turn of Organization Exampt Er Incomo Tax

	~		Poturn of Organization Exampt From In		'ov		OMB No. 1545-0047					
Form	9	J U	Return of Organization Exempt From In				2023					
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exc									
		the Treasury	Do not enter social security numbers on this form as it may be	Open to Public								
		ue Service	Go to www.irs.gov/Form990 for instructions and the latest ar year, or tax year beginning , 2023, ar	information. nd ending			Inspection					
_		, 20										
	ieck if a		er identification number									
=		change	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite			83-2342137					
Ξ	ime ch	•	E Telepho	ne number (720)633-0831								
8	tial retu		3440 Youngfield Street	-								
		irn/terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gross re	490,529							
		on pending	Wheat Ridge, CO 80033 F Name and address of principal officer: Jason Eckert		41-1	aroup return for						
	plicatio	on penuing	Same as C above			subordinates						
. та	x-0200	npt status: X	Same as c above 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				See instructions					
	ebsite:		v.robbies-hope.com			exemption nu						
			Corporation Trust Association Other L Year of formation	1		State of legal						
Par	_	Summar		2010		state of legal						
I UI	1		be the organization's mission or most significant activities: Prevent Teen	Suicide								
	•	Brieffy deser		Suicide								
e												
an												
/eri	2	Check this h	neck this box 🗍 if the organization discontinued its operations or disposed of more than 25% of its net assets.									
Governance	3		f voting members of the governing body (Part VI, line 1a)									
	4		adependent voting members of the governing body (Part VI, line 1b)	4	7							
ties	5		r of individuals employed in calendar year 2023 (Part V, line 2a)	5	, 							
Activities &	6		r of volunteers (estimate if necessary)									
Ä			ed business revenue from Part VIII, column (C), line 12	6 7a	0							
			d business taxable income from Form 990-T, Part I, line 11			7a 7b	0					
		Net unrelate			Year	10	Current Year					
	8	Contribution	s and grants (Part VIII, line 1h)		187,070		479,862					
Ð	9		vice revenue (Part VIII, line 2g)		107	,070	<u>475,002</u> 0					
Revenue	10	-	ncome (Part VIII, column (A), lines 3, 4, and 7d)		2	8,872	8,501					
Seve	11		Je (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,0/2	(4,045)					
Ľ.	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		195	,942	484,318					
	13		similar amounts paid (Part IX, column (A), lines 1-3)		17.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0					
	14		I to or for members (Part IX, column (A), line 4)				0					
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		43	3,258	125,256					
es			fundraising fees (Part IX, column (A), line 11e)			,200	0					
Expenses			sing expenses (Part IX, column (D), line 25) 75,982				<u> </u>					
Кр	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)		165	,097	246,401					
	18	•	ess. Add lines 13-17 (must equal Part IX, column (A), line 25)			,355	371,657					
	19		s expenses. Subtract line 18 from line 12			2,413)	112,661					
۵ ا			·····	Beginning of			End of Year					
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)			,862	562,670					
Asse Bali	21		es (Part X, line 26)			,083	2,734					
Net ≱ und	22		r fund balances. Subtract line 21 from line 20			,779	559,936					
Par	<u> </u>		re Block	I								
			clare that I have examined this return, including accompanying schedules and statements, and to the best of	of my knowledge a	and be	ief, it is						
			claration of preparer (other than officer) is based on all information of which preparer has any knowledge.									
		Tago	n D Eckert									
Sign		Signature of office				Date						

o.g.i	oignature of officer			Date								
Here	Jason D Ec	ckert, Treas	urer									
	Type or print name and title											
	Print/Type preparer's name P Stephen D Copper		Preparer's signature Da		Date		Check X if	k X if PTIN				
Paid				07-07-2024		self-employed	P00965357					
Preparer	Firm's name	Golden B	ear Management Inc			Firm's EIN						
Use Only	Firm's address	16500 ні	tching Post Circle		Phone n			no.				
		Parker C	0 80134	785-826-6430								
May the IRS discuss this return with the preparer shown above? See instructions												

Form	n 990 (2023) Robbie's Hope Foundation	83-2342137	Page 2
Pa	rt 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:		
	Prevent Teen Suicide		
	Did the same faction of databases similar and an analysis database the same which same soft interdent the		
2	Did the organization undertake any significant program services during the year which were not listed on the		No
	prior Form 990 or 990-EZ?	Yes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
5			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 oth	•	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$218,234 including grants of \$) (Revenue	\$)
	Ambassador ProgramRobbie's Hope has over 2,000+ Teen Ambassadors spread acr	oss all 50	states.
	Funds are raised and used to provide the Ambassadors with the tools (training	, handbooks	,
	giveaways) to engage with their community and provide incentives for the Amba	ssador's th	emselves
	The Ambassadors can earn points for completing tasks which then can be redeem	ed for item	s from
	our store. The Ambassador's are the front line of Robbie's Hope in thousands	of communit	ies
	country wide.		
4b	(Code:) (Expenses \$ 40,253 including grants of \$) (Revenue	\$)
-10	Hall of Personal Expression (HOPE): The H.O.P.E. is a twice per year juried content of the twice per year juried content of twice per year juried content of the twice per year juried content of twice per yea	-	of the
	arts where teens are encouraged to express themselves in fine arts, digital a		
	film, photography and poetry. Winners receive cash awards in lieu of tranferr		
	the ownership of Robbie's Hope.		
4c		\$)
	Adult HandbooksCreate and publish handbooks that are written by teens, for a		
	navigate the tricky and delicate conversations between adults and teens. Hand		
	free of cost to those interested. Funds pay for printing and mailing of handb	ooks across	the
	country.		
4d	Other program services (Describe on Schedule O.)		
ти	(Expenses \$ 6,778 including grants of \$) (Revenue \$)	
4e	Total program service expenses 290,678	/	
EEA		Forn	n 990 (2023)

		342137	F	Page 3
Pa	art IV Checklist of Required Schedules		V	
4	In the extension described in partice $501(c)/2$ or $40.47(c)/4$ (other then a private foundation)? If "Vec."		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		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.		x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	. 2		
5	candidates for public office? If "Yes," complete Schedule C, Part L	. 3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			A
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	. 4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	. 5		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? If			
	"Yes," complete Schedule D, Part I	. 6		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? If "Yes," complete Schedule D, Part II	. 7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	. 8		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? If "Yes," complete Schedule D, Part IV	. 9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	. 10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
á	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	. 11a	x	
I	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		х
(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	. <u>11c</u>		x
0	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			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. 11e		х
1				
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part.X.</i>	. 11f		х
12a		120		
t	Schedule D, Parts XI and XII	. 12a		x
Ľ	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			x
13 14a			1	x x
b		. 144		A
~	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	
	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			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	. 15		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? If "Yes," complete Schedule F, Parts III and JV.	. 16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	. 17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	. 18	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a		х
k	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	. 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		х
		_		/ · ·

