Γ	Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
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IRS e-file Signature Authorization for an Exempt Organization

	•	_		
or calendar year 2019, or fiscal year beginning	JUL 1	, 2019, and ending	JUN 30	, 20 2 0

OMB No. 1545-1878

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number Seeds of Hope of Northern Colorado, Inc. 82-1844617 Name and title of officer Jay Clark Executive Director Type of Return and Return Information (Whole Dollars Only) | Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 1a Form 990 check here 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) ______ **2b** _____ **b Total tax** (Form 1120-POL, line 22) _______ **3b** 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here **b Balance Due** (Form 8868, line 3c) ________ **5b** ____ 5a Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only to enter my PIN Enter five numbers but ERO firm name do not enter all zeros as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date > 10/22/20 Officer's signature **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 84300509750 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

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

Date 10/27/20

ERO's signature ► Maria Montoya

** PUBLIC DISCLOSURE COPY **

Form 990 (Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

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

| 2019

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

Open to Public Inspection

OMB No. 1545-0047

2019 A For the 2019 calendar year, or tax year beginning JUL 1. and ending JUN 30, 2020 C Name of organization D Employer identification number Check if applicable: Address change Seeds of Hope of Northern Colorado, Inc. Name change 82-1844617 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 1300 S. Steele Street 303-715-3127 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 3,022,712. Amended return Denver, CO 80210 H(a) Is this a group return Applica-F Name and address of principal officer: Jay Clark for subordinates? pending same as C above **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 527) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ➤ www.seedsofhopedenver.org **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 2017 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: To make Catholic education Governance financially accessible to any family who seeks it. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 10 4 Activities & 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary) 25 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 2,303,987 2,931,400. Revenue 0. 0 Program service revenue (Part VIII, line 2g) 221 775. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 11 2,304,208 2,932,175. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,340,314 1,469,775. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 299,765 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 311,521. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 188 340 152,793. **b** Total fundraising expenses (Part IX, column (D), line 25) 300,064 200,236. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,128,483 2,134,325. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 175,725. 797,850. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 953,148 1,854,716. Total assets (Part X, line 16) 27,584 131,302. 21 Total liabilities (Part X, line 26) Net/ 925,564. 1,723,414. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Jay Clark, Executive Director Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Maria R. Montoya P01363907 Paid Maria R. Montoya 10/27/20 self-employed Firm's name Kundinger, Corder & Engle P.C. Firm's EIN Preparer Firm's address 475 Lincoln Street, Suite 200 Use Only Phone no. (303) 534-5953 Denver, CO 80203 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Other program services (Describe on Schedule O.)

including grants of \$) (Revenue \$

Total program service expenses ▶

82-1844617

Form 990 (2019) Seeds of Hope of No Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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.	10	24	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		х
b	Part VI 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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11.5		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			١
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		Α .
Б	investment, and program service activities outside the United States, or aggregate 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	- 1.0		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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 IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2019) Seeds of Hope of Northern C
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	23		Х
24 a	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	١		
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		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	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	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2Eh		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		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	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(garnoming) whithings to prize whithers:	1 10		I

82-1844617

Form 990 (2019) Seeds of Hope of Northern Colorado, Inc.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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			۱
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7.	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	-
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	Α .	
C		7c		x
Ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		t
	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
46	amounts due or received from them.)	4.5		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) Seeds of Hope of Northern Colorado, Inc. 82-1844617 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		•					
	Check if Schedule O contains a response or note to any line in this Part VI			Х				
Sec	tion A. Governing Body and Management							
	<u> </u>		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 13							
	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 on line 1a, above, who are independent 1b 10							
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					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	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	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	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						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>х</u>					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b						
С		400	Х					
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	12c 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	17						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b	Х					
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10.0						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 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 ► None							
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) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X 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, an	d finar	ncial					
	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 >							
	Becky Schmid - 303-715-3260							
	1300 S. Steele St., Denver, CO 80210							

Page 7

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average hours per week	box	not c , unle cer ar	Pos heck ss pe	itior more erson	than	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Very Rev. Randy M. Dollins	1.00									
Director		Х			<u> </u>	_		0.	0.	0.
(2) John Zimmerman	1.00									
Chair		Х		Х				0.	0.	0.
(3) Ann E. McBournie	1.00	1								
Secretary		Х		Х				0.	0.	0.
(4) Loren Schillinger	1.00									
Treasurer		Х		Х				0.	0.	0.
(5) Abel Corral	1.00									
Director thru 1/31/20		Х						0.	0.	0.
(6) Randy Hammond	1.00									
Director		Х						0.	0.	0.
(7) Maribeth Hanzlik	1.00									
Director		Х						0.	0.	0.
(8) Brittnie Hayes, Esq.	1.00									
Director		Х						0.	0.	0.
(9) Michael Jansen	1.00									
Director from 9/17/19		Х						0.	0.	0.
(10) Elias Moo	1.00									
Director		Х						0.	0.	0.
(11) Lucy O'Shaughnessy	1.00									
Director from 10/29/19		Х						0.	0.	0.
(12) Keith Parsons	1.00									
Director		Х						0.	0.	0.
(13) Angie Romani	1.00									
Director		Х						0.	0.	0.
(14) Joanie Todd	1.00									
Director		Х						0.	0.	0.
(15) Jay Clark	37.00									
Executive Director	3.00			Х				119,303.	8,918.	17,520.
		_								
										F 000 (2242)

