

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01 2019, and ending 6/30 2020

2019

Department of the Treasury
Internal Revenue Service
Name of exempt organization

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

Name and title of officer **HopeWorks**

Employer identification number
85-0338552

Greg Morris
Executive Director

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	12,228,701
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

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

Officer's PIN: check one box only

I authorize **Moye Waters & Associates, LLC** to enter my PIN **03928** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature *P. J. Lords* Date **02/06/21**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

85073613761
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **Ollie D. Waters** Date **02/06/21**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning **07/01/19** , and ending **06/30/20**

85-0338552

HopeWorks

Net Asset / Fund Balance at Beginning of Year 2,580,964

Revenue

Contributions	9,498,937
Program service revenue	2,701,363
Investment income	38,420
Capital gain / loss	-20,309

Fundraising / Gaming:

Gross revenue 10,290

Direct expenses

Net income 10,290

Other income 0

Total revenue 12,228,701

Expenses

Program services 8,703,580

Management and general 1,160,597

Fundraising 207,544

Total expenses 10,071,721

Excess / (deficit) 2,156,980

Changes -72,274

Net Asset / Fund Balance at End of Year 4,665,670

Reconciliation of Revenue

Total revenue per financial statements 12,176,765

Less:

Unrealized gains -72,245

Donated services

Recoveries

Other 20,309

Plus:

Investment expenses

Other

Total revenue per return 12,228,701

Reconciliation of Expenses

Total expenses per financial statements 10,092,059

Less:

Donated services

Prior year adjustments

Losses

Other 20,309

Plus:

Investment expenses

Other

Total expenses per return 10,071,721

Balance Sheet

	Beginning	Ending	Differences
Assets	4,869,373	8,173,029	
Liabilities	2,288,409	3,507,359	
Net assets	<u>2,580,964</u>	<u>4,665,670</u>	<u>2,084,706</u>

Miscellaneous Information

Amended return

Return / extended due date 05/17/21

Failure to file penalty

Form 990-T Return Summary

For calendar year 2019, or tax year beginning **07/01/19** , and ending **06/30/20**

85-0338552

HopeWorks

Income & Deductions (990-T)

Total Income	46,859
Deductions related to income	176,300
Activity losses (2018 and after)	

Net Income from page 1 -129,441

Income & Losses (Sch M)

of Schedules 0

Income from other activities	
Losses from other activities	129,441

Total business taxable income

Adjustments

Disallowed fringe benefits	
Less: Charitable contributions	
Net operating loss (prior to 2018)	
Specific deduction	1,000

Total adjustments (1,000)

Unrelated business taxable income

Taxes & Credits

Regular tax	
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities	

Tax Due

Foreign tax credit and other credits	
General business credits	
Prior year minimum tax credit	

Total nonrefundable credits

Other taxes	
-------------	--

Total tax

Payments & Penalties

Estimated tax payments and Tax withheld	
Paid with extension	
Refundable credits and other payments	

Payments

Net tax due

Estimated tax penalty	
Interest on late payments	
Failure to file penalty	
Failure to pay penalty	

Penalties

Balance due

Total overpayment	
-------------------	--

Overpayment applied to next year's tax	
--	--

Refund

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return
Return / extended due date **05/17/21**

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

OMB No. 1545-0047

2019
Open to Public Inspection

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">HopeWorks</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 27258 City or town, state or province, country, and ZIP or foreign postal code Albuquerque NM 87125	D Employer identification number <p align="center">85-0338552</p> E Telephone number <p align="center">505-242-4399</p> G Gross receipts\$ 12,249,010
F Name and address of principal officer: Greg Morris P.O. Box 27258 Albuquerque NM 87125		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ www.hopeworksnm.org		L Year of formation: 1985
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: NM

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">See Schedule O</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	195
	6 Total number of volunteers (estimate if necessary)	6	2000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	101,670
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,551,162	9,498,937
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,989,008	2,701,363
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,000	18,111
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,846	10,290
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,566,016 12,228,701	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	5,668,528 5,916,248	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 207,544	0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,435,753	4,155,473
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,104,281	10,071,721	
19 Revenue less expenses. Subtract line 18 from line 12	-538,265	2,156,980	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,869,373	8,173,029
	22 Net assets or fund balances. Subtract line 21 from line 20	2,288,409	3,507,359
		2,580,964	4,665,670

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p align="center">Greg Morris</p>	Date
	Type or print name and title <p align="center">Executive Director</p>	

Paid Preparer Use Only	Print/Type preparer's name Ollie D. Waters	Preparer's signature Ollie D. Waters	Date 03/23/21	Check <input type="checkbox"/> if self-employed PTIN P00072561
	Firm's name ▶ Moye Waters & Associates, LLC		Firm's EIN ▶ 20-5855985	
	Firm's address ▶ 3311 Candelaria NE Suite J Albuquerque, NM 87107-1952		Phone no. 505-260-0616	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **8,703,580** including grants of\$) (Revenue \$ **2,701,363**)

See Schedule O

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses ► **8,703,580**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	143
1b	0

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	195		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15	
b	Enter the number of voting members included on line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NM**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

Organization
Albuquerque

P.O. Box 27258

NM 87125

505-242-4399

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mark Fidel Chair	2.00 0.00	X						0	0	0
(2) Cathy Cavanaugh Vice Chair	2.00 0.00	X						0	0	0
(3) Marty Mathisen, CPA Treasurer	2.00 0.00	X						0	0	0
(4) Elizabeth A. Jeaphy Secretary	2.00 0.00	X						0	0	0
(5) Sonya Burke Director	2.00 0.00	X						0	0	0
(6) Sanjay Engineer Director	2.00 0.00	X						0	0	0
(7) Rev. Seth Finch Director	2.00 0.00	X						0	0	0
(8) Mark Fidel Director	2.00 0.00	X						0	0	0
(9) Rabbi Min Kantrowitz Director	2.00 0.00	X						0	0	0
(10) Dr. Joe Gorvetzian Director	2.00 0.00	X						0	0	0
(11) Angie Kelic Director	2.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Kent Lowry	2.00									
Director	0.00	X					0	0	0	
(13) William R. Miller	2.00									
Director	0.00	X					0	0	0	
(14) Dr. Holly Nelson	2.00									
Director	0.00	X					0	0	0	
(15) Greg Morris	40.00									
Executive Director	0.00			X			131,426	0	0	
1b Subtotal							131,426			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							131,426			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	63,616				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,338,541				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,096,780				
	g Noncash contributions included in lines 1a-1f	1g	\$ 504,087				
	h Total. Add lines 1a-1f		9,498,937				
	Program Service Revenue	2a Medicaid Fees	Business Code 621400	2,448,861	2,448,861		
b Program Fees		624200	178,872	178,872			
c Coffee Shop		445200	101,670		101,670		
d Administrative Fee			73,630	73,630			
e Coffee Shop			-101,670	-101,670			
f All other program service revenue							
g Total. Add lines 2a-2f			2,701,363				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		38,420			38,420
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b		20,309			
	c Gain or (loss)	7c		-20,309			
	d Net gain or (loss)			-20,309	-20,309		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		10,290				
		b Less: direct expenses	8b				
		c Net income or (loss) from fundraising events		10,290			
9a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			12,228,701	2,579,384	101,670	38,420	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	131,427	46,000	59,142	26,285
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,912,713	4,127,535	673,294	111,884
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	468,350	403,052	54,635	10,663
10 Payroll taxes	403,758	336,447	56,868	10,443
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	563,159	405,585	147,188	10,386
12 Advertising and promotion				
13 Office expenses	80,974	46,528	8,189	26,257
14 Information technology	82,235	76,459	5,326	450
15 Royalties				
16 Occupancy	237,094	224,252	12,678	164
17 Travel	63,711	63,094	388	229
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,769	24,778	4,426	565
20 Interest	20,362	13,515	6,847	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	167,554	102,698	64,856	
23 Insurance	111,201	73,922	37,279	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Asst to Beneficiaries	2,581,864	2,581,532	332	
b Recruiting	65,426	58,526	2,568	4,332
c COGS	54,811	54,811		
d Repairs & Maint.	39,762	32,431	7,331	
e All other expenses	57,551	32,415	19,250	5,886
25 Total functional expenses. Add lines 1 through 24e	10,071,721	8,703,580	1,160,597	207,544
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	500,398	1	2,392,570
	2	Savings and temporary cash investments	2,929	2	1,532,801
	3	Pledges and grants receivable, net	757,946	3	649,090
	4	Accounts receivable, net	217,476	4	13,134
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	17,169	8	
	9	Prepaid expenses and deferred charges	51,718	9	7,600
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,899,444		
	b	Less: accumulated depreciation	10b 1,900,533	10c	2,998,911
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	313,363	15	578,923
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,869,373	16	8,173,029	
Liabilities	17	Accounts payable and accrued expenses	206,756	17	76,568
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2,108	21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,624,231	23	3,040,010
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	455,314	25	390,781
	26	Total liabilities. Add lines 17 through 25	2,288,409	26	3,507,359
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,300,802	27	2,806,653
	28	Net assets with donor restrictions	280,162	28	1,859,017
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	2,580,964	32	4,665,670	
33	Total liabilities and net assets/fund balances	4,869,373	33	8,173,029	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,228,701
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,071,721
3	Revenue less expenses. Subtract line 2 from line 1	3	2,156,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,580,964
5	Net unrealized gains (losses) on investments	5	-72,245
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-29
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,665,670