		342137		P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			Vaa	Ne
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	2	2		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? If "Yes," complete Schedule J	2	3		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? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a	24	4a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	4b		
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?	24	4c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	4d		
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	25	5a		х
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?				
	If "Yes," complete Schedule L, Part I	25	5b		х
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? If "Yes," complete Schedule L, Part.II	2	26		х
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? If "Yes," complete Schedule L, Part III	2	27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule				
	L, Part 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.		8a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20	8b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	2	Bc		v
29	"Yes," complete Schedule L, Part IV		9		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		.9		х
50	conservation contributions? If "Yes," complete Schedule M	3	0		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J		1		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	•••••••••••••••••••••••••••••••••••••••			A
02	complete Schedule N, Part II	3	2		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? If "Yes," complete Schedule R, Part I.	3	3		x
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	3	4		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3!	5a		х
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)? If "Yes," complete Schedule R, Part V, line 2	3!	5b		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	3	6		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? If "Yes," complete Schedule R, Part.VI	3	57		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O	3	8	x	
Par					
	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	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Ib	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	1	С		
				000 /	0000

Form	990 (2023) Robbie's Hope Foundation	83-23421	37	P	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	1		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 returm	2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
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 on 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		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 (FBA				
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
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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		01		
-	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		7-		
	and services provided to the payor?		7a 7h		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d		7d	10		
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?		76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re		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.				
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	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	5	1b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b		2b			
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.	I			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	· · · ·	3b			
C		3c	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		x
b 15	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?		15		v
	excess parachute payment(s) during the year?		10		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
10	If "Yes," complete Form 4720, Schedule O.		10		•
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

	m 990 (2023) Robbie's Hope Foundation 83-2342			Page 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See il	nstruc	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction 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	4		
	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	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	•		
•	any other officer, director, trustee, or key employee?	2	x	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		v
4	supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		x
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x x
6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
74	one or more members of the governing body?	7a		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?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
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 Q	9		x
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 on 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	х	<u> </u>
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,"			
	describe on Schedule O how this was done	12c	x	<u> </u>
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?			
2		150		v
a b	The organization's CEO, Executive Director, or top management official	15a 15b		x x
D.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Iou	with a taxable entity during the year?	16a		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?	16b		
Sec	tion C. Disclosure			·
17	List the states with which a copy of this Form 990 is required to be filed Colorado			
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.			
	Jason Eckert (720)633-0831, 3440 Youngfield Street, Wheat Ridge, CO 80033			

Form 990 (202	B) Robbie's Hope Foundation	83-2342137	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, 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 E	mployees	
1a Complete t	nis table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's t	ax year.		
 List all of 	he organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

			прсі			ny cui	icin		103600.	
				((C)					
(A)	(B)	(1	Position (do not check more than one					(D)	(E)	(F)
Name and title	Average					an one both ar	ı	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or d	Ins	Officer			Fo	1099-MISC/	1099-MISC/	organization and
	related	direc	tituti	icer	y en	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor tr	onal		Key employee	ee				
	below	Individual trustee or director	Institutional trustee		ee	nper				
	dotted line)	e	tee			Highest compensated employee				
						ă				
(1)Molly_Lange	1.00									
Board of Directors Member		х						0	0	0
(2)Sharon McMeel	1.00									
Board of Directors Member		х						0	0	0
(3)Scott_Coe	1.00									
Board of Directors Member		х						0	0	0
(4)Elizabeth_Becker	1.00									
Board of Directors Member		х						0	0	0
(5)Camden Dempsey	1.00									
Board of Directors Member		х						0	0	0
(6)Mike Reidy	1.00									
Board of Directors Member		х						0	0	0
(7)Jason_Eckert	20.00									
Treasurer				x				0	0	0
(8)Kari Eckert	40.00									
Executive Director				x				0	0	0
(9)Adela Pena	2.00									
Secretary				x				0	0	0
(10)										
(11)				_						
<u> </u>										
<u>(12)</u>										
<u>(13)</u>										
(14)										
										F ame 202 (2022)

Form 9		23) Robbie's Hope Fou	ndation								83	3-2342	137		age 8
Part	VII	Section A. Officers, Directors, T	rustees,	Key I	Emj			s, ar	nd I	Highest Comp	ensated	Emplo	yees	(cont	inued,
		(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box offic or directo	, unle: cer an	Po neck n ss pe id a di	rson i: rector	han one s both a /trustee Highest compensated	n)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reporta compensa from rela organizatior 1099-NI 1099-NI	able ation ated ns (W-2/ ISC/	con fr orgar	(F) ated amo of other npensati rom the nization a l organiz	ion and
			dotted line)	lee	Istee			ensated							
(15)				_											
				-											
(17)				-											
(18)				-											
(19)				-											
(20)				-											
(21)				-											
(22)				-											
(23)				-											
(24)				-											
(25)				-											
1b c d		otal	ion A .						•	0		0			0
2	Tota	I number of individuals (including but n	ot limited t							received more th	nan \$100,				
3	Did th empl For a	rtable compensation from the organization former officer, direct oyee on line 1a? <i>If "Yes," complete Schedu</i> ny individual listed on line 1a, is the sum of re	tor, trustee, <i>le J for sucl</i> eportable co	h individ ompensa	<i>dual</i> ation	 n and	· · l oth	•••• er con	 nper	nsation from the			3	Yes	No X
5	<i>indivi</i> Did a	nization and related organizations greater th idual		ion from	 n any	••• • unr	 elate	 ed org	 aniz	ation or individual			4		x x
Secti	on B	Independent Contractors													
1		plete this table for your five highest con pensation from the organization. Repor		-										tax v	ear
	0011	(A)		battorr			Juio	nuur .		(B)		organiz	(C)		our.
		Name and business addres	S							Description of servic	es		Compens	ation	
2		I number of independent contractors (ir ived more than \$100,000 of compensa	-					ose li	ste	d above) who					