932007 01-20-20 Form **990** (2019)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B) (C)							(D)	(E)		(F)		
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Estimat	ted	
	hours per	box, unless person is both an officer and a director/trustee)					h an	'	compensation		amount		
	week (list any	-					100)	from	from related		other		
	hours for	Individual trustee or director				-		the organization	organizations (W-2/1099-MIS(mpens from tl		
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 111100	organization			
	organizations	trust	nal tru		oyee	ompe				and related			
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			0	rganizat	tions	
	line)	п	Inst	Officer	Key	Hig	Fon						
1b Subtotal								119,303.	8,9		17	,520.	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							>	119,303.	8,9	0. 18.	1		
2 Total number of individuals (including but n							no r	eceived more than \$100	,000 of reportable	ı			
compensation from the organization											l V	1	
											Yes	No	
3 Did the organization list any former officer,												x	
line 1a? If "Yes," complete Schedule J for s								har companation from		3		<u> </u>	
4 For any individual listed on line 1a, is the su and related organizations greater than \$15										4		х	
5 Did any person listed on line 1a receive or a										··· ├⁻			
rendered to the organization? If "Yes," com	•				•			•		5		х	
Section B. Independent Contractors	,												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensatio	n from		
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithi	n the organization's tax	year.				
(A)								(B)			(C)		
Name and business	address							Description of s		Com	oensati	on	
Archdiocese of Denver							- 1	See Schedule G, Pa	rt 1, Line				
1300 S. Steele Street, Denver, CO 802	210						\dashv	2b			282	,000.	

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O	ontain	s a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
t t	1 a	Federated campaigns		1a					
ra Gu		Membership dues		''' 					
آ آ آ		Fundraising events		··· —	415,528.				
ifts ar A		Related organizations							
a,e		Government grants (contr		··· 					
Sig		All other contributions, gifts,							
he E	•	similar amounts not included			2,515,872.				
들	а	Noncash contributions included in			, , ,				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f				2,931,400.			
\neg					Business Code				
ø.	2 a								
اھ ػ	b								
Program Service Revenue	С								
eve	d								
Pg B	е								
ᇫ	f	All other program service	revenu	e					
	g	Total. Add lines 2a-2f			>				
	3	Investment income (include	ling div	ridends, intere	est, and				
		other similar amounts)			▶	775.			775.
	4	Income from investment of	f tax-ex	xempt bond p	oroceeds >				
	5	Royalties							
				(i) Real	(ii) Personal				
		Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
		Net rental income or (loss)	-						
	7 a	Gross amount from sales of		i) Securities	(ii) Other				
		assets other than inventory	7a						
o l	b	Less: cost or other basis							
Other Revenue		and sales expenses	7b						
eve		Gain or (loss)	7с						
<u>بر</u>		Net gain or (loss)			>				
Ĕ.	8 a	Gross income from fundraising	-	,					
١		including \$							
		contributions reported on			90,537.				
	h	Part IV, line 18 Less: direct expenses			 				
		Net income or (loss) from				0.			
		Gross income from gamin		· —		- •			
	• •	Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, I							
		and allowances							
	b	Less: cost of goods sold							
		Net income or (loss) from							
s					Business Code				
Miscellaneous Revenue	11 a								
ang ang	b								
e Sel	С			<u> </u>					
, Mis	d	All other revenue							
	е	Total. Add lines 11a-11d			>				
	12	Total revenue. See instruction	ns		▶	2,932,175.	0.	0.	775.

Part IX Statement of Functional Expenses

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

Do n	Check if Schedule O contains a response to tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	521,486.	521,486.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	948,289.	948,289.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,176.	68,393.	5,878.	52,905.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	132,925.	118,715.	11,591.	2,619.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,401.	5,284.	66.	51.
9	Other employee benefits	28,297.	27,578.	459.	260.
10	Payroll taxes	17,722.	12,770.	1,255.	3,697.
11	Fees for services (nonemployees):				
а	Management	1,000.	1,000.		
b	Legal				
С	Accounting	16,608.		16,608.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	152,793.			152,793.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	129,207.	101,264.	27,943.	
12	Advertising and promotion	85.	25.		60.
	Office expenses	43,189.	17,098.	2,130.	23,961.
	Information technology				
	Royalties				
16	Occupancy	5,975.	4,630.	568.	777.
17	Travel	196.		196.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	196.		196.	
20	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,703.	1,320.	162.	221.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	Misc. Expense	2,077.		1,959.	118.
b					
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,134,325.	1,827,852.	69,011.	237,462.
26	Joint costs. Complete this line only if the organization	, , ,	, ,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		321,925.	2	1,342,421.
	3	Pledges and grants receivable, net	275,299.	3	290,695.	
	4	Accounts receivable, net		347,563.	4	201,955.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes		5		
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described		6		
S	7	Notes and loans receivable, net	F		7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		8,361.	9	19,645.
		Land, buildings, and equipment: cost or other	 	,		,
		basis. Complete Part VI of Schedule D	10a			
	l b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	<u> </u>		11	
	12	Investments - other securities. See Part IV, line 1	F		12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal	953,148.	16	1,854,716.	
	17	Accounts payable and accrued expenses		27,584.	17	29,057.
	18		27,001.	18	11,495.	
	19	Grants payable		19	36,550.	
	20	Deferred revenue			20	30,330.
	21	Tax-exempt bond liabilities			21	
		Escrow or custodial account liability. Complete I			21	
Liabilities	22	Loans and other payables to any current or form				
ij		trustee, key employee, creator or founder, subst	·		00	
Lia		controlled entity or family member of any of thes	F		22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	·	0.	0.5	E4 200
		of Schedule D			25	54,200.
	26			27,584.	26	131,302.
S		Organizations that follow FASB ASC 958, che	CK nere ▶ △			
ĕ		and complete lines 27, 28, 32, and 33.		161 252		F01 244
ala	27	Net assets without donor restrictions	161,353.	27	521,344.	
В	28	Net assets with donor restrictions		764,211.	28	1,202,070.
<u>-</u> 5		Organizations that do not follow FASB ASC 9	58, check here 🕨 📖			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ets.	29	Capital stock or trust principal, or current funds			29	
SS	30	Paid-in or capital surplus, or land, building, or eq			30	
žt A	31	Retained earnings, endowment, accumulated in			31	4 -44 ///
ž	32	Total net assets or fund balances		925,564.	32	1,723,414.
	33	Total liabilities and net assets/fund balances		953,148.	33	1,854,716.

