990

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For t	he 2	019 calendar y	y <u>ear, or t</u>	ax year begi	inning			, 2019,	and en	ding		, 20	
В	Check	if app	olicable:	C Name	of organizationR	obbie's Hope	Foundation					D Emp	oloyer identification nun	nber
	Addres	ss cha	ange	Doing	business as								83-2342137	
$\overline{\sqcap}$	Name	chanc	ne .			P.O. box if mail is not delive	ered to street address)			Room/	suite	E Tele	phone number	
П	Initial r	•			•	ld Street	,				267		(720)633-08	2 2 1
H			terminated				u foreign montal and			1	207	C C**	ss receipts	,,,,
H						rovince, country, and ZIP or	r toreign postal code						·	0 245
Н	Amend				Ridge, (\$		0,345
Ш	Applica	ation p	pending		·	orincipal officer: Jason	Eckert				``		n for subordinates? Yes	
					as C abov		_				H(b) Are a	all subordina	ates included? Yes	i ∐ No
<u>I</u>	Tax-ex	kempt	status: X 501	1(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	Ш	527		If "N	o," attach a	list. (see instructions)	
J	Websi	ite: 🕨	www.r	obbies	s-hope.co	om					H(c) Gro	oup exemption	on number	
		of orga	anization: X Cor	rporation	Trust As	ssociation Other			L Year of forma	tion: 20	018 м	State of le	egal domicile: CO	
Pa	art I		Summary											
	1	I E	Briefly describe	the organ	nization's mis	sion or most significa	ant activities: P	re	vent Tee	n Sui	cide			
၁င		_												
Governance		_												
Ş.	2	2	Check this box I	▶ ☐ if th	ne organizatio	on discontinued its or	perations or dispos	sed	of more than	25% 0	f its net as	sets		
တိ	3			_	Ū	erning body (Part VI	•							10
త														
ies	4				-	ers of the governing b								8_
Activities &	5					in calendar year 201	,							2
Ac	6		otal number of		•	• ,								20
						n Part VIII, column (C	,,					7a		0
		b N	Net unrelated bi	usiness t	axable incom	ne from Form 990-T, I	ine 39					7b		0
											Prior Ye	ar	Current Year	<u> </u>
	8	8 Contributions and grants (Part VIII, line 1h)											30	0,004
ine	9) F	Program service	e revenue	e (Part VIII, lii	ne 2g)								0
Revenue	10	ıl O	nvestment inco	me (Part	VIII, column	(A), lines 3, 4, and 7d	d)							0
Re	11	1 (Other revenue (I	Part VIII,	column (A), I	ines 5, 6d, 8c, 9c, 10	c, and 11e)						5.	4,814
	12					(must equal Part VII					1:	17,797		4,818
	13					t IX, column (A), lines								0
	14				. ,	IX, column (A), line 4	•							0
	15					ee benefits (Part IX, o								2,550
es	16			•		, column (A), line 11e	* *		•					2,330
Expenses	'			-	,	, ,	•							
Š	٠					olumn (D), line 25)								
ш	1		•		` , ,	lines 11a-11d, 11f-24	,					9,124		0,229
	18		•		•	st equal Part IX, colur	, ,,			_		9,124		2,779
		9 F	Revenue less ex	xpenses.	Subtract line	e 18 from line 12				•	1	08,673	21:	2,039
ō	Sec									Ве	ginning of Cu	irrent Year	End of Year	
sets	E 20		,	-	,						1	08,673	31:	9,415
Net Assets or	[21	1 T	otal liabilities (l	Part X, lir	ne 26)					•				37
		_			ces. Subtrac	ct line 21 from line 20					1	08,673	31:	9,378
Pa	art II		Signature	Block										
						turn, including accompanyi					nowledge and	belief, it is		
liue	e, corre	Ci, and	u complete. Declara	ation of prepa	arer (other than t	officer) is based off all liflori	nation of which prepare	ii iias	any knowledge	•				
			Jason 1	Eckert										
Sig	gn		Signature of	officer								D	ate	
Не	re		. Jason l	Eckert	, Treasu	rer								
•			Type or print		•									
		17	Print/Type prepare			Preparer's signature			Date		Ch-	ck if	PTIN	
D۵	id									000	Che			
Pa		-	Stephen D						07-24-2	U∠U	· ·	employed	P00965357	
	epar		Firm's name			Bear Manageme	nt Inc.				Firm's EIN	<u> </u>		
US	e Or	nıy	Firm's address	•	PO Box	620531					Phone no.			
					Littlet	on CO 80162						303-	-988-2364	
Ma	the I	IRS (discuss this retu	um with th	he preparer s	shown above? (see in	nstructions)						X Yes	No