Form 9	90 (20	23) Robbi	e's	Hope Fo	ounda	ation			83-23421	L37 Page 9
Part	VIII	Statement of Rev	enu	Ie						
		Check if Schedule C) cor	itains a res	pons	e or note to any li	ine in this Part V (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	364,313				
	b	Membership dues			1b	-				
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events			1c	115,549				
un di	d				1d					
ifts, ır Aı	е	Government grants (contr			1e					
s, G mila	f	All other contributions, gif	ts, gr	ants,						
r Silon		and similar amounts not in	nclud	led above	1f					
ibut	g			d in						
ontr od C		lines 1a-1f			1g	\$				
ਗ ਹ	h	Total. Add lines 1a-1f					479,862			
						Business Code				
	2a									
/ice	b									
Program Service Revenue	c									
	d									
gra Re	е									
Ъ,	f	All other program service	rever	nue	•••					
	g	Total. Add lines 2a-2f .	••							
	3	Investment income (includi	ing di	ividends, inte	erest, a	and				
		other similar amounts) .					8,501	8,501		
	4	Income from investment of	tax-e	exempt bond	l proce	eeds				
	5	Royalties	<u></u>							
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss))							
	7a	Gross amount from		(i) Securiti	es	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses	7b							
ven		Gain or (loss)								
Other Revenue		Net gain or (loss)			• • •					
her	8a	Gross income from fundra	-							
ð		events (not including \$		115,549	-					
		of contributions reported o								
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b					
		Net income or (loss) from		aising event	s .					
	9a	Gross income from gaming	-							
		activities. See Part IV, line			9a					
		Less: direct expenses .			9b					
		Net income or (loss) from	-	ng activities	••					
	10a	Gross sales of inventory, I								
		returns and allowances .			10a					
		Less: cost of goods sold			10b					
	C	Net income or (loss) from	sales	of inventory	/		(4,045)	(4,045		
						Business Code				
e	11a									
an.	b									
scel čeve	C d	All other revenue								
Miscellanous Revenue		All other revenue								
		Total. Add lines 11a-11d					404 210	4 455		
	12	Total revenue. See instru	ICTIOL	1 5			484,318	4,456	0	0

••				
	12,833	9,625	3,208	
	1,957	1,957		
••	1,856	1,856		
	11,049	9,944	1,105	
	2,735	2,051	684	
	135,179	135,179		
	75,982			75,982
	1,738	1,738		
	371,657	290,678	4,997	75,982
				Form 990 (2023)

Form 990 (2	2023)	Robbie's	Hope	Foundation

Part IX	Statement of Functional Expenses
Section 50	01(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Do not inc	Check if Schedule O contains a response or r clude amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	d 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	ts and other assistance to domestic organizations		·		·
and	domestic governments. See Part IV, line 21				
	ts and other assistance to domestic				
indivi	iduals. See Part IV, line 22				
	its and other assistance to foreign				
	nizations, foreign governments, and				
-	gn individuals. See Part IV, lines 15 and 16				
	efits paid to or for members				
	pensation of current officers, directors,				
	ees, and key employees				
	pensation not included above to disqualified				
	ons (as defined under section 4958(f)(1)) and				
	ons described in section 4958(c)(3)(B)	100 051	100 051		
	r salaries and wages	106,651	106,651		
	sion plan accruals and contributions (include				
	on 401(k) and 403(b) employer contributions)				
	r employee benefits	9,532	9,532		
,	oll taxes	9,073	9,073		
	o for services (nonemployees):				
	agement				
-	1				
	punting	538	538		
d Lobb	oying				
e Profe	essional fundraising services. See Part IV, line 17				
f Inves	stment management fees	1,944	1,944		
g Othe	r. (If line 11g amount exceeds 10% of line 25, column				
(A), a	amount, list line 11g expenses on Schedule O.)	590	590		
2 Adve	ertising and promotion				
3 Offic	e expenses	12,833	9,625	3,208	
4 Infor	mation technology				
5 Roya	alties				
6 Occu	upancy				
7 Trav	el	1,957	1,957		
8 Payr	nents of travel or entertainment expenses		-		
	ny federal, state, or local public officials				
	erences, conventions, and meetings				
	est				
	nents to affiliates				
	reciation, depletion, and amortization	1,856	1,856		
		11,049	9,944	1,105	
	r expenses. Itemize expenses not covered	11,015	5,511	1,105	
	re (List miscellaneous expenses on line 24e. If				
	24e amount exceeds 10% of line 25, column				
	-				
()/	amount, list line 24e expenses on Schedule O.)				
	lities	2,735	2,051	684	
	gram Services	135,179	135,179		
	draising	75,982			75,98
d					
	ther expenses	1,738	1,738		
	I functional expenses. Add lines 1 through 24e	371,657	290,678	4,997	75,98
	t costs. Complete this line only if the				
	nization reported in column (B) joint costs a combined educational campaign and				
	raising solicitation. Check here if				
follow	wing SOP 98-2 (ASC 958-720)				

Form	990 (20		<u>1</u>		83	3-234	2137 Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to ai	ny line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			237,734	1	343,472
	2	Savings and temporary cash investments \ldots .		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 co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso	ns			5	
	6	Loans and other receivables from other disqualified pers	ions (a	s defined			
		under section $4958(f)(1)$), and persons described in sec	tion 49	58(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				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	10,572			
	b	Less: accumulated depreciation	10b		4,640	10c	4,640
	11	Investments - publicly traded securities			187,488	11	214,558
	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		F		15	
	16	Total assets. Add lines 1 through 15 (must equal line			429,862	16	562,670
	17	Accounts payable and accrued expenses		F	5,083	17	2,734
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV o				21	
es	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
Liat		controlled entity or family member of any of these perso		· · · · · · · · · · · · · ·		22	
	23	Secured mortgages and notes payable to unrelated thin		F		23	
	24	Unsecured notes and loans payable to unrelated third p		F		24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24)				0.5	
		of Schedule D		E	E 000	25	0 504
	26	Total liabilities. Add lines 17 through 25	_		5,083	26	2,734
		Organizations that follow FASB ASC 958, check here					
ses	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions				27	
anc	27					27	
Bal	28	Organizations that do not follow FASB ASC 958, che				20	
pu			CK ne				
Ŀ	20	and complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
S O	29 30			-		30	
iset	30	Paid-in or capital surplus, or land, building, or equipmen Retained earnings, endowment, accumulated income, o		funde	101 770	30	EE0 030
Net Assets or Fund Balances	32	Total net assets or fund balances		F	424,779	32	559,936
Ne	33	Total liabilities and net assets/fund balances		F	<u>424,779</u> 429,862	33	559,936 562,670
	55	1014 Habilitios and the assets/14114 Dalatices	• • •	••••	749,002	55	562,670

EEA

Form 990 (2023)

Form	990 (2023) Robbie's Hope Foundation	83-234213	37	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		484,	318
2	Total expenses (must equal Part IX, column (A), line 25)	2		371,	657
3	Revenue less expenses. Subtract line 2 from line 1	3		112,	661
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		424,	779
5	Net unrealized gains (losses) on investments	5		22,	496
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		559,	936
Pa	rt 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: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	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.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		
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	<u></u>	3b		
EEA			Form	n 990	(2023)