Form **990** (2019)

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		2	,932,	,175.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,134,325			
3	Revenue less expenses. Subtract line 2 from line 1	3		797,850			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			925	,564.	
5	Net unrealized gains (losses) on investments						
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		1	,723	,414.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					Х	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_				
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	d 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	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,				
	consolidated basis, or both:						
	Separate basis X 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	e audi	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	О.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit				
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	udit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Seeds of Hope of Northern Colorado, Inc. 82-1844617 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			1,499,415.	2,303,987.	2,931,400.	6,734,802.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			1,499,415.	2,303,987.	2,931,400.	6,734,802.
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)						1,059,428.
6	Public support. Subtract line 5 from line 4.						5,675,374.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			1,499,415.	2,303,987.	2,931,400.	6,734,802.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			24.	221.	775.	1,020.
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.)						6 535 000
11	· · · · · · · · · · · · · · · · · · ·						6,735,822.
12	Gross receipts from related activities,	<u>.</u>				12	201,050.
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. .
500	organization, check this box and storection C. Computation of Publ						X
				1 (5)		44	0/
	Public support percentage for 2019 (14	<u>%</u>
15	Public support percentage from 2018					15	<u>%</u>
102	33 1/3% support test - 2019. If the content have The experience qualifies						
	stop here. The organization qualifies						
L	33 1/3% support test - 2018. If the c	U		,		,	S DOX
47.	and stop here. The organization qual						
178	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fact					-	
L	meets the "facts-and-circumstances"						
i.	10% -facts-and-circumstances tes	7	-				U70 UI
	more, and if the organization meets the organization meets the "facts-and-circ		•		•		ightharpoonup
18	Private foundation. If the organization		-	•			

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(b) 2010	(6) 2017	(u) 2018	(e) 2019	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						<u> </u>
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1		1	1
	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
							<u></u> ▶□
	ction C. Computation of Publi						
15	Public support percentage for 2019 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
1.4		
4b		
4c		
5a		
5b 5c		
50		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
m 990 or 99	90-EZ)	2019

Pai	art IV Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	below, the governing body of a supported organization?	11a		
b	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ection B. Type I Supporting Organizations		<u> </u>	·
	71 11 5 5		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	regularly appoint or elect at least a majority of the organization's 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 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				
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			<u> </u>
	<u> </u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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		
Sec	ection D. All Type III Supporting Organizations	•		•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	ıx		
	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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ection 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 yea(see in	nstructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	c	ntity (see instruction	<u>s).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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		
b				
	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.	2b		
3				
а				
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	3 1 71 3 7			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3h	1	ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

ıaı	Type in item i anotheriany integrated ese	(a)(s) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	<u> </u>		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 Seeds of Hope of Northern Colorado, Inc.	82-1844617	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	ines 1 and 2; Part IV, Sect Part V, Section B, line 1e;	on C,

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number

2019

Se	eeds of Hope of Northern Colorado, Inc.	82-1844617
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	
• •	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1 any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount 2, line 1. Complete Parts I and II.	a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductly to children or animals. Complete Parts I, II, and III.	•
year, contributior is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled or here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because in only, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box us, charitable, etc., t received <i>nonexclusively</i>
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Name of organization		Employer identification number
Seeds of Hope of Northern Colorado,	Inc.	82-1844617

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, address, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

	,	
Name of organization		Employer identification number
Seeds of Hope of Northern Colorado	Inc.	82-1844617

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$64,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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.)

Name of organization

Employer identification number

Seeds of Hope of Northern Colorado, Inc.

82-1844617

Part II	Noncash Property (see instructions). Use duplicate copies of Part II I	ir additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- -	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- -	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- -	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- -	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- -	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		-	
l		l o	

Name of o	organization			Employer identification number
Seeds of	Hope of Northern Colorado, Inc.			82-1844617
Part III	,) through (e) and the following line e charitable, etc., contributions of \$1,000 o	ntry For organizations	that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) Na				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of g		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of g		nsferor to transferee
				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Seeds of Hope of Northern Colorado, Inc.

Employer identification number

82-1844617 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts (cont	inued,)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further t	ne organization's ex	empt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o						_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" o	n Form 990), Part IV,	line 9, c	or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		☐ No
b	If "Yes," explain the arrangement in Part XIII								
							Amour	nt	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f		_		
	Did the organization include an amount on Fo				•	L	Yes	Ļ	No
_	If "Yes," explain the arrangement in Part XIII.							<u>. L</u>	
Par	t V Endowment Funds. Complete it	the organization an					1		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Fou	ır year	s back
	Beginning of year balance	7,826,249.	7,776,045.	7,598,674.					
b	Contributions	5,000.							
	Net investment earnings, gains, and losses	267,610.	379,851.						
	Grants or scholarships	-4,505.	-329,647.	-353,275.					
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	0.004.354	7,006,040	5 55 045					
_	End of year balance	8,094,354.	7,826,249.						
2	Provide the estimated percentage of the curr	ent year end balanc		i)) neid as:					
	Board designated or quasi-endowment	0/	_%						
	Permanent endowment ▶ 99.00 Term endowment ▶ 1.00 €	%							
С		-							
20	The percentages on lines 2a, 2b, and 2c sho		ation that are hold a	nd administered for	tha araani	ration			
Sa	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid a	na administered for	the organiz	zation		Yes	No
	by: (i) Unrelated organizations						3a(i)	162	X
	(i) Unrelated organizations							Х	+
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule R2				3b	X	+-
4	Describe in Part XIII the intended uses of the						00		
<u> </u>	t VI Land, Buildings, and Equipm		WITICHT IUNGS.						
	Complete if the organization answered). Part IV. line 11a. S	See Form 990. Part X	(. line 10.				
	Description of property	(a) Cost or o			Accumulate	ed be	(d) Boo	ok val	LIE
	2000 page of property	basis (investn	' '		epreciation	-	(4, 50	van	0
1a	Land	- ` ` 	·	. ,					
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)		▶			0.