83-2342137

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		37
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
-	complete Schedule D, Part VI	11a		х
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		Х
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	••		47
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
•	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		x

Form 990 (2019) Robbie's Hope Foundation

Part IV Checklist of Required Schedules (continued)

	The state of the s		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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? If "Yes," complete Schedule J	23		х
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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?			
00	If "Yes," complete Schedule L, Part I	25b		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%	26		
27	controlled entity or family member or any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		X
21	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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			Λ
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	051		
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	20		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	31		
50	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par		55	11	<u> </u>
. ui	Check if Schedule O contains a response or note to any line in this Part V			
	The state of the s		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

19) Robbie's Hope Foundation Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		х
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		х
С	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		х
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).			
а	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	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	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?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion 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 1a 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Sec	tion 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?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?	45-		
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		
L	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16h		
Sec	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17				
18	List the states with which a copy of this Form 990 is required to be filed Colorado Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
10	(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			

Jason Eckert (720)633-0831, 3440 Youngfield Street, Wheat Ridge, CO 80033

Section A.

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

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

- 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.

				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both an		Reportable	Reportable	Estimated amount
Tane and the	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation from the
	(list any	or a	Ins	Officer	Ke	em	Fo	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	organization and
	hours for related	direc	titu	icer	y em	ploy	Former	(11 2 1000 111100)		related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee t con				
	below	uste	trust		ee	hpen				
	dotted line)	Φ	iee			Highest compensated employee				
						۵				
(1) Mike Reidy	2.00									
Board of Directors Member		х						0	0	0
(2) Danielle Dascalos	2.00									
Board of Directors Member		х						0	0	0
(3) Kathryn Kurtz										
Board of Directors Member		х						0	0	0
(4) Sharon McMeel	2.00									
Board of Directors Member		х						0	0	0
(5) Molly Lange										
Board of Directors Member		х						0	0	0
(6) Elizabeth Becker										
Board of Directors Member		х						0	0	0
(7) Scott Coe	1.00									
Board of Directors Member		х						0	0	0
(8) Jason Eckert	30.00									
Treasurer				х				0	0	0
(9) Kari Eckert	40.00									
Executive Director				х				0	0	0
(10)Adela Pena	4.00									
Secretary				х				0	0	0
<u>(11)</u>										
(12)										
Y. 2 /										
<u>(13)</u>										
<u>(14)</u>										