SCHE	DULE	Α
(Form	990)	

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 trus

Attach to Form 990 or Form 990-EZ.

it.	2023
	Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury							
Internal Revenue Service							

Interna	al Re	venue Service	Go to	www.irs.gov/For	m990 for instructions a	and the lat	test inforn	nation.	Inspection		
Name	of th	ne organization						Employer identification	n number		
Robb	ie	's Hope Fo						83-234213			
Par	t I	Reason	for Public Cha	rity Status. (Al	I organizations mus	t comple	ete this p	art.) See instruction	ons.		
The o	rgar	nization is not a	private foundation b	ecause it is: (For lin	nes 1 through 12, check c	only one bo	x.)				
1		A church, con	vention of churches,	or association of c	hurches described in se	ction 170(b)(1)(A)(i)				
2		A school desc	ribed in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	D).)					
3		A hospital or a	a cooperative hospita	I service organizat	ion described in section	170(b)(1)	(A)(iii).				
4		A medical res	earch organization o	perated in conjunct	tion with a hospital descr	ribed in se	ction 170(b)(1)(A)(iii). Enter the			
		hospital's nam	e, 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). (Comple	te Part II.)			•				
6	Π	A federal, stat	e, or local governme	nt or governmental	I unit described in section	on 170(b)(1)(A)(v).				
7	x		•	•	art of its support from a g			om the general public			
		-	ection 170(b)(1)(A)								
8		A community	rust described in se	ction 170(b)(1)(A)	(vi). (Complete Part II.)						
9	Π	An agricultura	l research organizati	on described in se	ction 170(b)(1)(A)(ix) or	perated in	conjunctio	n with a land-grant col	lege		
		-	-		(see instructions). Enter		-	-	-		
		university:	-					-			
10 11		receipts from a support from g acquired by th	activities related to its pross investment inco e organization after	s exempt functions, me and unrelated b June 30, 1975. See	33 1/3% of its support fro subject to certain except ousiness taxable income e section 509(a)(2). (Co to test for public safety. S	tions; and (less secti mplete Pa	(2) no mor on 511 tax rt III.)	e than 33 1/3% of its) from businesses	S		
12	H	0	0 1	,	or the benefit of, to perform			,	an of		
12		0	e 1		ed in section 509(a)(1)			, , ,			
			• • • •		pe of supporting organiza				J. CHECK		
-		—			ervised, or controlled by i				vina		
а			11 0 0		rly appoint or elect a maj	••	Ũ		Ving		
			• • • •		irt IV, Sections A and B						
b		_ ·· `		•	controlled in connection		nnorted or	agnization(c) by bayir	a a a a a a a a a a a a a a a a a a a		
b				•	tion vested in the same p		•••		0		
			on(s). You must co					manage the supporte	iu -		
~		_ ~		•	rganization operated in c	opportion	with and t	iunctionally integrated	with		
С				11 0	ou must complete Par			, ,	with,		
d			• • • •	,	ing organization operate				tion(c)		
u			-	•	n generally must satisfy a				. ,		
			, ,	0	ete Part IV, Sections A		•		5		
•			,	•	en determination from the						
e			-		integrated supporting or			і, туре ії, туре ії			
f	_		r of supported organ	-	integrated supporting of	Iyanizatioi	I.				
g			wing information abo		\cdots				•••		
Э		(i) Name of supporte	-	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
	,				(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see instructions)	other support (see instructions)		
						Yes	No				
(A)											
(B)											
(C)											
(D)											
(E)											
Total											

		ope Foundat				83-234213	
Part							
	(Complete only if you checked the						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
	on A. Public Support	T	1	1	1		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	400,345	306,448	246,923	187,070	481,969	1,622,755
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	400,345	306,448	246,923	187,070	481,969	1,622,755
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)						82,700
6	Public support. Subtract line 5 from line 4.						1,540,055
	on B. Total Support						1,540,055
-	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	400,345	306,448	246,923	187,070	481,969	1,622,755
8	Gross income from interest, dividends,	400,345	300,440	240,923	187,070	401,909	1,022,755
0	payments received on securities loans,						
	rents, royalties, and income from						
•			3,515	5,592	8,872	8,501	26,480
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						1,649,235
12	Gross receipts from related activities, etc.	•				12	
13	First 5 years. If the Form 990 is for the o	•			•	•	
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo	rt Percentage	е			I I	
14	Public support percentage for 2023 (line	6, column (f), d	ivided by line 1	1, column (f))		14	93.38 %
15	Public support percentage from 2022 Sch	nedule A, Part I	I, line 14			15	98.59 %
16a	33 1/3% support test - 2023. If the organ	nization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	llifies as a publi	icly supported	organization .			x
b	33 1/3% support test - 2022. If the organ	nization did not	check a box o	n line 13 or 16	a, and line 15 i	s 33 1/3% or n	nore, check
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20			-			
	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa						
	organization			-	youmoo uo		ссч Г
h	10%-facts-and-circumstances test - 20				n line 13 160	16h or 17a o	nd line
U		-					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			•	•		· · _
	organization						
18	Private foundation. If the organization d						_
	instructions						<u></u>
EEA	instructions	<u></u>	<u></u>	<u></u>	<u></u>		A (Form 990)

Schedu	le A (Form 990) 2023 Robbie's Ho					83-2342137	Page 3
Part	III Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2))		
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orgar	nization failed	to qualify unde	er Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
Ū	furnished by a governmental unit to the						
	organization without charge						
6							
-	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
7a							
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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.)						
10							
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				(1) ·		
14	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her						••••
-	on C. Computation of Public Suppor	-					
15	Public support percentage for 2023 (line 8		•			15	%
16	Public support percentage from 2022 Sch					16	%
Secti	on D. Computation of Investment Inc						_
17	Investment income percentage for 2023 (I	ine 10c, colun	nn (f), divided b	by line 13, colu	mn (f))	17	%
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the orga	nization did no	ot check the bo	ox on line 14, a	nd line 15 is m	ore than 33 1/3%	, and line
	17 is not more than 33 1/3%, check this be	ox and stop h	ere. The organ	nization qualifie	es as a publicly	supported organ	nization
b	33 1/3% support tests - 2022. If the organizati	on did not chec	k a box on line 1	4 or line 19a, an	d line 16 is more	than 33 1/3%, and	l
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization die	-	-			-	

