

The Diane and Bruce Halle Foundation

Hoops House
13710 E 54th Street, Yuma AZ 85367
(520)-678-4120

Request for \$500,000

John Hooper
4-27-2020

Organization's Name: The Diane and Bruce Halle Foundation

Requesting Organization's Name: Hoops House

Date: April 27th, 2020

Address: 13710 E 54th Street, Yuma AZ 85367

Executive Director: John Hooper

Executive Director Phone Number: (520)-678-4120

Email: jhooper@hoopshouse.org

Federal Tax ID: 47-4607142

Date Organization Received 501(c)3 Status: March, 2016

Table of Contents

What is the Organization's Mission?	1
Provide a Description of the Organization's Most Recent Accomplishments	1
Provide a Description of the Funding Inquiry.....	2
What is expected to be achieved?	3
What is innovative about your proposed solution, services model, or project?.....	4
Provide the estimated project budget and funds that have been raised to date for the proposed activity	5
Total income as reported on your audited financial statements for the most recently completed fiscal year	6
Board Chair and Executive Director Date and Signature	7
Appendix: 2018 form 990 Tax Returns	8

Nengen@uccs.edu
sgeisman@uccs.edu
1420 Austin Bluffs Parkway
Colorado Springs, CO. 80918

May 1, 2020
John Hooper
Hoops House
13710 E 54th St.
Yuma, AZ 85367

Dear John Hooper,

The Diane and Bruce Halle Foundation is a foundation whose goal is to strengthen the daily opportunities and lifelong outcomes for the people and communities of the State of Arizona. The foundation bases their grants off recipients that support their neighbors and heal their communities. They believe in aiding those who need physical, emotional, and spiritual support. Their category of human service grants provides help for those who need to get back on their feet.

Hoops House would be an ideal candidate for The Diane and Bruce Halle Foundation. Hoops House gives certain members of the community who have had a rough past with addictions the opportunity to pick themselves off the ground and become contributors to society. The visions between Hoops House and The Diane and Bruce Halle Foundation are similar. We believe that their core mission in strengthening daily opportunities is what Hoops House provides.

The Diane and Bruce Halle Foundation has the chance of providing a pivotal amount of resources for Hoops Houses' future.

Sincerely,

Sean Geismann

Sean Geismann

Noah Engen

Noah Engen

jhooper@hoopshouse.org
John Hooper
13710 E 54th St.
Yuma, AZ. 85367

May 1, 2020
The Diane & Bruce Halle Foundation
20225 N. Scottsdale Rd.
Scottsdale, AZ 85255

Dear Diane & Bruce Halle Foundation,

Hoops House is a non-profit sober living home for men based in the Arizona community. We are the leaders in breaking the chain of addiction looking to turn their lives around. We provide affordable, safe, and structured living homes for over fifty men who have struggled finding their purpose in life. We have men that are coming off of the streets with addictions, who are wanting to fight for a new life and that is where Hoops House is able to help. Through a twelve-step program, residents are required to complete certain criteria such as: resume building, job finding, and education. We provide a sense of community that is recovery focused for men wanting to strengthen their future opportunities.

Have you ever had to wonder where your next meal was going to come from? Better yet, did you ever wonder if you would have more than one shirt to wear? What about if you had a bed to sleep on? These are the thoughts many residents face while having to battle the disease of addiction. With the help of funding, a peace of mind for the residents is restored so that they are able to focus on their recovery. Their lifelong outcomes and goals become that much more obtainable without having to worry about those questions. They are able to focus on their jobs and work towards paying it forward for the house such as meeting bills, rent, and transportation expenses.

With the help of your potential funding, you are changing the lives of many men who are working towards giving back to the Arizona community. You strengthen the daily opportunities and lifelong outcomes for men who have struggled most of their life finding these.

Sincerely,

John Hooper.