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

HopeWorks

Employer identification number

85-0338552

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 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)**.
- 4 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)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross 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.
 - a **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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,107,937	5,790,699	5,959,888	5,877,413	9,005,140	32,741,077
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	6,107,937	5,790,699	5,959,888	5,877,413	9,005,140	32,741,077
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						32,741,077

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	6,107,937	5,790,699	5,959,888	5,877,413	9,005,140	32,741,077
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		3,121	3,829	2,404	38,420	47,774
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						32,788,851
12 Gross receipts from related activities, etc. (see instructions)					12	13,007,871

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.85 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.97 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt 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 purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 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 instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e 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			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

OMB No. 1545-0047

2019▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

HopeWorks**85-0338552**

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

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

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

Name of organization

HopeWorks

Employer identification number

85-0338552

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of Albuquerque Family and Community Services 1 Civic Plaza NW, Suite 504 Albuquerque NM 87102	\$ 3,364,508	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	New Mexico Behavioral Health Service P.O. Box 2348 Santa Fe NM 87504	\$ 925,802	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NM Children Youth and Family Dept P.O. Drawer 5160 Santa Fe NM 87502-5160	\$ 617,629	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

HopeWorks

Employer identification number

85-0338552

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	157,856	149,436	146,873	136,308	148,901
b Contributions					
c Net investment earnings, gains, and losses	1,919	7,609	9,846	18,024	-3,206
d Grants or scholarships			5,703	5,784	7,867
e Other expenditures for facilities and programs					
f Administrative expenses	1,628	811	1,580	1,675	1,519
g End of year balance	158,136	157,856	149,436	146,873	136,308

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 65.00 %
- b** Permanent endowment ▶ 6.00 %
- c** Term endowment ▶ 29.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,212,303		1,212,303
b Buildings		2,093,838	1,087,391	1,006,447
c Leasehold improvements		649,673	813,142	-163,469
d Equipment		132,913		132,913
e Other		810,717		810,717
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,998,911

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Construction in Progress	420,777
(2) Endowment-Albuquerque Community Fdn.	158,146
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	578,923

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Wages & Benefits	312,412
(3) Payroll Tax Liability	78,369
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	390,781

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	12,176,765
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-72,245	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	20,309	
e	Add lines 2a through 2d		2e	-51,936
3	Subtract line 2e from line 1		3	12,228,701
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	12,228,701

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	10,092,059
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	20,338	
e	Add lines 2a through 2d		2e	20,338
3	Subtract line 2e from line 1		3	10,071,721
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	10,071,721

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

HopeWorks annually evaluates all federal and state income tax positions.

This process includes an analysis of whether these income tax positions the Organization takes meet the definition of an uncertain tax position under the Income Taxes Topic of the Financial Accounting Standards Codification.

As of June 30, 2020, there were no uncertain tax positions noted.

HopeWorks' policy is to classify income tax penalties and interest, when applicable, according to their natural classification. Under the statute of limitations, HopeWorks' tax returns are no longer subject to examination by tax authorities for years prior to 2017.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Part XIII Supplemental Information *(continued)*

Loss on fixed asset sale \$ **20,309**

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Loss on fixed asset sale \$ **20,309**

Book / Tax Depreciation Difference \$ **29**

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

HopeWorks

85-0338552

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1	504,087	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
-----------	--

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HopeWorks

Employer identification number

85-0338552

Form 990 - Organization's Mission

To provide a place where homeless people could come and gain protection from the elements and provide for many other basic needs, such as meals, showers, clothing and health care. Also, to provide various services to homeless people such as counseling, job opportunities and housing alternatives.

Form 990, Part I, Line 6

Volunteers are used to help prepare meals and organize donations of clothing.

Form 990, Part III, Line 4a - First Accomplishment

Organization's Mission

Our mission is to assist people who are experiencing homelessness or near-homelessness by providing resources, opportunities, and hope. We aim to end homelessness, one person, one family at a time.

Part I, Line 6 (same text as last year)

Volunteers are used to help prepare meals and organize donations of clothing.

Part III, Line 4a - First Accomplishment

Name of the organization

Employer identification number

HopeWorks**85-0338552**

HopeWorks is a 501(c)(3) nonprofit organization. Founded in 1985 by a group of concerned leaders, HopeWorks has grown to become the largest provider of services for people experiencing (or at risk of) homelessness in Albuquerque. Every year, approximately 11,000 individuals seek services from HopeWorks.

Mission

Our mission is to assist people who are experiencing homelessness or near-homelessness by providing resources, opportunities, and hope. We aim to end homelessness, one person, one family at a time. No one is turned away. We treat everyone with dignity and respect, and most importantly, we offer them hope for a better tomorrow. But, HopeWorks is more than a homeless shelter. Our Day Shelter is not only where meals are served, but also has:

- o A mailroom.
- o A place to shower.
- o Access to health and hygiene items like razors, deodorant, sunscreen, undergarments, and feminine hygiene products.
- o Short and long-term storage.
- o Access to telephone and internet.
- o A clothing room.

We also offer:

- o Behavioral and mental health services, as well as individual and group therapy. HopeWorks is a Community Mental Health Center, which means we can provide these services to anyone, regardless of their housing

Name of the organization

Employer identification number

HopeWorks

85-0338552

situation.

- o Assistance in employment and benefits. We house an Employment and Benefits Division, which helps clients with job placement, retention, training, and temporary and permanent employment. We also assist clients with SNAP and Medicare applications.
- o Housing. Through our myriad of housing programs, we help individuals and families exit homelessness and remain housed.

During our last fiscal year:

- o 5,802 unduplicated men, women and children were welcomed into the HopeWorks Day shelter, a place to gather and receive food, showers, clothing, and entry into our extensive support networks.
- o HopeWorks staff and volunteers served 119,674 healthy and nutritious breakfast, lunch, and dinner meals.
- o Our dedicated Outreach team encountered over 1,200 individuals experiencing homelessness and living on the streets in Albuquerque. We provided them with food, clothing, health items such as hand sanitizer, and access to support services.
- o Our Supportive Housing Department provided housing to a total of 467 people; including 354 adults and 113 children.
- o Hope Found successfully graduated 24 families. Hope Found and the COVID-19 Eviction Prevention program helped 36 families (59 adults and 91 children) keep their homes during the pandemic.
- o Over 800 clients utilized our array of intensive behavioral health services.
- o Our Therapy provided over 2,500 therapy sessions - a 27% increase from last year.

Name of the organization

Employer identification number

HopeWorks

85-0338552

o Our Employment Division fielded almost 3,500 requests for jobs and helped more than 300 new clients find work.