(a) Descripti	Complete if the organization answered "Yes"			
(~, > 00011pti	on of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
1) Financial	derivatives			
2) Closely h	eld equity interests			
3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b)	must equal Form 990, Part X, col. (B) line 12.)			
	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: Co	st or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line	(b) Book value
(1)				
(2)				
(0)				
(3)				
(3) (4)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8) (9) Fotal. (Colum	nn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.			
(4) (5) (6) (7) (8) (9) Total. (Colum	Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part)	
(4) (5) (6) (7) (8) (9) Total. (Colum	Other Liabilities.		11e or 11f. See Form 990, Part)	▶ K, line 25.
(4) (5) (6) (7) (8) (9) Fotal. (Colum Part X	Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part)	
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Fede	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, Part)	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Fede	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability iral income taxes		11e or 11f. See Form 990, Part)	(b) Book value
(4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Fede (2) Refu	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability iral income taxes		11e or 11f. See Form 990, Part)	(b) Book value
(4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Fedde (2) Refu (3) (4)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability iral income taxes		11e or 11f. See Form 990, Part)	(b) Book value
(4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Fede (2) Refu (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability iral income taxes		11e or 11f. See Form 990, Part)	(b) Book value
(4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Fede (2) Refu (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability iral income taxes		11e or 11f. See Form 990, Part)	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Fedde (2) Refu (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability iral income taxes		11e or 11f. See Form 990, Part)	(b) Book value
(4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Fede (2) Refu (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability iral income taxes		11e or 11f. See Form 990, Part)	(b) Book value
(4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Fede (2) Refu (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability iral income taxes	on Form 990, Part IV, line		(b) Book value 54,200

Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Reve	nue per Re	eturn.	
	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	2,860,575.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		- 1		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	-71,600.		
е	Add lines 2a through 2d		-	2e	-71,600.
3	Subtract line 2e from line 1			3	2,932,175.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	- 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	2,932,175.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	-	enses per i	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,		1		
1	Total expenses and losses per audited financial statements			1	2,062,725.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses		-		
d	Other (Describe in Part XIII.)	<u> </u>			0
е	Add lines 2a through 2d		-	2e	0.000.00
3	Subtract line 2e from line 1			3	2,062,725.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		T1 600		
b	Other (Describe in Part XIII.)	4b	71,600.		T1 600
	Add lines 4a and 4b		-	4c	71,600.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	: 18.)		5	2,134,325.
		14.5.1848	D 11/1 1	D 1 1 1 1	0.0.174
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		Part V, line 4	; Part X, II	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.			
Dart	- W line A.				
rar	z V, line 4:				
w+11	liam Randolph Hearst Endowment: This fund was established	with a gift			
****	itam kanadiph hearst inadmient. This rand was established	with a gift			
from	n the William Randolph Hearst Foundation. Income from th	nis fund is to			
	The william remarks hearth foundation, income from the	110 14114 15 00			
be ı	used for tuition assistance to elementary school children	1.			
	and for thirties approximate to transmist, possess entires	<u>.</u>			
Tuit	tion Assistance Endowment: The Tuition Assistance Endowme	ent is			
comr	prised of funds from three major sources: the Hearts on E	Fire Fund: the			
		,			
Eler	mentary Education Fund; and the Catholic School Education	n Fund.			
	- '				
Dist	cributions from the Hearts on Fire Fund and Catholic Scho	ool Education			
Fund	d may be used to provide grants for tuition assistance, e	equipment and			
	,				
gene	eral operations for Catholic schools in northern Colorado	o as well as			
the	inner city of Denver. Income attributable to the Element	ary Education			

Schedule D (Form 990) 2019 Seeds of Hope of Northern Colorado, Inc.	82-1844617	Page 5
Part XIII Supplemental Information (continued)		
Fund included in the endowment may be used for tuition assistance for five		
specific inner city schools in Denver.		
The Frank and Marie Gold Scholarship Endowment: This fund was established		
with a gift from Richard W. Hall to provide annual scholarships to		
students attending Guardian Angels Catholic School in Denver, Colorado.		
Josephine J. Aquila Endowment: This fund was established with gifts		
received for an endowment in memory of Josephine J. Aquila. The earnings		
on the endowment are to be used for general operating purposes.		
on the endowment are to be used for general operating purposes.		
Part XI, Line 2d - Other Adjustments:		
Donor Designated Pass-through Receipts -71,600.		
Part XII, Line 4b - Other Adjustments:		
Donor Designated Pass-through Receipts 71,600.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number 82-1844617 Seeds of Hope of Northern Colorado, Inc. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants a X Mail solicitations X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Archdiocese of Denver - 1300 Yes No Х 3,021,937 2,869,144. S. Steele St., Denver, CO See Part IV 152,793 3,021,937. 152,793. 2,869,144, Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. CO