1 Hoops House

I. What is the organization's mission?

Hoops House's mission is to break the chain of addiction. Hoops House is a leader in affordable, upscale, safe, and structured living homes throughout Sierra Vista, Huachuca City, and Yuma Arizona. Its' purpose is to lead our men to a new future of strength and positivity. Hoops House provides mental, physical, and emotional support to members of the community that require a change in their lives. Hoops House has proven to be a pivotal moment for many people. At Hoops House, the men find a sense of community that is recovery focused. They provide leadership, guidance, and a sense of accountability for all their current 44 men as of May 2020.

II. Provide a description of the organization's most recent accomplishments.

Hoops House gives broken souls a second chance at life. Over the past three years of operation, they have had 60 graduates. Those once homeless, jailed, or sunken now have achieved a degree of education and are employed locally. Hoops House has a 70% completion rate after 90 days. Of the 44 men, 37 are working full time to rebuild their futures. Hoops House is the only sober living home in Arizona that requires all graduates to complete some sort of education or find a stable job.

Hoops House has a few stand-out graduates that truly shine light on how effective our program is. Name graduated in (time it took to graduate). He is currently employed at (place of work)in (location [town in AZ]). Name used our resources to achieve (some sort of education). (add final note: how Hoops House has made them a better person).

Another graduate with a positive Hoops House experience is Name. Name tackled our program in (time it took to graduate). He is strengthening our community by working at (place of work) in (location [town

2 Hoops House

in AZ]). Name got the opportunity to achieve his (education requirement). (add final note: how Hoops House has made them a better person).

Hoops House takes pride in the men that the graduates become. Many of the recent graduates have stayed within the program because of their ability to lead and display charisma. These men have worked their way to become part of our operations and help others who were once in their position. The leaders help the tenants by giving them personal experience and a physical model of a successful Hoops House graduate.

III. Provide a description of the funding inquiry – Include a socio-economic profile and estimated numbers of who will be served. Note if this is a new activity or program, or an expansion or enhancement of an existing activity

Hoops House is currently expanding their sober living homes. The original two locations in Huachuca city and Sierra Vista have been forced to spread their resources greatly in order to finance the new Yuma location. Monetary relief will help kickstart the new location in order to accommodate more men. When expanding the operations to the additional location, there are many up-front costs related to property payments. The remaining amount of money will be used throughout the course of one year, of which will help pay for daily necessities, transportation costs, and maintaining living quarters. With the addition of the Yuma house, it maximizes Hoops House's capacity to 55 men.

Presently 44 men depend on keeping the homes financially afloat. The community that is served within Hoops House are men whose ages range between 26 and 40 years old. All 44 tenants are Arizona residents.

The executive director and founder, John Hooper, has mastered the practice of rehabilitation. As a former addict of 23 years, he has climbed the ladder of success. Once homeless and broken, he now runs one of the most successful sober living homes in Arizona. He uses the assistance of some of the most

3 Hoops House

successful graduates. Philip, Dane, and most recently, Cory. These men, like Hooper, were homeless and broken before their encounter with Hoops House. Together, they use their skills and experience to lead the men towards improved behavior, choices, and attitudes.

A large percentage of the men have found Hoops House via court order or court injunction. These men have been released from prison with an on-going addiction. They have lost their families, all sources of income, and essentially all hope. Hoops House's leadership and direction gives them the will to fight for their place back into society. The once husbands, fathers, or sons, long for Hoops House's leadership and commitment to reteach basic living skills.

IV. What is expected to be achieved – Include the outcomes that describe the expected benefits, changes and/or results. If this is a capital request, specify the construction start date.

What is expected to be achieved through Hoops House is to help recovering substance abusers get back on their feet and learn how to live again. Hoops House creates an opportunity for these men to be able to recover from their addiction. Hoops House is focused around the three pillars of success in recovery: employment and education, health, and life skills. Through these pillars, Hoops House has helped men find productive work within the community while also having to enroll in an educational program after 90 days.