HopeWorks; comprehensive service array is able to help those most at risk of homelessness, including those with severe and persistent mental illnesses, substance abuse problems, military veterans, those fleeing domestic violence, and the medically fragile.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Board of Directors and management review and accept 990 prior to submission to the IRS

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board members are required to report any potential conflicts of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Board of Directors annually reviews the compensation for the Chief Executive Officers. Compensation levels are based on comparative studies of organizations of similar size and geographic location.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Governing documents are made available upon written request and by postings on Guidestar.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation
Loss on fixed asset sale \$ 20,309

Name of the organization

Employer identification number

HopeWorks

85-0338552

Loss on fixed asset sale	\$	-20,309
Book / Tax Depreciation Difference	\$	-29
Adjustment of py net assets to audit	\$	0
Total	\$	-29

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

HopeWorks

Employer identification number

85-0338552

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) New Hope Housing, LLC 1115 3rd Street NW 46-1153505 Albuquerque NM 87102	Housing	NM			N/A
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Filing Instructions

HopeWorks

Exempt Organization Business Tax Return

Taxable Year Ended June 30, 2020

Date Due: May 17, 2021

Remittance: None is required. Your Form 990-T for the tax year ended 6/30/20 shows no balance due.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning **07/01/19**, and ending **06/30/20**

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C) (3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year</p> <p style="font-size: 1.2em;">8,173,029</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>HopeWorks</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p>P.O. Box 27258</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>Albuquerque NM 87125</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p style="font-size: 1.2em;">85-0338552</p> <p>E Unrelated business activity code (See instructions.)</p> <p style="font-size: 1.2em;">722513</p>
<p>F Group exemption number (See instructions.) ▶</p>		
<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here
▶ **Coffee Shop**. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ▶ **Organization** Telephone number ▶ **505-242-4399**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 101,642			
b	Less returns and allowances			
	c Balance ▶	101,642		
2	Cost of goods sold (Schedule A, line 7)	54,811		
3	Gross profit. Subtract line 2 from line 1c	46,831		46,831
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnership and S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule) See Stmt 1	28		28
13	Total. Combine lines 3 through 12	46,859		46,859

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		
15	Salaries and wages		111,593
16	Repairs and maintenance		729
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		9,648
20	Depreciation (attach Form 4562)	1,394	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	1,394
22	Depletion		
23	Contributions to deferred compensation plans		
24	Employee benefit programs		5,217
25	Excess exempt expenses (Schedule I)		
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule) See Statement 2		47,719
28	Total deductions. Add lines 14 through 27		176,300
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		-129,441
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		
31	Unrelated business taxable income. Subtract line 30 from line 29		-129,441

Part III Total Unrelated Business Taxable income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.	39	0

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Executive Director

Signature of officer: _____ Date: _____ Title: _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name Ollie D. Waters	Preparer's signature Ollie D. Waters	Date 03/23/21	Check <input type="checkbox"/> if self-employed	PTIN P00072561
	Firm's name Moye Waters & Associates, LLC	Firm's EIN 20-5855985			
	Firm's address 3311 Candelaria NE Suite J Albuquerque, NM 87107-1952	Phone no. 505-260-0616			

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **►Cost Method**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2	54,811	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	54,811
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional sec. 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	54,811				X

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property		3. Deductions directly connected with or allocable to debt-financed property	
				(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A					
(2)					
(3)					
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)		%			
(2)		%			
(3)		%			
(4)		%			
Totals			Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8					

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals ▶

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Totals ▶

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) ▶

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Federal Statements

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

<u>Description</u>	<u>Amount</u>
Coffee Shop	\$ 28
Total	<u>\$ 28</u>

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
Assistance to Beneficiaries	\$
Bank & Credit Card	2,713
Communications	1,332
Community/Volunteer Relations	2,100
Conferences & Meetings	445
Dues and Subscriptions	3,086
Employee Relations	1,201
Equipment- Non Capital	
Insurance	2,490
Office Supply	140
Operating Supplies	1,883
Postage	
Printing	169
Professional Services	135
Rents & Leases	16,200
Transportation	192
Loss on Sale of Propert	15,633
Total	<u>\$ 47,719</u>

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

Name(s) shown on return

HopeWorks

Identifying number

85-0338552

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	167,554

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	167,554
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