	וונו	of fundraising event contributions and gr	-			
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			Evening of Hope	((4 - 4 - 1 · - · · · · · · · · · · · · · · · ·	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	506,065.			506,065.
	2	Less: Contributions	415,528.			415,528.
	3	Gross income (line 1 minus line 2)	90,537.			90,537.
	4	Cash prizes				
es	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				90,537.
	10	Direct expense summary. Add lines 4 through			>	90,537.
	11	Net income summary. Subtract line 10 from I				0.
Pa	ırt I	Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.		·		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ве	_	0				
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor		No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condi	_			
		the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No

Sch	edule G (Form 990 or 990-EZ) 2019 Seeds of Hope of Northern Colorado, Inc. 82-	1844617	7	Page 3
11			Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a	.	%
	o An outside facility		+	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102		
17	The the fiame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name N			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	1	
	retain the state gaming license?		Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie		
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III,	lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
Sch	medule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:			
(i)	Name of Fundraiser: Archdiocese of Denver			
(i)	Address of Fundraiser: 1300 S. Steele St., Denver, CO 80210			
_				
Par	t 1, Lines 2a and 2b			
F^~	a base annual fee, the Archdiocese's Office of Development (OOD)			
101	a sase annual ree, the Archarocese's Office of Development (OOD)			
pro	ovides fund raising and related development services and resources to			
	e Organization that include: donor communications and relations			