The expected benefits of the program are to create a positive change for the tenants' new life. The men will complete outpatient substance abuse treatment, attend 90 meetings in 90 days, and address any medical needs. They will also acquire life skills such as locating appropriate housing and properly maintaining their living quarters. They will have opened banking accounts and will have learned how to budget their expenses. If permissible, they are aided in receiving their driver's license. The overall expectation is to have any man that comes through Hoops House to break his chain of addiction. Upon

Commented [SG1]:

4 Hoops House

graduation, the graduate will receive a certificate of completion of the program. From here, they want these men to become responsible fathers, sons, brothers, and productive members of the Arizona community.

As a result of the inquired funds, Hoops House will be able to house the maximum number of tenants. The men will be impacted by your funding because it provides a sense of emotional relief. Relief is brought by purchasing food, clothing, toiletries, and covering transportation costs for all men. As of recent, transportation costs have exceeded more than prior years. A big portion of the money will help cover these costs so the men can stay driven to breaking their chain of addiction.

V. What is innovative about your proposed solution, services model, or project – Include how this innovation helps you have a greater impact with your services and how your services are more impactful than others doing similar work in your field. Describe evidence for the efficacy of the innovation.

Hoops House has outstanding individuals that have used them as a resource to help strengthen our communities. This ultimately displays the efficacy of the program. These are real men that have been in the program and are sharing first-hand what Hoops House has helped them achieve. The homes focus to have support and structure because beating the disease of addiction requires a sense of belonging. Moving alone is not enough.

Most sober living homes are homes away from home. In other sober living homes, many will find components of recovery but not the complete spectrum of life skills. Moreover, Hoops House provides sobriety, improved physical, emotional, relational, and spiritual health by community involvement.

5 Hoops House

Hoops House want residents and others to know that the houses provide a sense of living specifically designed for succeeding in recovery. With this innovative program, Hoops House provides mental support through the ease of knowing that they are in good hands. Physically, we arrange clothing, shelter, transportation, and guidance. This is how they can make a greater impact on the residents and the Arizona community. They can teach the tenants how to become responsible, honest, and working members of the Arizona community. These men are looking for more than just beating this disease. They are looking for a second chance at life.

Hoops House has successfully graduated (insert total number of graduates) men. Of the graduates, (insert number of men that have stayed sober since leaving Hoops House) have remained sober after graduating Hoops House. Currently, 44 more men are on track to graduate and become working members of society. The average tenant stays for seven to nine months. The 70% graduation rate provides insight on the effectiveness of Hoops House.

VI. Provide the estimated project budget and funds that have been raised to date for the proposed activity. Include the funding sought from the Foundation, an explanation of how the Foundation funds will be targeted, and how the Foundation funding will make a difference.

For the fiscal year starting August 2019 and ending September 2020, the total budgeted operating costs for Hoops House amounted to \$297,602.

The biggest monthly expense is rent. In the previous fiscal year, the monthly costs of rent for the three locations in Yuma, Sierra Vista, and Huachuca City, was \$900, \$4,400, and \$2,500 respectively. The Utility expense amounted to \$30,600 for the year. The essential costs of a roof, running water, gas, electricity, and basic maintenance totaled to an annual expense of \$125,820.

6 Hoops House

Hoops House's second heaviest expense is travel. On average, they drive 500 miles per day. They have a heavy schedule taking the tenants all over the state to fulfill legal obligations. For the men to move forward with their lives, they must rebuild legal bridges and fulfill duties. They provide physical support in the form of two vans. The cost of travel was \$54,478 last year. This expense includes gas, oil, vehicle insurance, vehicle payments, maintenance, and road hotel lodging.

They are looking to enhance existing operations. To keep the program on its feet and moving forward, they are asking for a grant of \$500,000 to continue and expand operations.

With the financial help of the Diane and Bruce Halle Foundation, Hoops House will be given the opportunity to impact more lives within the community. It will help them build up the Yuma house, as this location needs the most financial help due to its new establishment. A financial boost would help complete the rent and utility payments.