DAA

There are no amounts for Page 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
2	Walk-in Freezer	8/10/98	8,696				8,696	10	MO S/L	8,696	0
3	15 Passenger Bus	2/28/03	30,000				30,000	5	MO S/L	30,000	0
4	MAS 90 System	6/25/03	10,614				10,614	5	MO S/L	10,614	0
10	11 Passenger Van	7/01/04	27,099				27,099	5	MO S/L	27,099	0
24	Computer ED	2/15/08	788				788	5	MO200DB	788	0
28	Dishwasher-Shelter	3/27/06	3,669				3,669	7	MO200DB	3,669	0
30	Comm Dryer-Shelter	5/31/06	3,213				3,213	7	MO200DB	3,213	0
32	Telephone System	7/01/06	4,886				4,886	5	MO S/L	4,886	0
34	Telephone System	10/31/07	22,727				22,727	5	MO S/L	22,727	0
39	Telephone System	7/27/08	6,855				6,855	5	MO S/L	6,855	0
40	Double Convection Oven	1/21/09	5,731				5,731	10	MO S/L	5,731	0
44	Building	6/01/86	404,298				404,298	25	MO S/L	404,483	0
45	Leasehold Imp	8/01/87	3,796				3,796	27	MO S/L	3,796	0
46	Additions	6/01/88	19,519				19,519	27	MO S/L	19,519	0
48	Building 1115 3rd st	6/01/95	132,000				132,000	27	MO S/L	115,631	4,800
49	Roofing	10/01/95	4,020				4,020	27	MO S/L	3,511	146
50	Roofing	10/01/95	10,000				10,000	27	MO S/L	8,733	364
51	Improvements	7/06/96	19,738				19,738	27	MO S/L	16,539	718
52	Improvements	7/06/96	10,176				10,176	27	MO S/L	8,527	370
56	Improvements	3/18/97	2,900				2,900	27	MO S/L	2,423	105
57	Awning	4/11/97	2,698				2,698	27	MO S/L	2,253	99
59	Fence	7/09/97	2,950				2,950	27	MO S/L	2,364	108
65	Roof Shelter	12/31/07	80,715				80,715	20	MO S/L	46,411	4,036
66	Boiler Shelter	12/31/07	6,499				6,499	15	MO S/L	4,983	433
67	Plumbing-Shelter	10/31/08	58,473				58,473	20	MO S/L	31,185	2,924
68	Wrought Iron	12/31/08	3,300				3,300	20	MO S/L	1,733	165
70	MediSoft Billing	5/25/05	5,806				5,806	3	MO200DB	5,806	0
71	Land	6/01/86	73,951				73,951	0	-- Land	0	0
73	Heating and cooling upgrade	5/01/11	17,490				17,490	7	MO S/L	17,490	0
75	Ice Maker	10/22/09	3,198				3,198	5	MO S/L	3,198	0
77	Donor Perfect Software	9/15/09	7,795				7,795	5	MO S/L	7,795	0
78	Coffee Shop Cabinets	8/19/11	2,980				2,980	5	MO S/L	2,980	0
	Sold/Scrapped: 3/30/20										
79	Coffee Shop Espresso Machiene	8/01/11	3,640				3,640	3	MO S/L	3,640	0
80	Toyota Tacoma- ACT	6/01/12	18,996				18,996	5	MO S/L	18,996	0
81	Shelter Improvements	12/20/11	136,960				136,960	15	MO S/L	68,176	9,131
82	Dishwasher- Shelter	6/01/13	4,121				4,121	5	MO S/L	4,121	0
83	Shade Structure	8/20/12	8,935				8,935	3	MO S/L	8,935	0
84	Software Server	5/01/13	6,247				6,247	5	MO S/L	6,247	0
88	Kitchen Cabinets- Dismas	9/05/01	5,128				5,128	10	MO S/L	5,128	0
96	Telephone System- Dismas	3/31/09	2,652				2,652	5	MO S/L	2,652	0
102	Software- Dismas	8/06/10	3,644				3,644	3	MO S/L	3,644	0
	Sold/Scrapped: 6/30/20										
104	701 Candelaria NE	3/05/94	143,307				143,307	27	MO S/L	131,993	5,211
105	701 Candelaria NE	9/30/04	106,642				106,642	27	MO S/L	57,207	3,878
106	Restucco- Dismas	2/14/02	4,206				4,206	27	MO S/L	2,656	153
111	Shed- Dismas	8/31/02	2,500				2,500	15	MO S/L	2,500	0
112	Improvements- Dismas	5/22/07	7,800				7,800	27	MO S/L	3,429	284
113	Landscaping- Dismas	5/27/10	3,272				3,272	15	MO S/L	1,982	218
114	Alarm System- Dismas	4/15/10	2,754				2,754	7	MO S/L	2,754	0
115	Alarm System- Dismas	6/30/10	3,794				3,794	7	MO S/L	3,794	0
116	Land- Dismas	3/15/94	15,900				15,900	0	-- Land	0	0
117	Land- Dismas	9/30/04	26,528				26,528	0	-- Land	0	0
119	Roof - 1115 3rd St	11/18/13	7,310				7,310	20	MO S/L	2,041	365
120	Telephone System	4/01/14	5,618				5,618	5	MO S/L	5,618	0
121	Server - HC LBLDG	4/01/14	4,000				4,000	5	MO S/L	4,000	0
122	Medisoft Upgrade	4/15/14	4,373				4,373	3	MO S/L	4,373	0
123	Construction in Progress	6/30/14	791,048				791,048	0	-- Memo	0	0
124	1115 3rd St Improvements	6/30/14	40,371				40,371	15	MO S/L	13,457	2,691
125	Coffee Kiosk	9/11/14	3,506				3,506	5	MO S/L	3,331	175
126	AM Telephone	10/30/14	3,638				3,638	5	MO S/L	3,395	243
127	Hope Center	10/15/14	986,214				986,214	27	MO S/L	169,157	35,862
130	PS-Kitchen Equipment	8/02/02	3,565				3,565	5	MO S/L	3,565	0
131	PS-Walk in Fridge Outside	10/09/02	18,000				18,000	5	MO S/L	18,000	0
135	PS- Stove	5/12/04	2,968				2,968	7	MO S/L	2,968	0
141	PS-Fully dep Furniture/Fixture	7/02/86	7,422				7,422	10	MO S/L	7,422	0
143	PS-Fully Dep Furniture/Fixtures	1/01/96	13,387				13,387	10	MO S/L	13,387	0
144	PS-Fully Dep Furniture/Fixture	3/19/99	6,519				6,519	5	MO S/L	6,519	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
150	PS-Folding Tables & Chairs	1/30/12	4,841			4,841	7 MO S/L	4,841	0
153	PS-Fire System	4/25/13	4,250			4,250	7 MO S/L	3,744	506
155	PS-Copier	6/05/14	2,700			2,700	5 MO S/L	2,700	0
156	PS- Building Yale	7/01/06	205,209			205,209	39 MO S/L	68,184	5,262
163	PS-Fully Deep Building Improvement	1/01/92	10,140			10,140	15 MO S/L	10,140	0
164	PS-Door	10/18/11	3,100			3,100	15 MO S/L	1,584	207
166	PS-Evapratve Coolers	11/04/11	2,552			2,552	10 MO S/L	1,957	255
168	PS-Bathroom Remodel	4/13/12	3,179			3,179	15 MO S/L	1,536	212
169	PS-New Roof	10/31/13	16,765			16,765	39 MO S/L	2,436	430
170	PS-Grease traps	4/19/14	2,587			2,587	39 MO S/L	343	66
171	PS-Web Site Design	3/27/14	3,100			3,100	5 MO S/L	3,100	0
172	PS-Land	10/23/06	50,000			50,000	0 -- Land	0	0
173	Construction in progress-Hope Center	10/15/14	-791,048			-791,048	0 -- Memo	0	0
176	Dexter 20lb Washer-Shelter	5/01/16	3,818			3,818	3 MO S/L	3,818	0
177	Dexter 30lb Gas Dryer	5/01/16	2,940			2,940	3 MO S/L	2,940	0
178	2015 Nissan Quest	4/04/16	26,639			26,639	5 MO S/L	17,315	5,328
179	3 door side by side refrigerator	4/15/16	2,675			2,675	3 MO S/L	2,675	0
180	Panasonic Phone System-Hope	11/01/15	4,929			4,929	5 MO S/L	3,614	986
181	Improvements-Hope Center South Wing	11/01/15	102,747			102,747	27 MO S/L	13,700	3,736
182	Kitchen Improvements	12/01/15	347,317			347,317	15 MO S/L	82,970	23,155
183	MIP Accounting Software	6/30/16	42,171			42,171	5 MO S/L	25,302	8,435
184	2016 Nissan Versa-Titanium VIN 6568	9/23/16	15,101			15,101	5 MO S/L	8,557	3,020
185	2016 Nissan Versa-Graph Blue VIN 5152	9/23/16	10,589			10,589	5 MO S/L	6,001	2,117
186	2017 Nissan Versa- Titanium VIN 7636	6/08/17	13,261			13,261	5 MO S/L	5,525	2,653
187	2017 Nissan Versa- Cayenne VIN 1713	6/08/17	12,334			12,334	5 MO S/L	5,139	2,467
188	MIP Accounting System	1/01/17	44,001			44,001	5 MO S/L	22,001	8,800
189	Hope Cafe POS System	1/01/17	4,023			4,023	5 MO S/L	2,011	604
	Sold/Scrapped: 3/30/20								
190	5 Ton Combo Water Heater Unit	11/19/16	5,183			5,183	15 MO S/L	921	346
191	Water Heater Replacement	12/10/16	6,215			6,215	15 MO S/L	1,070	415
192	Water Heater Yale	1/23/17	2,618			2,618	15 MO S/L	436	175
193	Parking Lot @ 1120 and 2nd Street	4/18/17	26,737			26,737	27 MO S/L	2,188	972
194	Shelter Fence	4/21/17	24,630			24,630	20 MO S/L	2,771	1,231
195	Hope Cafe Construction	4/23/17	5,845			5,845	15 MO S/L	877	292
	Sold/Scrapped: 3/30/20								
196	Roof Replacement at Dismas	6/27/17	13,113			13,113	20 MO S/L	1,366	656
197	Hope Center Admin Improvements-Wayne Br	6/30/17	4,986			4,986	15 MO S/L	482	332
198	Fully Depreciated Assets	7/01/98	5,987			5,987	5 MO S/L	5,987	0
199	Drillpoint Software for Abila MIP	3/29/18	5,593			5,593	5 MO S/L	1,491	1,119
200	2017 Nissan Versa Sedan VIN 6727	11/29/17	14,212			14,212	5 MO S/L	4,737	2,843
201	Hood	10/01/18	15,806			15,806	15 MO S/L	790	791
	Sold/Scrapped: 3/30/20								
202	2019 Nissan Versa #25715	5/29/19	17,000			17,000	5 MO S/L	283	3,400
203	2003 Ford #25087	5/08/19	3,000			3,000	5 MO S/L	100	600
204	2004 GMC 1500 #214691	12/28/18	5,000			5,000	5 MO S/L	583	1,000
205	Noventum Housing Database (Phase I-III)	3/01/20	40,782			40,782	5 MO S/L	0	2,719
206	Land - 1215 3rd street New Hope Housing	1/10/19	1,045,924			1,045,924	0 -- Land	0	0
207	CIP - Single Site	7/01/18	23,567			23,567	0 -- Memo	0	0
208	CIP-Cartesian Surveys	1/31/19	6,661			6,661	0 -- Memo	0	0
209	CIP-Mullen Heller Architecture	1/31/19	39,139			39,139	0 -- Memo	0	0
210	CIP-Laflin, Pick & Heer PA	1/31/19	8,972			8,972	0 -- Memo	0	0
211	CIP-NHH	6/30/19	58,861			58,861	0 -- Memo	0	0
212	CIP-Dismas Electrical	6/30/19	1,800			1,800	0 -- Memo	0	0
213	2019 Nissan Passenger Van 3033	10/01/19	34,159			34,159	5 MO S/L	0	5,124
214	2020 Toyota Tundra Hope Found Vin 7522	3/01/20	33,737			33,737	5 MO S/L	0	2,249
215	Hope center Roof	1/31/20	65,521			65,521	15 MO S/L	0	2,184
216	Electrical Wiring for Dismas	7/23/19	4,229			4,229	10 MO S/L	0	388
217	CIP-NHH 2020 Various	6/30/20	283,577			283,577	0 -- Memo	0	0
218	CIP-Dismas Electrical	7/23/19	-1,800			-1,800	0 -- Memo	0	0
	Total Other Depreciation		5,352,519			5,352,519		1,744,940	167,554
	Total ACRS and Other Depreciation		5,352,519			5,352,519		1,744,940	167,554