Page 4

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

	Supporting Organizations (continued)			
			Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
ecti	on B. Type I Supporting Organizations			
			Yes	Ν
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
octi	supervised, or controlled the supporting organization. fon C. Type II Supporting Organizations	2		
			Yes	Ν
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? 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).	1		
cu	on D. All Type III Supporting Organizations		Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Tes	IN
•	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
ecti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructic	ons
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ctions)		
С	Activities Test. Answer lines 2a and 2b below.	,	Yes	Ν
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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? If "Yes " then in Part VI identify			
2	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
2	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
2	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	2-		
2 a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
2	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		
2 a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If	2a		
2 a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	2a		
2 a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If	2a 2b		
2 a b	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
2 a b	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2 a b	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
2 a b	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below . 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? If "Yes" or "No," provide details in Part VI .	2b		
2 a b 3 a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2b		

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 Schedule A (Form 990) 2023
 Robbie's Hope Foundation

 Part IV
 Supporting Organizations (continued)

	A (Form 990) 2023 Robbie's Hope Foundation		83-234	2137 Page
Part				lain in Dart VII) Saa
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			-
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

Schedul	e A (Form 990) 2023 Robbie's Hope Foundation V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	83-2 izations (continue		2137 Page 7
	on D - Distributions	/ 11 0 0			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
_	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	is	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
_	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
<u>e</u>	Excess from 2023				Schodulo A (Form 000) 2002
EEA					Schedule A (Form 990) 2023

Schedule A (F	
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)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

2023

Name of the organization	Employer identification number
Robbie's Hope Foundation	83-2342137
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 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 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

X 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), 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), 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).

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

Name of organization

Page 2
Employer identification number

Robbie's Hope Foundation

83-2342137

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jean Reidy 931 West Winona St Apt 2 Chicago IL 60640	\$20,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Stead McDaniel 610 S Race Court Littleton CO 80121	\$12,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Daniel Vecchierelli 6965 S Polo Ridge Drive Littleton CO 80128	\$100,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Jon McAdams 3275 Braun Ct Golden CO 80401	\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	Trey Leprino 2000 Little Raven 6A Denver CO 80202	\$30,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Petra St George 14833-a W 70 Dr Arvada CO 80007	\$6,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Page 2 Employer identification number

Robbie's Hope Foundation

Schedule B (Form 990) (2023)

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	Nick Lancy	-	Person 🔟 Payroll			
	15964 W 73rd Ave Arvada CO 80007	_ \$5,000	Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	Jachimiak Peterson LLC 1819 Denver West Drive - Suite 265	\$5,000	Person x Payroll Noncash			
	Golden CO 80401	-	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Laurette Rondenet 225 Scott Street	_ \$5,000	Person x Payroll Noncash			
	Schaumburg IL 60173	-	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	Leprino Foods Company 1830 W 38th Ave	_ \$5,000	Person x Payroll Noncash (Complete Part II for			
(a) No.	Denver CO 80211 (b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution			
		\$	Person Payroll Noncash			
		-	(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person□Payroll□Noncash□(Complete Part II for noncash contributions.)			

SCHEDULE C			OMB No. 1545-0047			
(Form	990)	_	Political Campaign a			2023
			r Organizations Exempt From Incom			
	nent of the Treasury Revenue Service	Con	nplete if the organization is described Go to www.irs.gov/Form990 for i			Open to Public Inspection
		vered "Yes"	on Form 990, Part IV, line 3, or Form			
	•		Complete Parts I-A and B. Do not comp			
• Se	ction 501(c) (othe	r than sectio	n 501(c)(3)) organizations: Complete Pa	arts I-A and C below.	Do not complete Part I-B.	
• Se	ction 527 organiza	ations: Comp	lete Part I-A only.			
	-		on Form 990, Part IV, line 4, or Form			
		-	hat have filed Form 5768 (election unde			
		-	hat have NOT filed Form 5768 (election			
	-		on Form 990, Part IV, line 5 (Proxy T	ax) (see separate in	istructions) or Form 990-EZ,	Part V, line 35c (Proxy
, ,	ee separate inst					
	of organization), or (6) orga	inizations: Complete Part III.		Employer identi	fication number
	le's Hope Fo	undation			83-2342137	
Part			e organization is exempt und	er section 501(rganization.
1			organization's direct and indirect politica			<u>j</u>
	definition of "poli			1.3		
2	Political campaig	gn activity ex	penditures. See instructions		\$	
3			ampaign activities. See instructions		-	
Part			e organization is exempt und			
1	Enter the amoun	t of any excis	se tax incurred by the organization unde	er section 4955	\$_	
2	Enter the amoun	t of any excis	se tax incurred by organization manage	rs under section 495	5 \$_	
3	If the organization	on incurred a	section 4955 tax, did it file Form 4720 f	or this year?		🗌 Yes 🗌 No
4a	Was a correction	n made?				🗌 Yes 🗌 No
b	If "Yes," describe					
Part			e organization is exempt und			c)(3).
1			pended by the filing organization for sec			
_						
2		-	organization's funds contributed to oth	-		
2			s			
3						
4			Form 1120-POL for this year?			
5			and employer identification number (EIN			
5			. For each organization listed, enter the		-	-
	-		butions received that were promptly and			
	•		nd or a political action committee (PAC	,	1 1 0	,
		<u></u>				
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
					funds. If none, enter -0	promptly and directly
						delivered to a separate political organization.
_						If none, enter -0
(4)						
(1)						
(2)				-		
(2)						
(3)						
(4)						
(5)	(5)					
(6)				4		
For Pag	erwork Reduction	Act Notice. s	ee the Instructions for Form 990 or 990-E	Z.		Schedule C (Form 990) 2023

Political Campaign and Lobbying Activities

Sch	edu	le C (Form 990) 2023 Robbie's Hope F		83-23421		
Pa	art	II-A Complete if the organization	is exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under	
		section 501(h)).				
Α	Ch	eck	affiliated group (and list in Part IV each affiliated group me	ember's name, address,		
		EIN, expenses, and share of excess lol	bbying expenditures).			
В	Ch	eck if the filing organization checked box A	and "limited control" provisions apply.			
			ing Expenditures	(a) Filing	(b) Affiliated	
		(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals	
	1a	Total lobbying expenditures to influence public of	ppinion (grassroots lobbying)			
	b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)			
	С	Total lobbying expenditures (add lines 1a and 1b	b)			
	d	Other exempt purpose expenditures				
	е	Total exempt purpose expenditures (add lines 10	c and 1d)			
	f	Lobbying nontaxable amount. Enter the amount from the following table in both				
	Г	columns.				
		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
		Not over \$500,000	20% of the amount on line 1e.			
		Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
		Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
_		Over \$17,000,000	\$1,000,000.			
	g	Grassroots nontaxable amount (enter 25% of lin	le 1f)			
	h	Subtract line 1g from line 1a. If zero or less, enter	er -0			
	i	Subtract line 1f from line 1c. If zero or less, ente	r-0			
	j		e 1h or line 1i, did the organization file Form 4720	_		
		reporting section 4911 tax for this year?		[Yes No	