With your monetary relief, Hoops House will also sustain a more reliable form of transportation for the tenants. As the program continues to expand, so does the demand for improved transportation. The current transportation assets include a 1997 Minivan and another van, which seats nine, for all three of the homes. Fuel and maintenance on the vehicles are the highest active cost. They will use funds to bolster their rent payments and transportation maintenance.

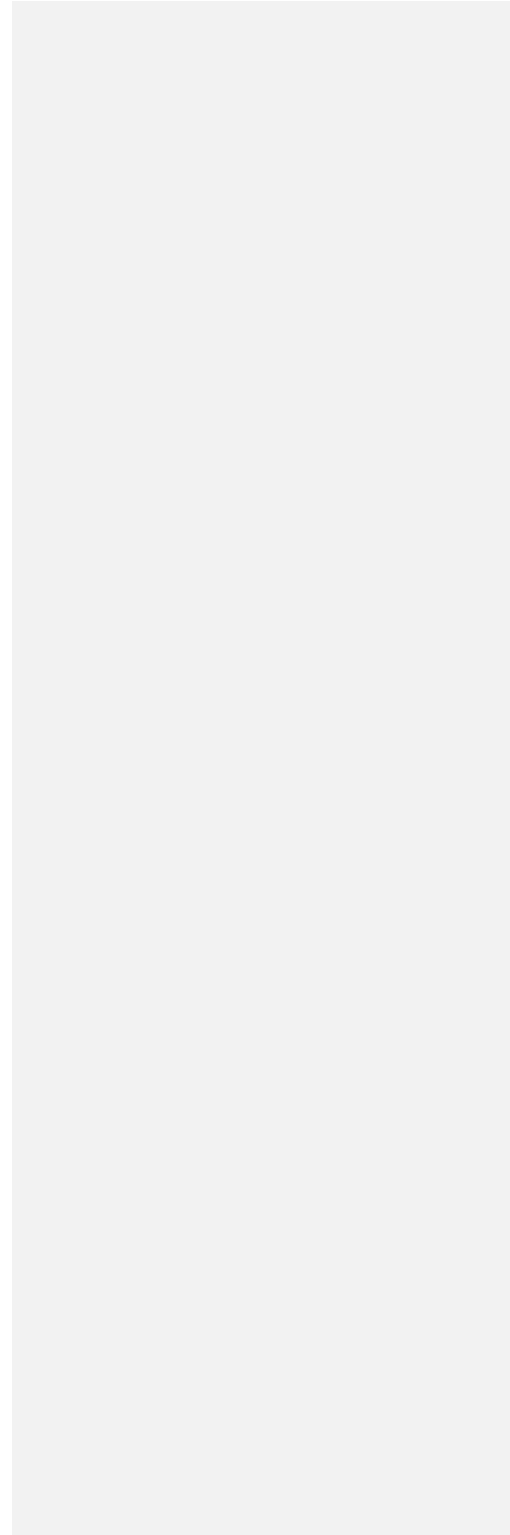
VII. Total income as reported on your audited financial statements for the most recently completed fiscal year.

Total Revenue	\$380,655
Total Expenses	\$297,602
Total Income	\$83,053

7 Hoops House

Shandi Hoey, MS-Board Chair President

John Hooper-Executive Director



2018 TAX RETURN

Client Copy

Client: 320879

Prepared for: HOOP'S HOUSE
13710 E 54TH ST
YUMA, AZ 85367
(520) 678-4120

Prepared by: Michael D. Squires
Sierra Vista CPA, LLC
4655 N. Commerce Dr.
Sierra Vista, AZ 85635
(520) 459-2366

Date: November 13, 2019

Comments:

Route to: _____

2018 Exempt Org. Return
prepared for:

HOOP'S HOUSE
13710 E 54TH ST
YUMA, AZ 85367

Sierra Vista CPA, LLC
4655 N. Commerce Dr.
Sierra Vista, AZ 85635

Sierra Vista CPA, LLC

4655 N. Commerce Dr.
Sierra Vista, AZ 85635
(520) 459-2366

Client 320879
November 13, 2019

HOOP'S HOUSE
13710 E 54TH ST
YUMA, AZ 85367
(520) 678-4120

FEDERAL FORMS

Form 990-EZ	2018 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule O	Supplemental Information
Form 8868	Application for Extension
Form 8879-EO	IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