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar	nd H	ligh	est Co	mp	ensated Employe	es (continued)			
					((C)							
	(A)	(B)	(do r	ot ob		sition	han one		(D)	(E)		(F)	
	Name and title	Average	,				nan one s both ai		Reportable	Reportable	Estin	nated am	nount
		hours	offic	er and	d a dii	rector	/trustee))	compensation from the	compensation from related	-	of other mpensat	
		per week (list any			_	_			organization	organizations	1	rom the	.1011
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme	(W-2/1099-MISC)	(W-2/1099-MISC)	_	inization d organiz	
		related	dual	ution	¥,	mplo	est co oyee	er			Telate	u organiz	Zalions
		organizations below	trust	al tru		руее	ompe						
		dotted line)	ee	stee			ensat						
							ed						
(15)													
1.5/													
(16)													
Δ =/													
(17)													
\ _/													
(18)													
(19)													
(20)													
<u>(21)</u>													
(22)													
-													
(23)													
											-		
(24)													
(OF)											-		
<u>(25)</u>													
1b	Subtotal												
C	Total from continuation sheets to Part VII, Sect							_					
d	Total (add lines 1b and 1c)							-	0	0			0
2	Total number of individuals (including but not limit												
-	reportable compensation from the organization		iolou u	DOVE	, w.	10 10	200140	u 1110	510 than \$100,000	O1			0
	roportable compensation and organization											Yes	No
3	Did the organization list any former officer, direc	tor. trustee.	kev en	volar	/ee.	or h	iahest	con	npensated				
	employee on line 1a? If "Yes," complete Schedu		-				-		•		3		х
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater th	an \$150,000)? If "Y	es,"	con	nplei	te Sch	edul	le J for such				
	individual										4		х
5	Did any person listed on line 1a receive or accrue												
	for services rendered to the organization? If "Yes	s," complete	Schea	lule .	J for	suc	h pers	on			5		x
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensa	ted independ	dent co	ntrac	ctors	tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	nding	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	SS							Description of service	es	Compens	sation	
2	Total number of independent contractors (includin	-				ted a	above)) wh	0				
	received more than \$100,000 of compensation fro	m the organi	zation	•	•								

Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or n	ote to any line in this	S Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a	282,274				
	b		1b	202,271				
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	1c	17,730				
ig g	d	Related organizations	1d	277730				
ifts, r Ar	e	Government grants (contributions)	1e					
<u>n</u>	f	All other contributions, gifts, grants,	10					
Sir	ļ .	and similar amounts not included above	1f					
but	q		- ''					
E O	9	lines 1a-1f	1g	e				
ತಿ ಕ	h				300,004			
	- "	Total. Add lines ra-11		Business Code	300,004			
	20			Business Code				
8	2a b							
ervi ne								
n S Æn	C							
Jrar Re	d							
Program Service Revenue	e	All other program service revenue						
ъ.		. 3						
		Total. Add lines 2a-2f						
	3	Investment income (including dividends, interother similar amounts)						
		•		F-				
	4	Income from investment of tax-exempt bond	•	-				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a							
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Securitie	es	(ii) Other				
		sales of assets						
•	b	other than inventory Less: cost or other basis						
ng		and sales expenses 7b						
Revenue	1	Gain or (loss)						
		Net gain or (loss)	· <u></u>					
Other	8a	Gross income from fundraising						
0		events (not including \$ 17,730						
		of contributions reported on line						
	١.	1c). See Part IV, line 18	8a	· · · · · · · · · · · · · · · · · · ·				
		Less: direct expenses	8b	,				
		Net income or (loss) from fundraising event	3 <u> </u>		54,814			54,814
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	1	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
		Less: cost of goods sold	10k					
	С	Net income or (loss) from sales of inventory	<u></u>	▶				
				Business Code				
snc	11a							1
Miscellanous Revenue	b							
cel	С							1
Mis R		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions		▶	354,818	0	0	54,814

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 (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Compensation of current officers, directors, 5 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 2,550 2,550 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): b Legal...... 292 292 Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 415 415 12 185 185 13 2,244 2,244 14 15 16 17 214 214 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 2,626 2,420 206 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 Utilities 3,662 3,662 b Donations 17,950 17,950 c Fundraising 12,098 12,098 d Program Services 100,543 100,543 е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 142,779 121,805 8,876 12,098 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	107,328	1	319,415
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
10	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,345	8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	108,673	16	319,415
	17	Accounts payable and accrued expenses		17	37
	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		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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		25	
	26	Total liabilities. Add lines 17 through 25	0	26	37
		Organizations that follow FASB ASC 958, check here			
ω		and complete lines 27, 28, 32, and 33.			
ဥ	27	Net assets without donor restrictions		27	
ala	28	Net assets with donor restrictions		28	
<u>Б</u>		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
٥	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds	108,673	31	319,378
Net Assets or Fund Balances	32	Total net assets or fund balances	108,673	32	319,378
	33	Total liabilities and net assets/fund balances	108,673	33	319,415

EEA Form **990** (2019)

2c

3a

3b

the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

Schedule O.