Schedule G	(Form 990 or 990-EZ) Seeds of Hope of Northern Colorado, Inc.	82-1844617	Page 4
Part IV	Supplemental Information (continued)		
grant rep	orting and solicitation, database management and metrics to		
Seeds of 1	Hope. The agreement is negotiated and renewed on an annual		
basis. For	r the year ended June 30, 2020, fees incurred in connection		
with this	service agreement totaled \$282,000. These fees have been		
allocated	on a functional basis on Part IX, Statement of Functional		
Expenses,	based on estimates of how the OOD staff spent their time		
performin	g the services under the agreement. The estimated portion of		
the fee a	llocated to fundraising services totaled \$152,793 and is		
reported	on line 11e as professional fundraising services. The		
remaining	\$129,207 of the fee is reported as other fees for services o	n	
line 11g	on the Statement of Functional Expenses and is allocated		
between p	rogram and management services.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of cash	Name of the organization							Employer identification number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization assignization assignization assignization and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization 1 (b) EIN (c) IRC section (d) Amount of cash grant (d) Amount of cash			Colorado, Inc.					82-1844617
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or organization (b) EIN (c) IRC section (d) Amount of cash grant or organization organization organization and organization organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part IV, line 21, for any recipient that received more displayed in the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient than 55,000. Part IV, line 21, for any recipient than 55,000. Part IV, line 21, for any recipient than 55,000. Part IV, line 21, for any recipient than 55,000. Part IV, line 21, for any organization and such additional space is needed. Part IV, line 21, for any organization and organization and organization and satisface. Part IV, line 21, for any organization and organizatio	Part I General Information on Grants	and Assistance						
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of cash								
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRIS escetton (d) Amount of cash grant (e) Amount of c								X Yes No
recipient that received more than \$5,000. Part il can be duplicated if additional space is needed. 1(a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (cash grant organization cash grant organization or government (c) IRC section (if applicable) (d) Amount organization cash grant organization (cook, FNW, appraisal, other) Support for operations; Emerg Relief for tuition assist, tech needs, & teacher support. Support for operations; Emerg Relief for tuition assist, tech needs, & teacher support. Support for operations; Emerg Relief for tuition assist, tech needs, & teacher support. Support for operations; Emerg Relief for tuition assist, tech needs, & teacher support. Support for operations; Emerg Relief for tuition assist, tech needs, & teacher support. Support for operations; Emerg Relief for tuition assist, tech needs, & teacher support. Support for operations; Emerg Relief for tuition assist, tech needs, & teacher support. Support for operations; Emerg Relief for tuition assist, tech needs, & teacher support. Support for operations; Emerg Relief for tuition assist, tech needs, & teacher support. Support for operations; Emerg Relief for tuition assistance. Support for operations; Emerg Relief for tuition assistance. Support for operations; Emergency Relief for tuition assistance. Support for operations;								
1 (a) Name and address of organization or government (b) EIN (c) IRC section (ff applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book of valuation (book	Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	i c Governments. C	complete if the orga	anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
Taylor and address of ognization of grant of gra	recipient that received more than	i '				(f) Mathad of		1
Annunciation Catholic School 3536 Lafayette Street Denver, CO 80205 84-0522064 501(c)(3) 55,440. 0. Support for operns & pre-school; Emerg Relief for tuition assist, tech needs, & teacher support. Assumption Catholic School 2341 E. 78th Avenue Denver, CO 80229 84-0449275 501(c)(3) 29,890. 0. Support for operns & pre-school; Emerg Relief for tuition assist, tech needs, & teacher support. Bishop Machebeuf High School 458 Uinta Way Denver, CO 80230 84-1490220 501(c)(3) 15,915. 0. Support and hardship grant for pre-school assistance. Support and hardship grant for pre-school program at Annunciation 250 Emergency Relief for tuition assistance, School. Christ the King Catholic School 84-0686679 501(c)(3) 5,350. 0. Support for operns & pre-school program at Annunciation 250 Emergency Relief for tuition 250 Emergency Relief for 250 Emerge	` '	(b) EIN	\ , ,	` '	non-cash	valuation (book, FMV, appraisal,		
3536 Lafayette Street Denver, CO 80205 84-0522064 Denver, CO 80205 84-0522064 Denver, CO 80205 84-0522064 Denver, CO 80205 Assumption Catholic School 2341 E. 78th Avenue Denver, CO 80229 84-0449275 Denver, CO 80229 84-0449275 Denver, CO 80230 Bishop Machebeuf High School 458 Uinta Way Denver, CO 80230 84-1490220 Denver, CO 80230 Relief for tuition Denver, CO 80230 Reli								Support for operations;
Denver, CO 80205 84-0522064 501(c)(3) 55,440. 0. teacher support. Assumption Catholic School pre-school; Emerg Relief for tuition assist, tech needs, & teacher support. Support for operns & pre-school; Emerg Relief for tuition assist, tech needs, & teacher support. Support for operns & pre-school; Emerg Relief for tuition assist, tech needs, & teacher support. Support for operns & pre-school; Emerg Relief for tuition assist, tech needs, & teacher support. Support and hardship grant for pre-school program at Annunciation School. Support and hardship grant for pre-school program at Annunciation School. School. School. Sants for Emergency at Annunciation School. School. School. Sants for Emergency at Annunciation assistance, sech needs, and teacher support. Support and hardship grant for pre-school. School. School. Sants for Emergency Relief for tuition assistance, tech needs, and teacher support. Support for operns & pre-school; Emerg Relief for tuition assist, tech	Annunciation Catholic School							Emerg Relief for tuition
Assumption Catholic School 2341 E. 78th Avenue Denver, CO 80229 84-0449275 501(c)(3) 29,890. 0. Bishop Machebeuf High School 458 Unita Way Denver, CO 80230 84-1490220 84-1490220 501(c)(3) 15,915. 0. Bishop Machebeuf High School 458 Unita Way Denver, CO 80230 84-1490220 501(c)(3) 15,915. 0. Bishop Machebeuf High School Assistance. Support and hardship grant for pre-school program at Annunciation School. Schoo	3536 Lafayette Street							assist, tech needs, &
Assumption Catholic School 2341 E. 78th Avenue Denver, CO 80229 84-0449275 Bishop Machebeuf High School 458 Uinta Way Denver, CO 80230 84-1490220 501(c)(3) 15,915. 0. 29,890. 0. 3rants for Emergency Relief for tuition Relief for tuition Assistance. Support and hardship grant for pre-school program at Annunciation School. 3rants for Emergency Relief for tuition Assistance. Support and hardship grant for pre-school program at Annunciation School. 3rants for Emergency Relief for tuition assistance. Support and hardship grant for pre-school program at Annunciation School. 3rants for Emergency Relief for tuition assistance, tech needs, and teacher support. Support for operns & Guardian Angels Catholic School Bure-school; Emerg Relief For tuition assist, tech pre-school; Emerg Relief For tuition assist, tech	Denver, CO 80205	84-0522064	501(c)(3)	55,440.	0.			
2341 E. 78th Avenue Denver, CO 80229 84-0449275 501(c)(3) 29,890. 0. Bishop Machebeuf High School 458 Uinta Way Denver, CO 80230 84-1490220 501(c)(3) 15,915. 0. Support and hardship grant for pre-school Annunciation Catholic School) - 6240 Smith Road - Denver, CO 80216 84-0686679 501(c)(3) 13,100. 0. 3rants for Emergency Relief for tuition assistance. Support and hardship grant for pre-school program at Annunciation School. 3rants for Emergency Relief for tuition assistance, tech needs, and teacher support. Support and hardship grant for pre-school program at Annunciation School. 3rants for Emergency Relief for tuition assistance, tech needs, and teacher support. Support for operns & pre-school; Emerg Relief for tuition assist, tech								Support for operns &
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458 Uinta Way Denver, CO 80230 84-1490220 95-14020 95-15020 95	Denver, CO 80229	84-0449275	501(c)(3)	29,890.	0.			needs, & teacher support.
458 Uinta Way Denver, CO 80230 84-1490220 95-14020 95-15020 95	Dishan Washahanf High Cabasi							0t. f D
Denver, CO 80230 84-1490220 501(c)(3) 15,915. 0. assistance. Support and hardship grant for pre-school program at Annunciation Catholic School) - 6240 Smith Road - Denver, CO 80216 6240 Smith Road - Denver, CO 80216 Christ the King Catholic School 84-0686679 Christ the King Catholic School 860 Elm Street Denver, CO 80220 84-0404911 501(c)(3) 5,350. Curadian Angels Catholic School Guardian Angels Catholic School 84-0404911 Support for operns & pre-school; Emerg Relief for tuition assist, tech	-							
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Annunciation Catholic School) - 6240 Smith Road - Denver, CO 80216 84-0686679 501(c)(3) 13,100. 0. School. Christ the King Catholic School 860 Elm Street Denver, CO 80220 84-0404911 501(c)(3) 5,350. 0. Support for operns & Support for operns & Support for operns & Support for tuition assist, tech	Cathalia Chamitian /fam							_ ==
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Christ the King Catholic School 860 Elm Street Denver, CO 80220 84-0404911 501(c)(3) 5,350. 0. Support for operns & pre-school; Emerg Relief for tuition assist, tech		04 0606670	F01/~\/2\	12 100	0			
Christ the King Catholic School 860 Elm Street Denver, CO 80220 84-0404911 501(c)(3) Support for operns & pre-school; Emerg Relief for tuition assist, tech	6240 SMICH Road - Denver, CO 60216	04-0000079	501(0)(3)	13,100.	0.			-
860 Elm Street Denver, CO 80220 84-0404911 501(c)(3) 5,350. 0. Support for operns & pre-school; Emerg Relief for tuition assist, tech	Christ the Vine Catholia Cahool							
Denver, CO 80220 84-0404911 501(c)(3) 5,350. 0. and teacher support. Support for operns & pre-school; Emerg Relief for tuition assist, tech								
Support for operns & Guardian Angels Catholic School pre-school; Emerg Relief for tuition assist, tech		94 0404011	E01/a\/2\	E 250	0			, , ,
Guardian Angels Catholic School pre-school; Emerg Relief for tuition assist, tech	Denver, CO 80220	84-0404911	501(C)(3)	5,350.	0.			
1843 W. 52nd Avenue for tuition assist, tech	Guardian Americ Catholic Cahool							
								· ·
		04 0510057	F01/a\/3\	E2 120	0.			1
	· · · · · · · · · · · · · · · · · · ·	1			0.			and teacher support.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		-	-					