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
с	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

EEA

Schedule C (Form 990) 2023

	Schedule C (Form 990) 2023	Robbie's	Hope	Foundation
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83-2342137

Page	3

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed		(a)	(b)	
	iption of the lobbying activity.	Yes	No	Amount	
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		
С	Media advertisements?		х		
d	Mailings to members, legislators, or the public?		х		
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?	x			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x			
i	Other activities?		х		
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x		
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?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	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?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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 expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	
_			

Part IV Supplemental Information

Provide 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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 2023

2020
Open to Public
Increation

Departme	ent of the Treasury		Attach to Form 990.			Open to F	JIIGU
Internal R	Revenue Service	Go to www.irs.gov/Forms	990 for instructions and			Inspectio	n
Name of	the organization				Employer identific	cation number	
Robbie	e's Hope Fou				83-23421	L37	
Part	t I Organiza	tions Maintaining Donor Advised	Funds or Other Simi	lar Funds or Acc	ounts		
	Complete	if the organization answered "Yes"	on Form 990, Part IV,	line 6.			
			(a) Donor advis	sed funds	(b) Fund	ds and other accoun	ts
1	Total number at er	nd of year					
		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
		t end of year					
5	Did the organization	on inform all donors and donor advisors in	writing that the assets he	eld in donor advised		_	_
	-	inization's property, subject to the organiz	-			Yes	No
	-	on inform all grantees, donors, and donor					
	-	purposes and not for the benefit of the do				_	_
		issible private benefit?				🗌 Yes	No
Part		vation Easements					
		if the organization answered "Yes"					
1	,	servation easements held by the organiza		1			
		land for public use (for example, recreati	on or education)	Preservation of a h	• •		
	Protection of na			Preservation of a c	certified historic s	tructure	
	Preservation of						
		through 2d if the organization held a quali	ified conservation contribu	ution in the form of a			
		ast day of the tax year.				at the End of the	e Tax Year
		onservation easements					
	-	ricted by conservation easements					
		vation easements on a certified historic st			. <u>2</u> c		
		vation easements included on line 2c, acc					
		ure listed in the National Register					
		vation easements modified, transferred, re	eleased, extinguished, or	terminated by the of	iganization during	g the	
	tax year	where property subject to conservation ea	accoment is located				
		tion have a written policy regarding the pe		ion handling of			
	-	orcement of the conservation easements		-		🗌 Yes	No
		r hours devoted to monitoring, inspecting,					
Ŭ		hous devoted to monitoring, inspecting,	fianding of violations, and				
7	Amount of expense	- es incurred in monitoring, inspecting, hand	dling of violations and en	forcing conservation	easements durin	a the year	
•			anng of violations, and on			ig the year	
8	Does each conser	- vation easement reported on line 2d abov	ve satisfy the requirement	s of section 170(h)(4	4)(B)(i)		
)(4)(B)(ii)?				🗌 Yes	No
		be how the organization reports conserva					
		if applicable, the text of the footnote to th		•			
		ounting for conservation easements					
Part		ations Maintaining Collections	of Art, Historical T	reasures, or O	ther Similar	Assets	
		if the organization answered "Yes"					
1a	If the organization	elected, as permitted under FASB ASC 9	958, not to report in its rev	enue statement and	balance sheet we	orks	
	of art, historical tre	asures, or other similar assets held for pu	ublic exhibition, education,	or research in furth	erance of public		
	service, provide in	Part XIII the text of the footnote to its fina	ancial statements that des	cribes these items.			
		elected, as permitted under FASB ASC 9			ance sheet works	of	
	-	ures, or other similar assets held for publi					
		ng amounts relating to these items:			-		
		ded on Form 990, Part VIII, line 1			\$		
	.,	ed in Form 990, Part X					
		received or held works of art, historical tr					
	-	required to be reported under FASB ASC		-	-		
а	Revenue included	on Form 990, Part VIII, line 1	- 		\$		
		Form 990, Part X					

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

Schedul	e D (Form 990) 2023 Robbie's Hope 1					83-2342		Page 2
Part	III Organizations Maintaining	Collections of	Art, Historica	al Treasures,	or Ot	her Similar As	ssets (co	ntinued)
3	Using the organization's acquisition, access	sion, and other record	ls, check any of th	ne following that n	nake sig	pnificant use of its		
	collection items (check all that apply):							
а	Public exhibition		d 🗌 Loa	an or exchange p	rogram			
b	Scholarly research		e 🗌 Oth	ner				
с	Preservation for future generations							
4	Provide a description of the organization's of	collections and explai	n how they furthe	r the organizatior	n's exem	npt purpose in Part	İ	
	XIII.		-	-				
5	During the year, did the organization solicit	or receive donations	of art, historical tr	easures, or other	similar			
	assets to be sold to raise funds rather than						. 🗌 Yes	No
Part								
	Complete if the organization	-	on Form 990	, Part IV, line	9, or r	reported an arr	nount on I	Form
	990, Part X, line 21.			, ,	,	•		
1a	Is the organization an agent, trustee, custod	lian or other intermed	iarv for contribution	ons or other asse	ts not			
	included on Form 990, Part X?						. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XII							
-			Jie mig tablet			Am	nount	
с	Beginning balance				. 10			
d	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F							No
b	If "Yes," explain the arrangement in Part XII					•		_
Part						••••		
i ui	Complete if the organization	answered "Ves"	on Form 990) Part IV line	10			
							(0) 5000	
10	Regipping of year belones	(a) Current year	(b) Prior year	(c) Two years	Dack	(d) Three years back	(e) Four	years back
1a ⊾	Beginning of year balance							
b								
С	Net investment earnings, gains, and							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur		e (line 1g, columi	n (a)) held as:				
a	Board designated or quasi-endowment							
b	Permanent endowment%)						
С	Term endowment%							
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are hel	d and administere	ed for the	9	Г	
	organization by:							Yes No
	(i) Unrelated organizations?						. 3a(i)	
	(ii) Related organizations?							
b	If "Yes" on line 3a(ii), are the related organi			R?	• • •		. 3b	
	Describe in Part XIII the intended uses of the		owment funds.					
Part								
	Complete if the organization	answered "Yes"	on Form 990), Part IV, line	11a. S	See Form 990,	Part X, li	ne 10.
	Description of property	(a) Cost or oth	er basis (b) C	ost or other basis	(c)	Accumulated	(d) Book	value
		(investme	ent)	(other)	d	epreciation		
1a	Land							
b	Buildings	••						
с	Leasehold improvements	••						
d	Equipment		L0,572			5,932		4,640
е	Other							
Total.	Add lines 1a through 1e. (Column (d) must		rt X, line 10c, col	umn (B)				4,640

EEA

Other Securities

Page 3

Complete if the organization answered "Yes" on For	m 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. line 12. col.(B)).		