If the organization changed either its oversight process or selection process during the tax year, explain on

SCHEDULE A

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Inspection

Employer identification number

Rol	<u>bbie</u>	's Hope Foundation					83-234213	7				
Pa	art I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instructions					
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)						
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).						
2		A school described in section 170(b										
3	П	A hospital or a cooperative hospital s		•	,	,						
4	П	A medical research organization ope	•				(1)(Δ)(iii) Enter the					
7	Ш	hospital's name, city, and state:	rated in conjunctio	ii wiiii a nospitai desemb	ca iii 3cct	1011 170(15)	(I)(A)(III). LINCI IIIC					
_			ofit of a college or .	university overal or energy	atad bu a a		tal unit described in					
5	Ш	An organization operated for the bene	=	university owned or opera	ated by a g	governmen	tal unit described in					
		section 170(b)(1)(A)(iv). (Complete	•									
6	Ц	A federal, state, or local government	or governmental u	init described in section	170(b)(1)	(A)(v).						
7	X	An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or fror	m 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 receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons. memb	ership fees, and gross					
		receipts from activities related to its e	. ,	• •								
		support from gross investment income	•	•	•	•						
		acquired by the organization after Ju		·		,	iom businesses					
11		An organization organized and opera		• • • •	•	•						
11	H		•									
12	Ш	An organization organized and opera	•	•								
		of one or more publicly supported or	•	` ` ` `				•				
		Check the box in lines 12a through 12				•		-				
	а	Type I. A supporting organization		•		-		ng				
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the c	lirectors or	trustees of the					
		_ supporting organization. You mu	ıst complete Part	IV, Sections A and B.								
	b	Type II. A supporting organization	on supervised or co	ontrolled in connection w	ith its supp	orted orga	anization(s), by having					
		control or management of the sup	oporting organization	on vested in the same pe	rsons that o	control or n	nanage the supported					
		organization(s). You must comp	olete Part IV, Sect	ions A and C.								
	С	☐ Type III functionally integrated	I. A supporting orga	anization operated in cor	nnection w	ith, and fur	nctionally integrated wi	th,				
		its supported organization(s) (se	e instructions). You	u must complete Part I	V. Section	ıs A. D. an	nd E.					
	d	☐ Type III non-functionally integr	•	-				n(s)				
	-	that is not functionally integrated.						(0)				
		requirement (see instructions). Y	-	•		•	it and an attoriavorious					
	•	Check this box if the organization	•	· ·	•		Type II. Type III					
	е					sa Type I,	туре п, туре ш					
		functionally integrated, or Type II	-									
	t	Enter the number of supported organ						• • • •				
	g	Provide the following information about		Ĭ ,								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of				
				above (see instructions))	docum	0 0	support (see instructions)	other support (see instructions)				
								·				
					Yes	No						
(A)												
(~)												
/D\												
(B)												
رم،												
(C)												
(D)												
(E)												
Tota	al											

83-2342137 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.)

	ction A. Public Support					<u>.</u>	
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						·
	membership fees received. (Do not						
	include any "unusual grants.")				117,797	400,345	518,142
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				117,797	400,345	518,142
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)						180,161
6	Public support. Subtract line 5 from line 4						337,981
	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(-7	(**)		117,797		518,142
8	Gross income from interest, dividends,						
-	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the business						
	is regularly carried on						
10							
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						518,142
	Gross receipts from related activities, etc. (s	ee instructions	.)			12	310,142
	First five years. If the Form 990 is for the or		•		L		(3)
13	organization, check this box and stop here	•			•	, ,	` '
50	ction C. Computation of Public Suppo						· · · · · ·
	Public support percentage for 2019 (line 6, c			column (f))		14	65.23 %
	Public support percentage from 2018 Sched					15	% 65.23 %
	33 1/3% support test - 2019. If the organization						
100	box and stop here. The organization qualified						
L	33 1/3% support test - 2018. If the organization			•			
	this box and stop here. The organization qu						
170	10%-facts-and-circumstances test - 2019.	-		-			
110		-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact			•	•		
	organization						
t	10%-facts-and-circumstances test - 2018.	•					ne
	15 is 10% or more, and if the organization m					-	- L .
	Explain in Part VI how the organization mee				-	•	
4.0	supported organization						▶ ⊔
18	Private foundation. If the organization did r	not check a bo	x on line 13, 16	oa, 160, 1/a, o	r 1/b, check thi	s box and see	_
	instructions						▶

83-2342137

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.)