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		5,352,519			5,352,519		1,744,940	167,554
	Less: Dispositions and Transfers		32,298			32,298		10,302	1,687
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>5,320,221</u>			<u>5,320,221</u>		<u>1,734,638</u>	<u>165,867</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
2	Walk-in Freezer	8/10/98	0		0	0 HY	0	0
3	15 Passenger Bus	2/28/03	0		0	0 HY	0	0
4	MAS 90 System	6/25/03	0		0	0 HY	0	0
10	11 Passenger Van	7/01/04	0		0	0 HY	0	0
24	Computer ED	2/15/08	0		0	0 HY	0	0
28	Dishwasher-Shelter	3/27/06	0		0	0 HY	0	0
30	Comm Dryer-Shelter	5/31/06	0		0	0 HY	0	0
32	Telephone System	7/01/06	0		0	0 HY	0	0
34	Telephone System	10/31/07	0		0	0 HY	0	0
39	Telephone System	7/27/08	0		0	0 HY	0	0
40	Double Convection Oven	1/21/09	0		0	0 HY	0	0
44	Building	6/01/86	0		0	0 HY	0	0
45	Leasehold Imp	8/01/87	0		0	0 HY	0	0
46	Additions	6/01/88	0		0	0 HY	0	0
48	Building 1115 3rd st	6/01/95	0		0	0 HY	0	0
49	Roofing	10/01/95	0		0	0 HY	0	0
50	Roofing	10/01/95	0		0	0 HY	0	0
51	Improvements	7/06/96	0		0	0 HY	0	0
52	Improvements	7/06/96	0		0	0 HY	0	0
56	Improvements	3/18/97	0		0	0 HY	0	0
57	Awning	4/11/97	0		0	0 HY	0	0
59	Fence	7/09/97	0		0	0 HY	0	0
65	Roof Shelter	12/31/07	0		0	0 HY	0	0
66	Boiler Shelter	12/31/07	0		0	0 HY	0	0
67	Plumbing-Shelter	10/31/08	0		0	0 HY	0	0
68	Wrought Iron	12/31/08	0		0	0 HY	0	0
70	MediSoft Billing	5/25/05	0		0	0 HY	0	0
71	Land	6/01/86	0		0	0 HY	0	0
73	Heating and cooling upgrade	5/01/11	0		0	0 HY	0	0
75	Ice Maker	10/22/09	0		0	0 HY	0	0
77	Donor Perfect Software	9/15/09	0		0	0 HY	0	0
78	Coffee Shop Cabinets	8/19/11	0		0	0 HY	0	0
	Sold/Scrapped: 3/30/20							
79	Coffee Shop Espresso Machiene	8/01/11	0		0	0 HY	0	0
80	Toyota Tacoma- ACT	6/01/12	0		0	0 HY	0	0
81	Shelter Improvements	12/20/11	0		0	0 HY	0	0
82	Dishwasher- Shelter	6/01/13	0		0	0 HY	0	0
83	Shade Structure	8/20/12	0		0	0 HY	0	0
84	Software Server	5/01/13	0		0	0 HY	0	0
88	Kitchen Cabinets- Dismas	9/05/01	0		0	0 HY	0	0
96	Telephone System- Dismas	3/31/09	0		0	0 HY	0	0
102	Software- Dismas	8/06/10	0		0	0 HY	0	0
	Sold/Scrapped: 6/30/20							
104	701 Candelaria NE	3/05/94	0		0	0 HY	0	0
105	701 Candelaria NE	9/30/04	0		0	0 HY	0	0
106	Restucco- Dismas	2/14/02	0		0	0 HY	0	0
111	Shed- Dismas	8/31/02	0		0	0 HY	0	0
112	Improvements- Dismas	5/22/07	0		0	0 HY	0	0
113	Landscaping- Dismas	5/27/10	0		0	0 HY	0	0
114	Alarm System- Dismas	4/15/10	0		0	0 HY	0	0
115	Alarm System- Dismas	6/30/10	0		0	0 HY	0	0
116	Land- Dismas	3/15/94	0		0	0 HY	0	0
117	Land- Dismas	9/30/04	0		0	0 HY	0	0
119	Roof - 1115 3rd St	11/18/13	7,310		7,310	20 MO S/L	2,041	365
120	Telephone System	4/01/14	0		0	0 HY	0	0
121	Server - HC LBLDG	4/01/14	0		0	0 HY	0	0
122	Medisoft Upgrade	4/15/14	0		0	0 HY	0	0
123	Construction in Progress	6/30/14	0		0	0 HY	0	0
124	1115 3rd St Improvements	6/30/14	0		0	0 HY	0	0
125	Coffee Kiosk	9/11/14	3,506		3,506	5 MO S/L	3,331	175
126	AM Telephone	10/30/14	3,638		3,638	5 MO S/L	3,395	243
127	Hope Center	10/15/14	986,214		986,214	27 MO S/L	169,157	35,862
130	PS-Kitchen Equipment	8/02/02	0		0	0 HY	0	0
131	PS-Walk in Fridge Outside	10/09/02	0		0	0 HY	0	0
135	PS- Stove	5/12/04	0		0	0 HY	0	0
141	PS-Fully dep Furniture/Fixture	7/02/86	0		0	0 HY	0	0
143	PS-Fully Dep Furniture/Fixtures	1/01/96	0		0	0 HY	0	0
144	PS-Fully Dep Furniture/Fixture	3/19/99	0		0	0 HY	0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
150	PS-Folding Tables & Chairs	1/30/12	0				0	0	HY	0	0
153	PS-Fire System	4/25/13	0				0	0	HY	0	0
155	PS-Copier	6/05/14	0				0	0	HY	0	0
156	PS- Building Yale	7/01/06	0				0	0	HY	0	0
163	PS-Fully Deep Building Improvement	1/01/92	0				0	0	HY	0	0
164	PS-Door	10/18/11	0				0	0	HY	0	0
166	PS-Evapratve Coolers	11/04/11	0				0	0	HY	0	0
168	PS-Bathroom Remodel	4/13/12	0				0	0	HY	0	0
169	PS-New Roof	10/31/13	0				0	0	HY	0	0
170	PS-Grease traps	4/19/14	0				0	0	HY	0	0
171	PS-Web Site Design	3/27/14	0				0	0	HY	0	0
172	PS-Land	10/23/06	0				0	0	HY	0	0
173	Contraction in progress-Hope Center	10/15/14	0				0	0	HY	0	0
176	Dexter 20lb Washer-Shelter	5/01/16	3,818				3,818	3	MO S/L	3,818	0
177	Dexter 30lb Gas Dryer	5/01/16	2,940				2,940	3	MO S/L	2,940	0
178	2015 Nissan Quest	4/04/16	26,639				26,639	5	MO S/L	17,315	5,328
179	3 door side by side refrigerator	4/15/16	2,675				2,675	3	MO S/L	2,675	0
180	Panasonic Phone System-Hope	11/01/15	4,929				4,929	5	MO S/L	3,614	986
181	Improvements-Hope Center South Wing	11/01/15	102,747				102,747	27	MO S/L	13,700	3,736
182	Kitchen Improvements	12/01/15	347,317				347,317	15	MO S/L	82,970	23,155
183	MIP Accounting Software	6/30/16	42,171				42,171	5	MO S/L	25,302	8,435
184	2016 Nissan Versa-Titanium VIN 6568	9/23/16	0				0	0	HY	0	0
185	2016 Nissan Versa-Graph Blue VIN 5152	9/23/16	0				0	0	HY	0	0
186	2017 Nissan Versa- Titanium VIN 7636	6/08/17	0				0	0	HY	0	0
187	2017 Nissan Versa- Cayenne VIN 1713	6/08/17	0				0	0	HY	0	0
188	MIP Accounting System	1/01/17	0				0	0	HY	0	0
189	Hope Cafe POS System	1/01/17	0				0	0	HY	0	0
	Sold/Scrapped: 3/30/20										
190	5 Ton Combo Water Heater Unit	11/19/16	0				0	0	HY	0	0
191	Water Heater Replacement	12/10/16	0				0	0	HY	0	0
192	Water Heater Yale	1/23/17	0				0	0	HY	0	0
193	Parking Lot @ 1120 and 2nd Street	4/18/17	0				0	0	HY	0	0
194	Shelter Fence	4/21/17	0				0	0	HY	0	0
195	Hope Cafe Construction	4/23/17	0				0	0	HY	0	0
	Sold/Scrapped: 3/30/20										
196	Roof Replacement at Dismas	6/27/17	0				0	0	HY	0	0
197	Hope Center Admin Improvements-Wayne Br	6/30/17	0				0	0	HY	0	0
198	Fully Depreciated Assets	7/01/98	0				0	0	HY	0	0
199	Drillpoint Software for Abila MIP	3/29/18	0				0	0	HY	0	0
200	2017 Nissan Versa Sedan VIN 6727	11/29/17	0				0	0	HY	0	0
201	Hood	10/01/18	0				0	0	HY	0	0
	Sold/Scrapped: 3/30/20										
202	2019 Nissan Versa #25715	5/29/19	0				0	0	HY	0	0
203	2003 Ford #25087	5/08/19	0				0	0	HY	0	0
204	2004 GMC 1500 #214691	12/28/18	0				0	0	HY	0	0
205	Noventum Housing Database (Phase I-III)	3/01/20	0				0	0	HY	0	0
206	Land - 1215 3rd street New Hope Housing	1/10/19	0				0	0	HY	0	0
207	CIP - Single Site	7/01/18	0				0	0	HY	0	0
208	CIP-Cartesian Surveys	1/31/19	0				0	0	HY	0	0
209	CIP-Mullen Heller Architecture	1/31/19	0				0	0	HY	0	0
210	CIP-Laflin, Pick & Heer PA	1/31/19	0				0	0	HY	0	0
211	CIP-NHH	6/30/19	0				0	0	HY	0	0
212	CIP-Dismas Electrical	6/30/19	0				0	0	HY	0	0
213	2019 Nissan Passenger Van 3033	10/01/19	0				0	0	HY	0	0