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, line 13, col. (B))		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	

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) Fe	deral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (C	Column (b) must equal Form 990, Part X, line 25 col.	(B))

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. . . .

	le D (Form 990) 2023 Robbie's Hope Foundation	83-2342137	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er 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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Part		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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
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	
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.

SCH	EDULE G	Supplement	al Informatio	n Regardi	ng Fundr	aising or Gami	ng Activities	OMB No. 1545-0047
(Forr	n 990)	Complete if	the organization a organization enter	nswered "Yes red more than	s" on Form 99 \$15,000 on F	0, Part IV, line 17, 18, orm 990-EZ, line 6a.	or 19, or if the	2023
	ment of the Treasury				990 or Form 9			Open to Public
	I Revenue Service	, c	50 to www.irs.gov/	Form990 for II	istructions ar	nd the latest information	Employer identif	Inspection
	ie's Hope Fo	undation						42137
Par			Complete if the	ne organiz	ation ansv	vered "Yes" on I	Form 990, Part IV	
		0-EZ filers are n						
1	_	the organization rais	ed funds through	any of the fol	-			
a L	Mail solicitatio			e _		of non-government of government gran	-	
b c	Phone solicita	mail solicitations		r _ g [or government gran	IIS	
d	In-person solid			9 🗆				
2a	Did the organizat	tion have a written o	r oral agreement v	vith any indivi	idual (includir	ng officers, directors	, trustees,	
		s listed in Form 990,	· ·		•	•		🗌 Yes 🗌 No
b		•		undraisers) p	ursuant to ag	preements under whi	ich the fundraiser is to	be
	compensated at I	least \$5,000 by the c	organization.					
	(i) Name and addres or entity (fun		(ii) Activity	custody c	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
0								
9								
10								
Total								
3	List all states in w	which the organization	on is registered or	licensed to se	olicit contribu	tions or has been no	otified it is exempt fror	n
	registration or lice	ensing.						

Robbie's Hope Foundation

83-2342137

Page **2**

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

		gross receipts greater than	+-)			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Gala	HOPErun	None	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
ne						
/en	1	Gross receipts	110,482	5,067		115,549
Revenue						
	2	Less: Contributions				
	3	Gross income (line 1				
	•	minus line 2)	110,482	5,067		115,549
			110,402	5,007		113,349
	4	Cash prizes				
	-					
	-	Newsel				
	5	Noncash prizes				
	_					
ses	6	Rent/facility costs				
Direct Expenses						
Exp	7	Food and beverages				
∋ct						
Dire	8	Entertainment				
	9	Other direct expenses	61,038	2,018		63,056
	10	Direct expense summary. Add lin	es 4 through 9 in column (o	d)		63,056
	11	Net income summary. Subtract li	ne 10 from line 3, column (o		[52,493
Pa	rt III	Gaming. Complete if the or				
		\$15,000 on Form 990-EZ, li	-		· · ·	
				(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo		(c) Other gaming	
			··· -	bingo/progressive bingo	() 5 5	col. (a) through col. (c))
evel.				bingo/progressive bingo		col. (a) through col. (c))
Revenue	1	Gross revenue		bingo/progressive bingo		col. (a) through col. (c))
Reve	1	Gross revenue		bingo/progressive bingo		col. (a) through col. (c))
Reve				bingo/progressive bingo		col. (a) through col. (c))
	1	Gross revenue		bingo/progressive bingo		col. (a) through col. (c))
	2	Cash prizes		bingo/progressive bingo		col. (a) through col. (c))
				bingo/progressive bingo		col. (a) through col. (c))
	2 3	Cash prizes				col. (a) through col. (c))
	2	Cash prizes				col. (a) through col. (c))
Direct Expenses Revei	2 3 4	Cash prizes				col. (a) through col. (c))
	2 3	Cash prizes				
	2 3 4 5	Cash prizes	%	Yes %	Yes %	
	2 3 4	Cash prizes	% % No			
	2 3 4 5 6	Cash prizes	No	□ Yes% □ No	Yes % □ No	
	2 3 4 5	Cash prizes	No	□ Yes% □ No	Yes % □ No	
	2 3 4 5 6 7	Cash prizes	es 2 through 5 in column (□ Yes% □ No	□ Yes% □ No	col. (a) through col. (c))
	2 3 4 5 6	Cash prizes	es 2 through 5 in column (□ Yes% □ No	□ Yes% □ No	col. (a) through col. (c))
	2 3 4 5 6 7 8	Cash prizes	No S in column (ubtract line 7 from line 1, co	□ Yes % □ No % lumn (d)	□ Yes% □ No	
	2 3 4 5 6 7 8 Er	Cash prizes	No No S in column (ubtract line 7 from line 1, co zation conducts gaming act	□ Yes % □ No % umn (d)	Yes% No	
G Direct Expenses	2 3 4 5 6 7 8 Er	Cash prizes	No No S in column (ubtract line 7 from line 1, co zation conducts gaming act	□ Yes % □ No % umn (d)	Yes% No	
Direct Expenses	2 3 4 5 6 7 8 8 Er a Is	Cash prizes	No No S in column (ubtract line 7 from line 1, co zation conducts gaming act	□ Yes % □ No % d)	Yes% No	
Direct Expenses	2 3 4 5 6 7 8 8 Er a Is	Cash prizes	No	□ Yes % □ No % d)	Yes% No	
Direct Expenses	2 3 4 5 6 7 8 8 Er a Is	Cash prizes	No	□ Yes % □ No % d)	Yes% No	
Direct Expenses	2 3 4 5 6 7 8 8 5 5 6 8 1 5 6 1 5	Cash prizes	No es 2 through 5 in column (ubtract line 7 from line 1, co zation conducts gaming act t gaming activities in each	□ Yes % □ No d)	Yes%	
Direct Expenses	2 3 4 5 6 7 8 8 b If b If a W	Cash prizes	No es 2 through 5 in column (ubtract line 7 from line 1, co zation conducts gaming act t gaming activities in each	□ Yes % □ No d)	Yes%	Yes No
Direct Expenses	2 3 4 5 6 7 8 8 b If b If a W	Cash prizes	No es 2 through 5 in column (ubtract line 7 from line 1, co zation conducts gaming act t gaming activities in each	□ Yes % □ No d)	Yes%	Yes No

SCHEDULE O (Form 990)

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 Form 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

Department of the Treasury Internal Revenue Service

Name of the organization

Robbie's Hope Foundation

01. Officer, directors, etc. family relationship (Part VI, line 2)

Jason and Kari Eckert, both officers and directors of the organization are married

02. Committee meeting documentation (Part VI, line 8b)

The organization does not have any board committees.