Sed	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support			T			
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
L	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Net income from unrelated business						
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	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 or	∟ rganization's fi	rst second thi	rd fourth or fit	⊥ fth tax vear as a	section 501(c)(3)
•	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor						<u> </u>
	Public support percentage for 2019 (line 8, c			column (f)) .		15	%
	Public support percentage from 2018 Sched					16	<u>%</u>
	ction D. Computation of Investment In					1 1	70
	Investment income percentage for 2019 (line			ine 13. columr	n (f))	17	%
	Investment income percentage from 2018 Se		• •			18	——————————————————————————————————————
	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	-	•		

Part IV Supporti

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

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

		Yes	No
	1		
	2		
	2-		
	3a		
	3b		
	3с		
	4a		
	Tu		
	4b		
	4c		
	5a		
	5b		
	5с		
	e		
	6		
	7		
	8		
	9a		
	Ju		
	OF		
	9b		
	9с		
	10a		
	10b		
A /F		000 7	7) 0040
M (F0	ını 990	or 990-E	Z) 2019

Schedu Par	lle A (Form 990 or 990-EZ) 2019 Robbie's Hope Foundation	83-2342137	Pa	age
Pai	t IV Supporting Organizations (continued)		Yes	No
a b	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) an below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		INC
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide details and the provided entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide details and the provided entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide details and the provided entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provided entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provided entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provided entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provided entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provided entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provided entity of a person described in (a) or (b) above?	il in Part VI . 11c		
Sect	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power tregularly appoint or elect at least a majority of the organization's directors or trustees at all times dure tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervicentrolled 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 sorganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ring the ised, or n, supported	Yes	No
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain VI how providing such benefit carried out the purposes of the supported organization(s) that operate supervised, or controlled the supporting organization.			
Sect	tion C. Type II Supporting Organizations		1 1	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how or management of the supporting organization was vested in the same persons that controlled or management.	control	Yes	No
	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month organization's tax year, (i) a written notice describing the type and amount of support provided durin year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) co	g the prior tax	Yes	No
2	organization's governing documents in effect on the date of notification, to the extent not previously Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the su organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in the organization maintained a close and continuous working relationship with the supported organization	upported Part VI how ation(s)		
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 income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization	's		
	supported organizations played in this regard.	3		
1 a b	tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		•	
C	The organization supported a governmental entity. Describe in Part VI how you supported a gov	rernment entity (see ii		
	Activities Test. <i>Answer (a) and (b) below.</i>	noon of	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt pur the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide those supported organizations and explain how these activities directly furthered their exempt put how the organization was responsive to those supported organizations, and how the organization detath these activities constituted substantially all of its activities.	entify urposes,		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Pa reasons for the organization's position that its supported organization(s) would have engaged in the	e or more rt VI the		
	activities but for the organization's involvement	2h		

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza	itions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizations	must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
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 Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	g organization (see

EEA

instructions).

Schedu	alle A (Form 990 or 990-EZ) 2019 Robbie's Hope Foundation		83-234	2137 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(Supporting Organia	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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	ne organization is respons	sive	
	(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			
S	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			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	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

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

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

Schedule of Contributors

2019

83-2342137

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information. **Employer identification number**

Robbie's Hope Foundation 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 foundation			
Check if	your organization is cove	ered by the General Rule or a Special Rule .			
Note: Or instruction	• • • • • • • • • • • • • • • • • • • •	s), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
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 I	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, 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	1: An organization that isr	n'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).