214	2020 Toyota Tundra Hope Found Vin 7522	3/01/20	0				0	0	HY	0	0
215	Hope center Roof	1/31/20	0				0	0	HY	0	0
216	Electrical Wiring for Dismas	7/23/19	0				0	0	HY	0	0
217	CIP-NHH 2020 Various	6/30/20	0				0	0	HY	0	0
218	CIP-Dismas Electrical	7/23/19	-1,800				-1,800	0	-- Memo	0	0
	Total Other Depreciation		<u>1,532,104</u>				<u>1,532,104</u>			<u>330,258</u>	<u>78,285</u>
	Total ACRS and Other Depreciation		<u>1,532,104</u>				<u>1,532,104</u>			<u>330,258</u>	<u>78,285</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		1,532,104			1,532,104		330,258	78,285
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>1,532,104</u>			<u>1,532,104</u>		<u>330,258</u>	<u>78,285</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
2	Walk-in Freezer	8/10/98	8,696	0	0
3	15 Passenger Bus	2/28/03	30,000	0	0
4	MAS 90 System	6/25/03	10,614	0	0
10	11 Passenger Van	7/01/04	27,099	0	0
24	Computer ED	2/15/08	788	0	0
28	Dishwasher-Shelter	3/27/06	3,669	0	0
30	Comm Dryer-Shelter	5/31/06	3,213	0	0
32	Telephone System	7/01/06	4,886	0	0
34	Telephone System	10/31/07	22,727	0	0
39	Telephone System	7/27/08	6,855	0	0
40	Double Convection Oven	1/21/09	5,731	0	0
44	Building	6/01/86	404,298	0	0
45	Leasehold Imp	8/01/87	3,796	0	0
46	Additions	6/01/88	19,519	0	0
48	Building 1115 3rd st	6/01/95	132,000	4,800	0
49	Roofing	10/01/95	4,020	146	0
50	Roofing	10/01/95	10,000	364	0
51	Improvements	7/06/96	19,738	717	0
52	Improvements	7/06/96	10,176	370	0
56	Improvements	3/18/97	2,900	106	0
57	Awning	4/11/97	2,698	98	0
59	Fence	7/09/97	2,950	107	0
65	Roof Shelter	12/31/07	80,715	4,036	0
66	Boiler Shelter	12/31/07	6,499	433	0
67	Plumbing-Shelter	10/31/08	58,473	2,924	0
68	Wrought Iron	12/31/08	3,300	165	0
70	MediSoft Billing	5/25/05	5,806	0	0
71	Land	6/01/86	73,951	0	0
73	Heating and cooling upgrade	5/01/11	17,490	0	0
75	Ice Maker	10/22/09	3,198	0	0
77	Donor Perfect Software	9/15/09	7,795	0	0
79	Coffee Shop Espresso Machiene	8/01/11	3,640	0	0
80	Toyota Tacoma- ACT	6/01/12	18,996	0	0
81	Shelter Improvements	12/20/11	136,960	9,130	0
82	Dishwasher- Shelter	6/01/13	4,121	0	0
83	Shade Structure	8/20/12	8,935	0	0
84	Software Server	5/01/13	6,247	0	0
88	Kitchen Cabinets- Dismas	9/05/01	5,128	0	0
96	Telephone System- Dismas	3/31/09	2,652	0	0
104	701 Candelaria NE	3/05/94	143,307	5,211	0
105	701 Candelaria NE	9/30/04	106,642	3,878	0
106	Restucco- Dismas	2/14/02	4,206	153	0
111	Shed- Dismas	8/31/02	2,500	0	0
112	Improvements- Dismas	5/22/07	7,800	284	0
113	Landscaping- Dismas	5/27/10	3,272	218	0
114	Alarm System- Dismas	4/15/10	2,754	0	0
115	Alarm System- Dismas	6/30/10	3,794	0	0
116	Land- Dismas	3/15/94	15,900	0	0
117	Land- Dismas	9/30/04	26,528	0	0
119	Roof - 1115 3rd St	11/18/13	7,310	366	366
120	Telephone System	4/01/14	5,618	0	0
121	Server - HC LBLDG	4/01/14	4,000	0	0
122	Medisoft Upgrade	4/15/14	4,373	0	0
123	Construction in Progress	6/30/14	791,048	0	0
124	1115 3rd St Improvements	6/30/14	40,371	2,692	0
125	Coffee Kiosk	9/11/14	3,506	0	0
126	AM Telephone	10/30/14	3,638	0	0
127	Hope Center	10/15/14	986,214	35,862	35,862
130	PS-Kitchen Equipment	8/02/02	3,565	0	0
131	PS-Walk in Fridge Outside	10/09/02	18,000	0	0
135	PS- Stove	5/12/04	2,968	0	0
141	PS-Fully dep Furniture/Fixture	7/02/86	7,422	0	0
143	PS-Fully Dep Furniture/Fixtures	1/01/96	13,387	0	0
144	PS-Fully Dep Furniture/Fixture	3/19/99	6,519	0	0
150	PS-Folding Tables & Chairs	1/30/12	4,841	0	0
153	PS-Fire System	4/25/13	4,250	0	0
155	PS-Copier	6/05/14	2,700	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
156	PS- Building Yale	7/01/06	205,209	5,262	0
163	PS-Fully Deep Building Improvement	1/01/92	10,140	0	0
164	PS-Door	10/18/11	3,100	207	0
166	PS-Evaporative Cooles	11/04/11	2,552	255	0
168	PS-Bathroom Remodel	4/13/12	3,179	212	0
169	PS-New Roof	10/31/13	16,765	430	0
170	PS-Grease traps	4/19/14	2,587	66	0
171	PS-Web Site Design	3/27/14	3,100	0	0
172	PS-Land	10/23/06	50,000	0	0
173	Contruction in progress-Hope Center	10/15/14	-791,048	0	0
176	Dexter 20lb Washer-Shelter	5/01/16	3,818	0	0
177	Dexter 30lb Gas Dryer	5/01/16	2,940	0	0
178	2015 Nissan Quest	4/04/16	26,639	3,996	3,996
179	3 door side by side refrigerator	4/15/16	2,675	0	0
180	Panasonic Phone Syetem-Hope	11/01/15	4,929	329	329
181	Improvements-Hope Center South Wing	11/01/15	102,747	3,736	3,736
182	Kitchen Improvements	12/01/15	347,317	23,154	23,154
183	MIP Accounting Software	6/30/16	42,171	8,434	8,434
184	2016 Nissan Versa-Titanium VIN 6568	9/23/16	15,101	3,020	0
185	2016 Nissan Versa-Graph Blue VIN 5152	9/23/16	10,589	2,118	0
186	2017 Nissan Versa- Titanium VIN 7636	6/08/17	13,261	2,652	0
187	2017 Nissan Versa- Cayenne VIN 1713	6/08/17	12,334	2,467	0
188	MIP Accounting System	1/01/17	44,001	8,800	0
190	5 Ton Combo Water Heater Unit	11/19/16	5,183	345	0
191	Water Heater Replacement	12/10/16	6,215	414	0
192	Water Heater Yale	1/23/17	2,618	174	0
193	Parking Lot @ 1120 and 2nd Street	4/18/17	26,737	972	0
194	Shelter Fence	4/21/17	24,630	1,232	0
196	Roof Replacement at Dismas	6/27/17	13,113	655	0
197	Hope Center Admin Improvements-Wayne Brooks	6/30/17	4,986	333	0
198	Fully Depreciated Assets	7/01/98	5,987	0	0
199	Drillpoint Software for Abila MIP	3/29/18	5,593	1,119	0
200	2017 Nissan Versa Sedan VIN 6727	11/29/17	14,212	2,842	0
202	2019 Nissan Versa #25715	5/29/19	17,000	3,400	0
203	2003 Ford #25087	5/08/19	3,000	600	0
204	2004 GMC 1500 #214691	12/28/18	5,000	1,000	0
205	Noventum Housing Database (Phase I-III)	3/01/20	40,782	8,156	0
206	Land - 1215 3rd street New Hope Housing	1/10/19	1,045,924	0	0
207	CIP - Single Site	7/01/18	23,567	0	0
208	CIP-Cartesian Surveys	1/31/19	6,661	0	0
209	CIP-Mullen Heller Architecture	1/31/19	39,139	0	0
210	CIP-Laflin, Pick & Heer PA	1/31/19	8,972	0	0
211	CIP-NHH	6/30/19	58,861	0	0
212	CIP-Dismas Electrical	6/30/19	1,800	0	0
213	2019 Nissan Passenger Van 3033	10/01/19	34,159	6,832	0
214	2020 Toyota Tundra Hope Found Vin 7522	3/01/20	33,737	6,748	0
215	Hope center Roof	1/31/20	65,521	4,368	0
216	Electrical Wiring for Dismas	7/23/19	4,229	422	0
217	CIP-NHH 2020 Various	6/30/20	283,577	0	0
218	CIP-Dismas Electrical	7/23/19	-1,800	0	0
	Total Other Depreciation		<u>5,320,221</u>	<u>176,810</u>	<u>75,877</u>
	Total ACRS and Other Depreciation		<u>5,320,221</u>	<u>176,810</u>	<u>75,877</u>
	Grand Totals		<u>5,320,221</u>	<u>176,810</u>	<u>75,877</u>

