " 					
	(a) Name and business address of each independent confi	iractor	(b) Type of ser	vice	(c	c) Compensation	1	
NONE	2							
				:		•		
								
			<u> </u>					
	Total number of other independent contractors each	h receiving over \$100 000			t			
52	Did the organization complete Schedule A? Note : All	•						
			•			X Yes	П	No
Under	penalties of perjury, I declare that I have examined this rei				f my knowledg		ıs	
	orrect, and complete Declaration of preparer (other than	/ \ /						
	LAUREN DOWELL VOLLA VI ANNULL 9 3 20							
Sign Signature of officer Date								
Here		C						
	Type or print name and title	T-	_ _	т.				
	Print/Type preparer's name	Preparer's signature	Date		heck if	PTIN		
Paid	10111 000211211	TOYA GOODWIN	09-01-2		elf-employed	₽004690	38	
•	Only			Firm's E	IN P			
use	Only Firm's address > 800 E John Rowa							
Marit	Bardstown KY 40			Phone n	<u> </u>	348-1951	-	No.
<u> </u>	ne IRS discuss this return with the preparer shown a	bover see instructions				Form 990	_=_	No 2019)
EEA						1 01111 336	LZ	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・

SCHEDULE A

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.

OMB No 1545-0047

2019 Open to Public

(Form 990 or 990-EZ) Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

Inspection

Internal Revenue Service Go to www.irs gov/Form990 for instructions and the latest information. Inspection				spection						
Name	of the	organization						Employer identificat	ion numb	er
NEW	НО		C CLUB, INC					61-127108	9	
Pa	rt I	Reason	for Public Charit	y Status (All or	ganizations must co	omplete	this part) See instructions		
The	orgai	nization is not a	private foundation beca	ause it is (For lines	1 through 12, check only	one box)		60		
1		A church, conv	ention of churches, or a	ssociation of church	es described in section 1 7	70(b)(1)(A)	(ı).	\mathcal{O}		
2		A school descr	bed in section 170(b)(1)(A)(iı). (Attach Sch	nedule E (Form 990 or 990)-EZ))		·		
3		A hospital or a	cooperative hospital ser	vice organization de	scribed in section 170(b)	(1)(A)(iii).				
4		A medical rese	arch organization opera	ited in conjunction wi	ith a hospital described in :	section 17	0(b)(1)(A)(iii). Enter the		
	,	hospital's name	e, city, and state							
5		An organization	operated for the bene	fit of a college or un	niversity owned or operate	ed by a gov	ernmental	unit described in		
		section 170(b)	(1)(A)(iv). (Complete P	art II)						
6		A federal, state	, or local government or	governmental unit c	described in section 170(t	b)(1)(A)(v).	•			
7		An organization	n that normally receives	s a substantial part o	of its support from a gove	rnmental u	nit or from	the general public		
	_	described in se	ction 170(b)(1)(A)(vı).	(Complete Part II)						
8		A community tr	ust described in sectio r	n 170(b)(1)(A)(vi). ((Complete Part II)					
9		An agrıcultural	research organization d	escribed in section	170(b)(1)(A)(ix) operated	ın conjunct	ion with a la	and-grant college		
		or university or	a non-land-grant collect	ge of agriculture (se	e instructions) Enter the	name, city,	and state	of the college or		
		university _	- · · · · · · · · · · · · · · · · · · ·							
10	X	An organization	that normally receives	(1) more than 33	1/3% of its support from c	ontribution	s, member	ship fees, and gross		
		receipts from a	ctivities related to its ex	kempt functions - su	ibject to certain exception	s, and (2) i	no more tha	an 33 1/3% of its		
		support from g	ross investment income	e and unrelated bus	iness taxable income (les	s section 5	511 tax) froi	m businesses		
	_	· · ·	-		ion 509(a)(2). (Complete F	•				
11	Ц	_		•	for public safety See sect	• •				
12	Ш	_	•	•	e benefit of, to perform th			• • •		
					in section 509(a)(1) or se			, , , ,		
			-		type of supporting organ					
	а				I, or controlled by its suppo					
					appoint or elect a majority	of the dire	ctors or tru	stees of the		
			organization You mus	•						
	þ	· · · · · · · · · · · · · · · · · · ·			olled in connection with its		-	· · · · ·		
				·	n vested in the same pers	ons that co	introl or ma	anage the supported		
			n(s) You must compl							
	С				ation operated in connecti			lly integrated with,		
					ust complete Part IV, Se					
	d				ganization operated in cor			=		
			• •	•	nerally must satisfy a dist		•	and an attentiveness		
					art IV, Sections A and D					
	е	_	-		letermination from the IRS		туре I, Ту	pe II, Type III		
		•	•	•	egrated supporting organia	zation				
	f		er of supported organia							
	g		owing information abou	T	r	1		Г		
	(1)	Name of supported	organization	(II) EIN	(III) Type of organization (described on lines 1-10	(iv) is the o	rganization ir governing	(v) Amount of monetary support (see		Amount of support (see
					above (see instructions))	docum		instructions)		istructions)
						Vaa	No			
						Yes	No			
(A)										
										