Name of organization Employer identification number Robbie's Hope Foundation 83-2342137

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(a)	Terry and Randi Anderson 17265 Red Wolf Lane Morrison, CO 80465 (b)	\$5,000	Person
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	Dan and Gina Vecchiarelli 6965 S Polo Ridge Drive Littleton, CO 80128	\$150,000	Person 🕱 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Anonymous - Northern Trust Company 2398 East Camelback Road Phoenix, AZ 85016	\$12,750	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JGL Foundation 1830 W 38th Ave Denver, CO 80211	\$30,000	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Lianne Walliser 16017 W 32nd Place Golden, CO 80401	\$5,000	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Terry Leprino 2000 Little Raven 6A Denver, CO 80202	\$10,000	Person 🕱 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)

Name of organization Employer identification number Robbie's Hope Foundation 83-2342137

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
7	Tom and Carol Hegarty 9386 E Hidden Hill Lane Lone Tree, CO 80124	\$8,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	McDaniel Family Foundation 1900 16th Street Unit 950 Denver, CO 80202	\$5,000	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	Hydrite Chemical Company 300 N Patrick Blvd Brookfield, WI 53045	\$5,000	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Mike Reidy 5721 S Ash Court Littleton, CO 80121	\$5,000	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Nam	ne of organization			Employer iden	tification number
Ro	bbie's Hope Foundatio	n		83-2	342137
Pa	rt I-A Complete if the	organization is exempt under	section 501(c)	or is a section 527 or	ganization.
1	Provide a description of the orga	inization's direct and indirect political can	npaign activities in F	Part IV. (see instructions for	
	definition of "political campaign a	· ·			
2	Political campaign activity exper	nditures (see instructions)		▶ \$	
3		paign activities (see instructions)			
Pa	rt I-B Complete if the	organization is exempt under	section 501(c))(3).	
1		ax incurred by the organization under sec			
2		ax incurred by organization managers ur			
3	If the organization incurred a sec	ction 4955 tax, did it file Form 4720 for thi	s year?		
4a					Yes No
b	If "Yes," describe in Part IV.				1/01
Pa		organization is exempt under		-	;)(3).
1		ded by the filing organization for section 5			
2	ũ s	ganization's funds contributed to other org	•		
_	·			▶ \$	
3		res. Add lines 1 and 2. Enter here and on			
4	• •	orm 1120-POL for this year?			
5		employer identification number (EIN) of		=	=
	• • • • • • • • • • • • • • • • • • • •	or each organization listed, enter the amounts on sreceived that were promptly and direct	•		
		or a political action committee (PAC). If a	-	·	
	as a separate segregated fund t	or a political action committee (1 AC). If a	dulilorial space is no	ecucu, provide information in i	artiv.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate
					political organization. If none, enter -0
((1)				
((2)				
((3)				
((4)				
((5)				
((6)				

Sche	dule C (Form 990 or 990-EZ) 2019 Robbie's Hop	e Foundation			83-2342	137 Page 2
	art II-A Complete if the organization		nder section 50	1(c)(3) and filed		
	section 501(h)).	-			•	
Α	Check ► ☐ if the filing organization belongs to	an affiliated group	(and list in Part IV ea	ach affiliated group m	nember's name,	
	address, EIN, expenses, and share	e of excess lobbyir	g expenditures).			
В	Check ▶ ☐ if the filing organization checked b	oox A and "limited o	ontrol" provisions app	oly.		
	Limits on Lob	bying Expenditure	s		(a) Filing	(b) Affiliated
	(The term "expenditures" r	neans amounts pa	id or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public of	pinion (grassroots	lobbying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lo	bbying)			
С	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures					
е	e Total exempt purpose expenditures (add lines 1c and 1d)					
f	Lobbying nontaxable amount. Enter the amount	from the following to	able in both			
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the ar	nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess or	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
h	Subtract line 1g from line 1a. If zero or less, ente	er -0				
i	Subtract line 1f from line 1c. If zero or less, enter	r-0				
j	If there is an amount other than zero on either lin	e 1h or line 1i, did t	he organization file F	orm 4720		
	reporting section 4911 tax for this year?					Yes No
		_	ing Period Under	• •		
	(Some organizations that made a s	• •				s below.
	Sec	e the separate in	nstructions for lin	es 2a through 2f.	.)	
	Lobb	vina Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					