Form 990	Event Income and Deduction Worksheet	2019
Name HopeWorks		Taxpayer Identification Number 85-0338552
Description General Fundraising		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>10,290</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>10,290</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>10,290</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2019
Name HopeWorks		Taxpayer Identification Number 85-0338552
Description Coffee Shop		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		101,642
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.	28	
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.	101,670	
8. Cost of Goods Sold	8.	54,811	
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.	54,811	
16. Net Income/Loss. Line 7 minus Line 15	16.	46,859	

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	54,811
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	54,811

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	54,811
Second	_____
Third	_____
All other	_____

Form 990-T	Schedule M Loss Carryover Calculation Description Unrelated Business Activity	2019
Name HopeWorks		Taxpayer Identification Number 85-0338552
Unincorporated Business Income Tax Code: 722513 Activity: Limited-service restaurants		

1 Activity income	1	46,859
2 Activity deductions	2	176,300
3 Activities income or loss, after deductions	3	-129,441
4 Losses carried over to this year (do not include amounts prior to 2018)	4	709,310
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 30 of Form 990-T or Schedule M	6	
7 Remaining losses to be carried forward to 2020 (Subtract Line 6 from line 4)	7	709,310
8 If line 3 is less than zero, enter that amount here as a positive number	8	129,441
9 Total loss carried forward to 2020 (Add lines 7 and 8)	9	838,751

Form 990-T		Net Operating Loss Carryover Worksheet for Pre-2018 Losses			2019
		For calendar year 2019, or tax year beginning 07/01/19 , ending 06/30/20			
Name HopeWorks				Employer Identification Number 85-0338552	
Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
19th 06/30/99					
18th 06/30/00					
17th 06/30/01					
16th 06/30/02					
15th 06/30/03					
14th 06/30/04					
13th 06/30/05					
12th 06/30/06					
11th 06/30/07					
10th 06/30/08					
9th 06/30/09					
8th 06/30/10					
7th 06/30/11					
6th 06/30/12	-88,000		88,000		88,000
5th 06/30/13	-98,860		98,860		98,860
4th 06/30/14	-116,269		116,269		116,269
3rd 06/30/15	-94,782		94,782		94,782
2nd 06/30/16	-137,401		137,401		137,401
1st 06/30/17	-153,330		153,330		153,330
NOL carryover available to current year			688,642		
Current year	0			-1,000	
NOL carryover available to next year					688,642

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 07/01/19 , ending 06/30/20		

Name

Taxpayer Identification Number

HopeWorks**85-0338552**

		2018	2019	Differences
R e v e n u e	1. Contributions, gifts, grants	1,860,375	4,160,396	2,300,021
	2. Membership dues and assessments			
	3. Government contributions and grants	4,690,787	5,338,541	647,754
	4. Program service revenue	2,989,008	2,701,363	-287,645
	5. Investment income	2,404	38,420	36,016
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-404	-20,309	-19,905
	8. Net income or (loss) from fundraising events	23,846	10,290	-13,556
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	9,566,016	12,228,701	2,662,685
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	124,902	131,427	6,525
	16. Salaries, other compensation, and employee benefits	5,543,626	5,784,821	241,195
	17. Professional fundraising fees			
	18. Other professional fees	631,754	563,159	-68,595
	19. Occupancy, rent, utilities, and maintenance	230,298	237,094	6,796
	20. Depreciation and Depletion	160,486	167,554	7,068
	21. Other expenses	3,413,215	3,187,666	-225,549
	22. Total expenses. Add lines 13 through 21	10,104,281	10,071,721	-32,560
	23. Excess or (Deficit). Subtract line 22 from line 12	-538,265	2,156,980	2,695,245
O t h e r I n f o r m a t i o n	24. Total exempt revenue	9,566,016	12,228,701	2,662,685
	25. Total unrelated revenue	165,508	101,670	-63,838
	26. Total excludable revenue	2,825,500	2,617,804	-207,696
	27. Total assets	4,869,373	8,173,029	3,303,656
	28. Total liabilities	2,288,409	3,507,359	1,218,950
	29. Retained earnings	2,580,964	4,665,670	2,084,706
	30. Number of voting members of governing body	13	15	
	31. Number of independent voting members of governing body	13	15	
	32. Number of employees	191	195	
	33. Number of volunteers	2000	2000	

Form 990T	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 07/01/19 , ending 06/30/20		

Name

Taxpayer Identification Number

HopeWorks**85-0338552**

		2018	2019	Differences
Revenue	1. Gross profit/loss on business activities	165,508	46,831	-118,677
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations			
	4. Rent income (net of expense)			
	5. Unrelated debt-financed income (net of expense)			
	6. Income from controlled organizations (net of expense)			
	7. Section 501(c)(7)(9)(17) organization income (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)			
	10. Other income		28	28
	11. Total trade or business income. Combine lines 1 through 10	165,508	46,859	-118,649
Expenses	12. Compensation of officers, directors, and trustees			
	13. Other salaries and wages	432,318	111,593	-320,725
	14. Repairs and maintenance	2,975	729	-2,246
	15. Bad debts			
	16. Interest			
	17. Taxes and licenses	35,203	9,648	-25,555
	18. Charitable contributions			
	19. Depreciation and Depletion	1,595	1,394	-201
	20. Contributions to deferred compensation plans			
	21. Employee benefit programs	32,599	5,217	-27,382
	22. Other deductions	370,128	47,719	-322,409
	23. Total deductions. Add lines 12 through 22	874,818	176,300	-698,518
	24. Net income (990T/first activity); Subtract line 23 from 11	-709,310	-129,441	579,869
	25. Number of unrelated business activities for this return	1	1	
26. Unrelated business taxable income from all trades	-709,310		709,310	
27. Disallowed employee fringe benefits				
28. Charitable contributions				
29. Taxable income before NOL loss				
30. Net operating loss (pre-2018)				
31. Specific deduction	1,000	1,000		
32. Unrelated business taxable income.				
Tax & Credits	33. Income tax (corporate or trust)			
	34. Proxy tax			
	35. Other taxes			
	36. Total taxes			
	37. Other credits			
	38. General business credit			
	39. Credit for prior year minimum tax			
	40. Total credits			
	41. Net tax after credits			
	42. Recapture taxes and 965 tax			
	43. Total Taxes			
Due/Refund	44. Prior year overpayment and estimated tax payments			
	45. Payment made with extension			
	46. Backup withholding and foreign withholding			
	47. Other payments			
	48. Total payments			
	49. Balance due/(Overpayment)			
	50. Overpayment applied to next year			
	51. Penalties			
52. Total due/(Refund)				

Form SchM	Two Year Comparison for Unrelated Business Activity	2018 & 2019
For calendar year 2019, or tax year beginning 07/01/19 , ending 06/30/20		
Organization Name HopeWorks		Taxpayer Identification Number 85-0338552

Unincorporated Business Income Tax Code: **722513** Activity: **Unrelated Business Activity**