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	(book, FMV, appraisal, other)		
Holy Family High School							Grants for Emergency
5195 W. 144th Avenue							Relief for tuition
Broomfield, CO 80023	84-1490222	501(c)(3)	13,950.	0.			assistance.
							Grants for Emergency
Holy Trinity Catholic School							Relief for tuition
3050 W. 76th Avenue							assistance, tech needs,
Westminster, CO 80030	84-0469648	501(c)(3)	5,115.	0.			and teacher support.
							Grants for Emergency
Nativity - Faith and Reason							Relief for tuition
900 W. Midway Boulevard							assistance and tech
Broomfield, CO 80020	84-0514655	501(c)(3)	10,550.	0.			needs.
Notre Dame Parish School							Grants for Emergency
2165 S. Zenobia Street		504 () (0)	14 045				Relief for tuition
Denver, CO 80219	80-0016188	501(c)(3)	14,215.	0.			assistance.
							Grants for Emergency
Our Lady of Loreto Catholic School							Relief for tuition
18000 E. Arapahoe Road		504 () (0)					assistance, tech needs,
Foxfield, CO 80016	84-1489200	501(c)(3)	7,040.	0.			and teacher support.
							Grants for Emergency
St. Clare of Assisi Catholic							Relief for tuition
School - 31622 Highway 6 -		504 () (0)	00.766				assistance, tech needs,
Edwards, CO 81632	84-1237387	501(c)(3)	28,766.	0.			and teacher support.
							Support for operns &
St. Francis de Sales Catholic STEM							pre-school; Emerg Relief
School - 235 S. Sherman Street -				_			for tuition assist, tech
Denver, CO 80209	84-0404268	501(c)(3)	53,680.	0.			and teacher support.
							Grants for Emergency
St. James Catholic School							Relief for tuition
1250 Newport Street							assistance, tech needs,
Denver, CO 80220	84-0402708	501(c)(3)	25,900.	0.			and teacher support.
							Grants for Emergency
St. Mary of Littleton Catholic							Relief for tuition
School - 6833 S. Prince Street -							assistance and tech
Littleton, CO 80120	84-0436373	501(c)(3)	6,650.	0.			needs.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Grants for Emergency
St. Pius X Catholic School							Relief for tuition
13680 E. 14th Place							assistance and tech
Aurora, CO 80011	84-0457083	501(c)(3)	8,720.	0.			needs.
							Support for operns &
St. Rose of Lima Catholic Academy							pre-school; Emerg Relie
1345 W. Dakota Avenue							for tuition assist, tech
Denver, CO 80223	84-0465591	501(c)(3)	86,330.	0.			and teacher support.
							Grants for Emergency
St. Stephen Catholic School							Relief for tuition
414 S. Hyland Park Drive							assistance and tech
Glenwood Springs, CO 81601	84-0539250	501(c)(3)	8,900.	0.			needs.
			, -	-			Support for operations;
St. Therese Catholic School							Emergency Relief for
1200 Kenton Street							tuition assist, tech, an
Aurora, CO 80010	84-0469539	501(c)(3)	16,120.	0.			teacher support.
	01 0103333	301(0)(3)	10,120.	<u> </u>			Grants for Emergency
Sts. Peter and Paul Catholic							Relief for tuition
School - 3920 Pierce Street -							assistance and tech
	04 0440043	E01/->/2>	11 410	0			
Wheat Ridge, CO 80033	84-0448043	501(c)(3)	11,410.	0.			needs.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	44.5	0.40, 0.00			
Scholarships for Catholic School Education	415	948,289.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
Part I, Line 2:					
Seeds of Hope of Northern Colorado, Inc. and Seeds	of Hope Char	itable			
Trust, as trustee of Inc., requires that all entit	ies receiving	funds			
provide various reports to the corporation. These	reports incl	ude			
enrollment verification for students who are received	ving funds an	d letters			
detailing how discretionary grants are being used.	FY20 schola	rships to			
students were paid out of both Seeds of Hope Chari	table Trust a	nd Seeds of			
Hope of Northern Colorado, Inc. Students and parent	ts must compl	ete			
applications for aid and provide documentation of :	income in ord	er to			

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Seeds of Hope of Northern Colorado, Inc.

Employer identification number 82-1844617

Form 990, Part III, Line 1, Description of Organization Mission:
Through tuition assistance grants, scholarships, and operating support,
Seeds of Hope supports Catholic K-8 schools and serves low-income,
high-minority populations within the Archdiocese of Denver ("AoD") in
Northern Colorado. By providing scholarships, Seeds of Hope gives
families the choice to send their children to a Catholic K-8 school
where spiritual, mental, academic, and physical formation is provided.
Seeds of Hope also strives to assist and sustain these Catholic
communities which support families in all aspects of life. Our grants
not only allow for parent choice in education, but also bolster each
school's tuition income.
Form 990, Part III, Line 4a, Program Service Accomplishments:
curriculum. Our schools form the whole child with the belief that our
students can be the modern saints of tomorrow. With that in mind, Seeds
of Hope offers tuition assistance grants ranging from \$500 to \$3,000
per student, depending on the program, the family's need, and the
school's financial situation. Applications for assistance are reviewed
to determine whether students and their families meet the Seeds of Hope
income eligibility guidelines, based on the USDA National School Lunch
Program. Although families may receive assistance from sources in
addition to Seeds of Hope, families are all required to contribute
financially to their children's tuition. This contribution from the
family creates a sense of pride and accountability because the family
is doing something valuable for its children. Seeds of Hope Inc. and
Seeds of Hope Charitable Trust continued to expand its mission by