EEA Schedule C (Form 990 or 990-EZ) 2019

c Total lobbying expenditures

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)).

	acab "Vac " reconcing on lines to through ti below provide in Part IV a detailed	(a)	(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
•	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?	x				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		х			
C	Media advertisements?	х				110
d	Mailings to members, legislators, or the public?	х				30
е	Publications, or published or broadcast statements?		х			
f	Grants to other organizations for lobbying purposes?		х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	х				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	х				
i	Other activities?		х			
j	Total. Add lines 1c through 1i					140
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), (or se	ction		
	501(c)(6).					
				Y	es	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	_	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	_	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			3	\perp	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes."	(b)	Part	III-A, lin€	₃ 3, i	S
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, li se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	nes 1	and			
					-	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

lame of the organization						Employer ide	ntification number
obbie's Hope Foundation						83-23	
Part I Fundraising Activities	. Complete if t	he organiz	ation ans	wered "Yes" on	Form 99	0, Part IV,	line 17.
Form 990-EZ filers are no	t required to con	nplete this p	art.				
1 Indicate whether the organization rais	sed funds through	any of the foll	owing activit	ies. Check all that a	pply.		
a Mail solicitations		e 🗌 S	Solicitation of	f non-government gr	ants		
b Internet and email solicitations		f 🗌 S	Solicitation of	f government grants			
c Phone solicitations		g 🗌 S	Special fundr	aising events			
d In-person solicitations		-		•			
2a Did the organization have a written or	r oral agreement w	ith any individ	dual (includin	g officers, directors,	trustees,		
or key employees listed in Form 990,	-	-		-		□ Y	es No
b If "Yes," list the 10 highest paid individ	duals or entities (fu	ındraisers) pı	ursuant to ag	reements under whi	ch the fund	raiser is to b	е
compensated at least \$5,000 by the c	organization.		_				
	-						
		(iii) Did fund	draiser have		(v) Amo	ount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		r control of	(iv) Gross receipts from activity		tained by) ser listed in	(or retained by)
or entity (fundraiser)		contrib	utions?	Hom activity		ol. (i)	organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							
otal							
3 List all states in which the organization	is registered or it	censed to soil	cit contributi	ons or has been not	ified it is ex	.empt trom	
registration or licensing.							

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through HOPEful Driv Gala None col. (c)) (event type) (event type) (total number) Revenue Gross receipts 100,341 1 76,048 24,293 Less: Contributions Gross income (line 1 minus 76,048 24,293 100,341 Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses Food and beverages 41,399 41,399 8 Entertainment Other direct expenses 4,128 4,128 45,527 54,814 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Cash prizes 2 Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Volunteer labor No No Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ **9** Enter the state(s) in which the organization conducts gaming activities: **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Robbie's Hope Foundation

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

83-2342137

01. Officer, directors, etc. family relationship (Part VI, line 2)
Jason and Kari Eckert, both officers and directors of the organization are married
02. Form 990 governing body review (Part VI, line 11)
The Form 990 will be distributed to all Officers and Board Members for comments and
clarifications prior to filing the return
03. Conflict of interest policy compliance (Part VI, line 12c)
The organization has a writen conflict of interest policy
The organization has a written contribe of interest portor
04. Governing documents, etc, available to public (Part VI, line 19)
The Form 990 is available to the public on request
The Torm 990 ID available to the public on requebe

Statement of Program Service Accomplishments Name(s) as shown on return Robbie's Hope Foundation Statement of Program Service Accomplishments Your Social Security Number 83-2342137

Form 990-Part III(a)

Statement #4

Statement of Service Accomplishment

Program Service Code

Program Service Expenses \$10801
Grants and allocations included in above expense \$0
Program Services Revenue \$0

Explanation

Other Program Sevices