03. 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

04. Conflict of interest policy compliance (Part VI, line 12c)

The organization has a writen conflict of interest policy

05. Governing documents, etc, available to public (Part VI, line 19)

The Form 990 is available to the public on request

	1562		Depreciatio	on and A	mortizati	on			OMB No. 1545-0172
	4562		- (Including Inform Attack	mation on I		erty)			2023
	nent of the Treasury Revenue Service	Go to	www.irs.gov/Form4562	•		st info	ormation.		Attachment Sequence No. 179
Name	s) shown on return		Busines	s or activity to wl	hich this form relat	es		Iden	tifying number
Rol	obie's Hope F				990 - 1			83-2	2342137
Par			rtain Property Und						
			property, complete Pa					-	
1			s)					1	
2			placed in service (see					2	
3			perty before reduction					3	
4			ne 3 from line 2. If zero					4	
5		•	act line 4 from line 1.				•	_	
								5	
6	(a)	Description of property	У	(b) Cost (busin	ess use only)		(c) Elected cost		_
									_
7	Listed property	Entor the amount	from line 29		7				_
8			property. Add amounts			7		8	_
9			aller of line 5 or line 8	•				9	
10			from line 13 of your 2					10	
11			maller of business incom					11	
12			dd lines 9 and 10, but					12	
13	•		to 2024. Add lines 9 a			_			1
Note			for listed property. In:			1	I		
Part	II Special D	epreciation All	owance and Other	Depreciati	on (Don't in	clude	listed property. Se	ee ins	tructions.)
14	Special deprecia	tion allowance for	r qualified property (ot	her than liste	d property) pla	aced ir	n service		
	during the tax ye	ar. See instruction	ns					14	
			1) election					15	
16	Other depreciation	on (including ACR	S)					16	
Part	III MACRS D	epreciation (D	on't include listed pro		structions.)				
			-	ection A					1
			ced in service in tax ye	•	•		• • • • • • • • • • • • • •	17	1,856
18			sets placed in service	0			° _		
								0	
	Section	B - Assets Plac	ed in Service During	2023 Tax Y	ear Using the	Gene	eral Depreciation	i Syst	em
(a)	Classification of proper	rty 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	-)					_			
e	15-year property					_			
f	20-year property						0 "		
b				25 yrs.	N AN A	_	S/L	_	
n	Residential rent			27.5 yrs.	MM		S/L		
	property			27.5 yrs.	MM	_	S/L		
i	Nonresidential r			39 yrs.	MM		S/L S/L		
	property	C - Accote Place	ed in Service During	2022 Tax Vo		Altorr		on Sv	etom
202	Class life						S/L		Stem
	12-year			12 yrs.		-	S/L		
	30-year			30 yrs.	MM		S/L	_	
-	40-year			40 yrs.	MM		S/L	_	
	t IV Summary (See instructions)	10 910.	111111		J. L		
	Listed property.					• • •		21	
			lines 14 through 17, lir	nes 19 and 20) in column (a), and	line 21. Enter		
-			of your return. Partner					22	1,856
23			ed in service during th	-	-				,
		•				23			

Statement of Progra	am Service Accomplishment	ts 2023 PG01 Your Social Security Number
Robbie's Hope Foundation		83-2342137
Form 99	90-Part III(a) Service Accomplishment	Statement #4
Program Service Code		
Program Service Expenses	\$67	78
Grants and allocations included in abov		
Program Services Revenue	\$0	
Explanation		
Other Program Service		

Depreciation Detail Listing

2023 PAGE 1

for Section 199A calculations.

See "UBIA" in lower right corner.

Program Services (This page is not filed with the return. It is for your records only.)

Social security number/EIN

Name(s) as shown on return

* Item is included in UBIA

R	obbie's Hope Foundatio	on I I			1						1		-2342137	I	
	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AN Curr
	Computers and Office	07-01-2020	7,456		100.00			7,456	5	200 DB HY	11.52	5,309	859	6,168	
	Computers	07-01-2022	3,116		100.00			3,116	5	200 DB HY	32	623	997	1,620	

			Depreciation V with the return. It is for yo			2023	3		
	as shown on retur	n				Tax ID Number			
obbi orm	e's Hope Multi-Form	Foundation Description	Date	Basis	Method	83-2 Life	342137 Deduction		
RG	1	Computers and Office Equ	07-01-2020				859		
RG	1	Computers	07-01-2022				598		
		TOTAL					1,457		

Golden Bear Management Inc

16500 Hitching Post Circle Parker, CO 80134 sdcopper1@gmail.com Phone: (785)826-6430 | Fax: (000)000-0000

July 07, 2024

Robbie's Hope Foundation 3440 Youngfield Street, STE 267 Wheat Ridge, CO 80033

Subject: Preparation of 2023 Tax Returns

Robbie's Hope Foundation:

Thank you for choosing Golden Bear Management Inc to assist with the 2023 taxes for Robbie's Hope Foundation. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2023 federal and state income tax returns for Robbie's Hope Foundation. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Robbie's Hope Foundation, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2023 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at

(785)826-6430.

Sincerely,

Stephen D Copper Golden Bear Management Inc

Accepted By:

Officer

Date

Golden Bear Management Inc

16500 Hitching Post Circle Parker, CO 80134 sdcopper1@gmail.com Phone: (785)826-6430 | Fax: (000)000-0000

July 07, 2024

Robbie's Hope Foundation 3440 Youngfield Street, STE 267 Wheat Ridge, CO 80033

Robbie's Hope Foundation:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for Robbie's Hope Foundation from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (785)826-6430.

Sincerely,

Stephen D Copper Golden Bear Management Inc

Golden Bear Management Inc

16500 Hitching Post Circle Parker, CO 80134 sdcopper1@gmail.com Phone: (785)826-6430 | Fax: (000)000-0000

July 07, 2024

Robbie's Hope Foundation 3440 Youngfield Street, STE 267 Wheat Ridge, CO 80033

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (785)826-6430.

Sincerely,

Stephen D Copper Golden Bear Management Inc