Name of the organization Seeds of Hope of Northern Colorado, Inc.	Employer identification number 82-1844617
offering Hope Scholarships to any income-eligible student/family	
attending any of the 35 AoD Catholic K-8 Schools. The mission continues	
to expand as Seeds of Hope remains committed to making an impact in	
low-income communities by creating access to a high-quality Catholic	
education. Qualifying students and their families at any AoD Catholic	
K-8 School are eligible to apply for a Hope Scholarship. During the	
year ended June 30, 2020, Seeds of Hope of Northern Colorado, Inc.	
provided tuition assistance totaling approximately \$1,470,000 to more	
than 415 students. As a continued service for the Office of Catholic	
Schools, Seeds of Hope continues to maintain and develop the online	
Variable Tuition Program ("VTP"), which gathers important data and	
information from families and students to help schools calculate	
affordable tuition. During fiscal year 2020, the VTP was opened up to	
24 AoD Catholic K-8 Schools. Also in 2020, Seeds of Hope of Northern	
Colorado, Inc., partnered with the AoD to administer and help market	
the Catholic Schools Emergency Relief Fund to raise money to support	
all 37 of the AoD Catholic K-12 schools. This effort led to raising	
approximately \$670,000 to support technology needs, emergency tuition	
assistance and other school needs that arose with the COVID-19 crisis.	
Form 990, Part VI, Section A, line 2:	
The following directors are also employees and/or officers of the	
Archdiocese of Denver: Very Rev. Randy M. Dollins, V.G., Vicar for Clergy;	
Keith Parsons, and Elias Moo. All individuals serve as directors for Seeds	
of Hope without compensation from the corporation or the Archdiocese of	
Denver. Salary information for these individuals is unavailable.	

Name of the organization Seeds of Hope of Northern Colorado, Inc.	Employer identification number 82-1844617
The Archbishop of the Archdiocese of Denver must approve the appointment of	
any Director.	
Form 990, Part VI, Section A, line 7b:	
The Articles of Incorporation may be altered, amended or repealed from time	
to time, in whole or in part, by the Archbishop of Denver, unless delegated	
by the Archbishop of Denver to the Board of Directors.	
Form 990, Part VI, Section B, line 11b:	
The Board of Directors is provided a copy of the Form 990 for review and	
approval prior to filing with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
Transactions involving parties with whom a conflict of interest exists may	
only be undertaken if all of the following are observed (as applicable):	
The potential conflict of interest is fully disclosed; The person with the	
conflict of interest is excluded from the substantive approval of such	
transactions; A competitive bid or comparable valuation exists and Seeds of	
Hope determines that the transaction is in the best interest of the overall	
organization.	
Disclosure in writing, in the case of the staff, is made to the Executive	
Director, who brings the matter to the attention of the Board of Directors.	
Disclosure involving a Board member is made to the Board Chair who brings	
these matters to the Board. Ultimately, the Board Chair determines if a	
conflict exists and, in the case of an existing conflict, whether the	
contemplated transaction may be authorized or recommended.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** Seeds of Hope of Northern Colorado, Inc. 82-1844617

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

(a) Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	r assets Direct	Direct controlling entity		
	-							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 99	00, Part IV, line 34,	because it had one	e or more related tax-e	xempt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	512(b)(13) trolled tity?	
Archdiocese of Denver - 84-0499858						163	NO	
1300 S. Steele St. Denver, CO 80210	Religious Organization	Colorado	501(c)(3)	Religious Institution	N/A		x	
Seeds of Hope Charitable Trust - 84-1437053 1300 S. Steele St.	To further Catholic							
Denver, CO 80210	education purposes	Colorado	501(c)(3)	Line 7	N/A		х	
	_							

Identification of Related Orgonizations treated as a pa		ership. Complete if	the organization answ	ered "Yes" on For	m 990, Part IV, line	34, becaus	e it had one or mo	re relate	d
									-

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	allocations?		amount in box	partne	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	lo
		-									
										$\perp \perp$	
										+	
-											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr enti	ti) tion b)(13) rolled tity?
		country)		J. 1.25.4		45515		Yes	No
									<u> </u>
								 	
									<u> </u>

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

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with o	one or more re	lated organizations listed	in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
b					1b		Х			
С					1c		Х			
d	Loans or loan guarantees to or for related organization(s)				1d		Х			
е	Loans or loan guarantees by related organization(s)				1e		Х			
f	Dividends from related organization(s)				1f		Х			
g					1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	Х			
ı	Performance of services or membership or fundraising solicitations for related organization(s)									
	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	o Sharing of paid employees with related organization(s)									
р	p Reimbursement paid to related organization(s) for expenses									
q	q Reimbursement paid by related organization(s) for expenses									
r	Other transfer of cash or property to related organization(s)				1r		Х			
s	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who mus	ist complete th	is line, including covered	relationships and transaction thresholds.						
		(b) ansaction ype (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
(1) ¹	N/A		0.							
(2)										
(3)										
(0)										
(4)										
<u>(5)</u>										
(6)										
93216	3 09-10-19			Schedule F	R (Forr	n 990)	2019			

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

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

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)(orgs.	sec. (3)	Share of total	Share of end-of-year	Disprition	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	or Perce	centage
or entity		country)	excluded from tax under sections 512-514)	orgs.	?"	totai	ena-or-year	allocat	ions?				- ق - ا - ا - ا - ا - ا
		Country)	Sections 5 (2-5 (4)			income	assets	uou		of Schedule K-1	partne	? OWIT	nersnip
				Yes	No	liliconie	assets	Yes	No	(FOIII 1065)	Yes N	0	
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