		2018	2019	Differences
Revenue	1. Gross profit/loss on business activities	165,508	46,831	-118,677
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations			
	4. Rental income (net of expense)			
	5. Unrelated debt-financed income (net of expense)			
	6. Interest, and other income from controlled organizations (net of expense)			
	7. Investment income of specific organizations (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)			
	10. Other income		28	28
	11. Total trade or business income. Combine lines 1 through 10	165,508	46,859	-118,649
Expenses	12. Compensation of officers, directors, and trustees			
	13. Other salaries and wages	432,318	111,593	-320,725
	14. Repairs and maintenance	2,975	729	-2,246
	15. Bad debts			
	16. Interest			
	17. Taxes and licenses	35,203	9,648	-25,555
	18. Depreciation and Depletion	1,595	1,394	-201
	19. Contributions to deferred compensation plans			
	20. Employee benefit programs	32,599	5,217	-27,382
	21. Other deductions	370,128	47,719	-322,409
	22. Total deductions. Add lines 12 through 22	874,818	176,300	-698,518
	23. Taxable income before deductions. Subtract line 23 from 11	-709,310	-129,441	579,869
	24. Deductible losses		709,310	709,310
	25. Unrelated business taxable income (loss)	-709,310	-838,751	-129,441

Form **990****Tax Projection Worksheet****2019 & 2020**

Name

Taxpayer Identification Number

HopeWorks**85-0338552**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	4,160,396	4,160,396	
	2. Membership dues and assessments			
	3. Government contributions and grants	5,338,541	5,338,541	
	4. Program service revenue	2,701,363	2,701,363	
	5. Investment income	38,420	38,420	
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-20,309	-20,309	
	8. Net income or (loss) from fundraising events	10,290	10,290	
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	12,228,701	12,228,701	
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	131,427	131,427	
	16. Salaries, other compensation, and employee benefits	5,784,821	5,784,821	
	17. Professional fundraising fees			
	18. Other professional fees	563,159	563,159	
	19. Occupancy, rent, utilities, and maintenance	237,094	237,094	
	20. Depreciation and Depletion	167,554	167,554	
	21. Other expenses	3,187,666	3,187,666	
	22. Total expenses. Add lines 13 through 21	10,071,721	10,071,721	
	23. Excess or (Deficit). Subtract line 22 from line 12	2,156,980	2,156,980	
Other	24. Total exempt revenue	12,228,701	12,228,701	
	25. Total unrelated revenue	101,670	101,670	
	26. Total excludable revenue	2,617,804	2,617,804	
	27. Total assets	8,173,029	8,173,029	
	28. Total liabilities	3,507,359	3,507,359	
	29. Retained earnings	4,665,670	4,665,670	
	30. Number of voting members of governing body	15	15	
	31. Number of independent voting members of governing body	15	15	
	32. Number of employees	195	195	
33. Number of volunteers	2000	2000		

Form **990T****Tax Projection Worksheet****2019 & 2020**

Name

Taxpayer Identification Number

HopeWorks**85-0338552**

		2019	2020	Differences
Income	1. Gross profit/loss on business activities	1. 46,831	46,831	
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10. 28	28	
	11. Total trade or business income. Combine lines 1 through 10	11. 46,859	46,859	
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13. 111,593	111,593	
	14. Repairs and maintenance	14. 729	729	
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17. 9,648	9,648	
	18. Depreciation and Depletion	18. 1,394	1,394	
	19. Contributions to deferred compensation plans	19.		
	20. Employee benefit programs	20. 5,217	5,217	
	21. Other deductions	21. 47,719	47,719	
	22. Total deductions. Add lines 12 through 22	22. 176,300	176,300	
23. Net Income (990T/first activity); Subtract line 23 from 11	23. -129,441	-129,441		
Tax & Credits	24. Unrelated business taxable income from all trades	24.	-129,441	-129,441
	25. Disallowed employee fringe benefits	25.		
	26. Charitable contributions	26.		
	27. Taxable income before NOL Loss	27.		
	28. Net operating loss (pre-2018)	28.		
	29. Specific deduction	29. 1,000	1,000	
	30. Unrelated business taxable income.	30. -1,000	-1,000	
	31. Income tax (corporate or trust)	31.		
	32. Proxy taxes	32.		
	33. Other taxes	33.		
	34. Total taxes	34.		
35. General business credit	35.			
36. Credit for prior year minimum tax	36.			
37. Other credits	37.			
38. Total credits	38.			
39. Net tax after credits	39.			
40. Recapture taxes and 965 tax	40.			
41. Total Taxes	41.			
Due / Refund	42. Prior year overpayment and estimated tax payments	42.		
	43. Payment made with extension	43.		
	44. Backup and foreign withholding	44.		
	45. Other payments	45.		
	46. Total payments	46.		
	47. Net due / - refund	47.		

Form 990	Tax Return History	2019
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Name HopeWorks	Employer Identification Number 85-0338552
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	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	6,411,963	5,892,704	6,350,599	6,551,162	9,498,937	9,498,937
Membership dues						
Program service revenue	2,307,501	2,333,118	2,676,880	2,989,008	2,701,363	2,701,363
Capital gain or loss		-7,793		-404	-20,309	-20,309
Investment income	11,151	3,121	3,829	2,404	38,420	38,420
Fundraising revenue (income/loss)	218,913	98,370	-972	23,846	10,290	10,290
Gaming revenue (income/loss)						
Other revenue						
Total revenue	8,949,528	8,319,520	9,030,336	9,566,016	12,228,701	12,228,701
Grants and similar amounts paid	2,240,993		2,449,454			
Benefits paid to or for members						
Compensation of officers, etc.		129,597	122,323	124,902	131,427	131,427
Other compensation	4,288,814	4,533,184	5,107,399	5,543,626	5,784,821	5,784,821
Professional fees	448,116	640,555	784,375	631,754	563,159	563,159
Occupancy costs	152,599	175,343	196,114	230,298	237,094	237,094
Depreciation and depletion	125,895	159,215	169,073	160,486	167,554	167,554
Other expenses	538,955	2,707,599	597,073	3,413,215	3,187,666	3,187,666
Total expenses	7,795,372	8,345,493	9,425,811	10,104,281	10,071,721	10,071,721
Excess or (Deficit)	1,154,156	-25,973	-395,475	-538,265	2,156,980	2,156,980
Total exempt revenue	8,949,528	8,319,520	9,030,336	9,566,016	12,228,701	12,228,701
Total unrelated revenue	83,775	95,043	162,262	165,508	101,670	101,670
Total excludable revenue	2,234,877	2,233,403	2,518,447	2,825,500	2,617,804	2,617,804
Total Assets	4,565,857	4,499,648	3,917,089	4,869,373	8,173,029	8,173,029
Total Liabilities	1,079,160	1,025,387	830,037	2,288,409	3,507,359	3,507,359
Net Fund Balances	3,486,697	3,474,261	3,087,052	2,580,964	4,665,670	4,665,670

Form 990T	Tax Return History	2019
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Name HopeWorks	Employer Identification Number 85-0338552
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* Income shown net of expenses

	2015	2016	2017	2018	2019	2020
Business activity profit/loss	83,775	95,043	162,262	165,508	46,831	46,831
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income					28	28
Total trade or business income.	83,775	95,043	162,262	165,508	46,859	46,859
Compensation of officers, ect.						
Other salaries and wages	82,677	123,418	153,719	432,318	111,593	111,593
Repairs and maintenance	4,350	2,633	2,092	2,975	729	729
Bad debts						
Interest						
Taxes and licenses	5,679		14,473	35,203	9,648	9,648
Charitable contributions						
Depreciation and Depletion				1,595	1,394	1,394
Deferred compensation plans						
Employee benefit programs			10,078	32,599	5,217	5,217

Form 990T	Tax Return History	2019
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Name HopeWorks	Employer Identification Number 85-0338552
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	2015	2016	2017	2018	2019	2020
Other deductions	85,851	106,393	135,230	370,128	47,719	47,719
Net income (990T/first activity)	-94,782	-137,401	-153,330	-709,310	-129,441	-129,441
UBTI from all trades	0	0	0	0	0	0
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction						
Specific deduction				1,000	1,000	1,000
Income after expense and deductions						
Income tax (corporate or trust)			-15,967			
Other taxes						
Total taxes			-15,967			
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest	\$ 38,420		14			
Total	<u>\$ 38,420</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Professional Fees	\$ 563,159	\$ 405,585	\$ 147,188	\$ 10,386
Total	\$ 563,159	\$ 405,585	\$ 147,188	\$ 10,386

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Misc.	\$ 22,918	\$ 8,923	\$ 10,429	\$ 3,566
Equipment Non Capital	17,005	13,947	3,058	
Dues & Subscriptions	9,305	6,205	2,492	608
Community Relations	7,203	3,340	3,271	592
Fundraising-Other	1,120			1,120
Total	\$ 57,551	\$ 32,415	\$ 19,250	\$ 5,886

Federal Statements

Schedule A, Part II, Line 9(e)

Description	Amount
Coffee Shop	\$ 46,859
Less: Deductions	<u>-177,300</u>
Total	\$ <u><u>-130,441</u></u>