(B)										
(C)				[
(D)			į							
(E)			İ							
Total				-						

Schedule A (Form 990 or 990-EZ) 2019

NEW HOPE ATHLETIC CLUB, INC

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)

	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	44,798	41,334	30,352	15,764	6,236	138,484
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					3,055	3,055
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .	1 1				5,819	5,819
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	1		-			
6	Total. Add lines 1 through 5	44,798	41,334	30,352	15,764	15,110	147,358
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons]		i	
b	Amounts included on lines 2 and 3		-				
	received from other than disqualified						
	persons that exceed the greater of \$5,000	1					
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			+			
	Public support. (Subtract line 7c from	41,		-		J *	
•	line 6)	1,7,1		*	'	ž ,	147 250
Sec	ction B. Total Support				L		147,358
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends,	44,798	41,334	30,352	15,764	15,110	147,358
iva			,				
	payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less					-	
D	section 511 taxes) from businesses						
	acquired after June 30, 1975	}	İ			İ	
	Add lines 10a and 10b						
11	Net income from unrelated business	[1		
	activities not included in line 10b, whether						
40	or not the business is regularly carried on		.				
12	Other income Do not include gain or		1				
	loss from the sale of capital assets						
	(Explain in Part VI)	<u> </u>					
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	44,798	41,334	30,352	15,764	15,110	147,358
14	First five years. If the Form 990 is for the org				•		
							· · · · ▶ 📗
	tion C. Computation of Public Suppor						
	Public support percentage for 2019 (line 8, c			olumn (f))	• • • • • • •	15	100.00 %
	Public support percentage from 2018 Schedu			· · · · · · · · ·		16	98.59 %
	tion D. Computation of Investment Inc						
	Investment income percentage for 2019 (line					17	0.00 %
	Investment income percentage from 2018 Sch					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiza						
	17 is not more than 33 1/3%, check this box as	nd stop here. Th	he organization	qualifies as a	publicly suppor	ted organization	▶ 🔯
	33 1/3% support tests - 2018. If the organiza						
	line 18 is not more than 33 1/3%, check this bo	ox and <mark>stop her</mark> e	e. The organiza	ation qualifies a	is a publicly su	pported organiza	ation ▶ 🗌
	Private foundation. If the organization did no						▶ 🗍

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)

Sec	tion	Α. Δ	AII	Sup	portin	ıq Ö	rganiza	tions
							. 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
- 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?
- 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)

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_		Yes	No
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	10b		
(For	m 990 d	or 990-E	Z) 2019

Pa	irt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u> </u>
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ction B. Type I Supporting Organizations		·	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	- 1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	'		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	l '		<u> </u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	ction C. Type II Supporting Organizations		,	,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ا ا
	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		1	أسند
<u> </u>	the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations		Yes	No
1	Did the erganization provide to each of its supported erganizations, by the last day of the fifth month of the		res	NO
•	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	77	3	ا این جه
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	(14 (3)
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	 -	
2		-	,	(
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		P _m	
	the organization maintained a close and continuous working relationship with the supported organization(s)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
_	significant voice in the organization's investment policies and in directing the use of the organization's	* " '	[* , *]	12.76.4
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		• •	4) 14 7 4.
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions	 5)	
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С		ınstru	ctions	
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		· 1	. ' 4
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			احدا
	that these activities constituted substantially all of its activities	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			T.
	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	2b		لننا
2	activities but for the organization's involvement Parent of Supported Organizations, Answer (a) and (b) holow	10	Pring Po	71, 1
3 a	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	^	3	ر م الم
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	شمت	لندوعة
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	16.4	idin)
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		ieiz33

61-1271089

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying t			•
instructions. All other Type III non-functionally integrated supporting organization	ations m	ust complete Sections	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)
Aggregate fair market value of all non-exempt-use assets (see			1 10 10 10
instructions for short tax year or assets held for part of year)	•		
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			. %_8 · 4,1
factors (explain in detail in Part VI)	ł		
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		<u> </u>
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	\top	*	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	ıntegraf	ed Type III supporting	organization (see

instructions)

	ule A (Form 990 or 990-EZ) 2019 NEW HOPE ATHLETIC CLUB,	INC	61-127	1089 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3)) Supporting Organiza	ations (continued)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizati	ons	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)		·	<u></u>
	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	e organization is respons	ive	
	(provide details in Part VI) See instructions			
	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		· · · · · · · · · · · · · · · · · · ·	
	Section 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			ś
	instructions			
	Excess distributions carryover, if any, to 2019			•
	From 2014			
	From 2015			$\mathcal{J}_{p_{i}}$, $\mathcal{J}_{p_{i}}$
	From 2016			12° . '.
	From 2017			, , , , , ,
	From 2018		· · · ·	
	Total of lines 3a through e		•	" (I) "
	Applied to underdistributions of prior years			•
	Applied to 2019 distributable amount	<u> </u>		
<u>i</u>	Carryover from 2014 not applied (see instructions)		 	,
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
	Section D, line 7 \$	· ·		
	Applied to underdistributions of prior years			<u> </u>
	Applied to 2019 distributable amount	-		
	Remainder Subtract lines 4a and 4b from 4			, ,
5	3 , , ,			,
	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			
7	Part VI See instructions Excess distributions correspond to 2020, Add lines 3:			
7	Excess distributions carryover to 2020 Add lines 3j			, ,
Ω	Breakdown of line 7			
				4
				· · · · ·
	Excess from 2017			

e Excess from 2019

Schedule A (Forr	n 990 or 990-EZ) 2019 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part
. a.t vi	
	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)
	intes 2, 3, and 6 Also complete this part for any additional information (See instructions)
	•
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

OMB No 1545-0047 2019

Internal Revenue Service

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number Name of the organization NEW HOPE ATHLETIC CLUB, INC 61-1271089 Fundraising Activities, Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, ☐ Yes □ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (IV) Gross receipts (or retained by) custody or control of (or retained by) (II) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col (ı) Yes No 1 2 3 5 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G₃(Form 990 or 990-EZ) 2019 NEW HOPE ATHLETIC CLUB, INC 61-1271089 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more • than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through col (c)) (total number) (event type) (event type) Revenue Gross receipts Less Contributions Gross income (line 1 minus Cash prizes Noncash prizes Rent/facility costs · · · · Direct Expenses 7 Food and beverages Entertainment Other direct expenses Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

If "Yes," explain

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Servise
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

NEW HOPE ATHLETIC CLUB, INC 61-1271089 01. General explanation attachment FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE- PROVIDE RECRERATIONAL AND HEALTH FACILITIES FOR YOUTH SPORTS IN NELSON COUNTY & SURROUNDING COUNTIES IN KENTUCKY 02. Description of other revenue (Part I, line 8) Description Amount CONCESSION AND GATE SALES 3,055 SALE OF ASSETS 9,682 03. Description of other expenses (Part I, line 16) <u>Description</u> Amount Depreciation from 4562 3,002 FISH FRY EXPENSES 575 FLOAT EXPENSES 266 843 INSURANCE CONCESSIONS SUPPLIES 1,118 04. Other changes in net assets or fund balances (Part I, line 20) Description Amount ASSETS SOLD TAKEN OFF BOOKS (21, 425)ASSETS SOLD IN YEAR

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page Employer identification number
NEW HOPE ATHLETIC CLUB, INC	61-1271089
05. Changes to governing documents (Part V, line 34)	
65. Changes to governing documents (rait v, Time 54)	
INCLUDING COPY OF ARTICLES SHOWING NAME CHANGE	
06. Personal benefit contract statement (Part V)	
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTL	LY, OR INDIRECTLY, TO
PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NO	DT, DURING THE YEAR,
PAY ANY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONT	'RACT.
	
	

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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed 8/1/2019 12 20 PM Fee Receipt \$8 00

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF NEW HOPE FOOD BANK, INC. CHANGING NAME TO NEW HOPE ATHLETIC CLUB, INC.

Pursuant to KRS 273.267, the undersigned Non Profit Corporation executes these Articles of Amendment to its Articles of Incorporation:

- A. The name of the Corporation is NEW HOPE FOOD BANK, INC.
- B. The following amendments to the Articles of Incorporation were adopted by the Directors of the Corporation on May 1, 2019, in the manner prescribed by the Kentucky Revised Statutes Chapter 273:

RESOLVED, that the Corporation's name be changed from NEW HOPE FOOD BANK.

INC. to NEW HOPE ATHLETIC CLUB, INC.

C. The above amendments were adopted by unanimous resolutions of the Board of Directors of the Corporation

IN WITNESS WHEREOF, the undersigned duly authorized officer has executed these June

Articles of Amendment on this 27th day of May, 2019.

NEW HOPE FOOD BANK, INC. n/k/a NEW HOPE ATHLETIC CLUB, INC.

Lauren Dowell, President

Attest

Arthur Mattinuly Secretar