2018	Federal Exempt Organization Tax Summary (EZ)		Page 1
	HOOP'S HOUSE		47-4607142
	2018	2017	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	54,075	67,435	-13,360
Program service revenue.....	60,812	75,836	-15,024
Total revenue.....	114,887	143,271	-28,384
EXPENSES			
Other expenses.....	114,136	147,929	-33,793
Total expenses.....	114,136	147,929	-33,793
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	751	-4,658	5,409
Net assets/fund bal. at beg. of year.....	727	5,385	-4,658
Net assets/fund bal. at end of year.....	1,478	727	751

2018	General Information	Page 1
HOOP'S HOUSE		47-4607142
Forms needed for this return Federal: 990-EZ, Sch A, Sch O, 8868		
Carryovers to 2019 None		

2018	Preparer e-file Instructions - Federal	Page 1
	HOOP'S HOUSE	47-4607142
<p>The organization's Federal tax return is NOT FINISHED until you complete the following instructions.</p>		
Prior to transmission of the return		
Form 990-EZ The organization should review their Federal Return along with any accompanying schedules and statements.		
Paperless e-file The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.		
Even Return No payment is required.		
After transmission of the return		
Receive acknowledgement of your e-file transmission status. Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.		
Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.		
Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.		
Do not mail:		
Form 8879-EO IRS e-file Signature Authorization		

2018	Preparer e-file Instructions - Federal	Page 2
	HOOP'S HOUSE	47-4607142
<p>The organization's Federal tax return is NOT FINISHED until you complete the following instructions.</p>		
Prior to transmission of the return		
Form 8868 No signature is required with Form 8868.		
Even Return No payment is required.		
After transmission of the return		
Receive acknowledgement of your e-file transmission status. Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.		
Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.		

Form 8879-EO Department of the Treasury Internal Revenue Service	IRS e-file Signature Authorization for an Exempt Organization For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____ Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.	OMB No. 1545-1878 2018 Employer identification number 47-4607142
Name of exempt organization HOOP'S HOUSE		
Name and title of officer JOHN HOOPER Executive Director		
Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.		
1 a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b _____
2 a Form 990-EZ check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2 b 114,887.
3 a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3 b _____
4 a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b _____
5 a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5 b _____
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 2018 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 <input checked="" type="checkbox"/> I authorize <u>Sierra Vista CPA, LLC</u> to enter my PIN <u>32087</u> as my signature <small>ERO firm name Enter five numbers, but do not enter all zeros</small> on the organization's tax year 2018 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.		
<input type="checkbox"/> As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature _____ Date _____		
Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. <u>86892492011</u> <small>Do not enter all zeros</small>		
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.		
ERO's signature <u>Michael D. Squires</u> Date _____		
ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So		
BAA For Paperwork Reduction Act Notice, see instructions.		Form 8879-EO (2018)

Form **8868**

(Rev. January 2019)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Employer identification number (EIN) or
	HOOP'S HOUSE		47-4607142
	Number, street, and room or suite number. If a P.O. box, see instructions.		Social security number (SSN)
	13710 E 54TH ST		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
YUMA, AZ 85367			

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JOHN HOOPER
- Telephone No. ▶ (520) 678-4120 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2018 or

▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2019)

Form 990-EZ	Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.	OMB No. 1545-1150 2018	Open to Public Inspection
Department of the Treasury Internal Revenue Service			
A For the 2018 calendar year, or tax year beginning , 2018, and ending			
B Check if applicable:		C	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		HOOP'S HOUSE 13710 E 54TH ST YUMA, AZ 85367	
		D Employer identification number	
		47-4607142	
		E Telephone number	
		(520) 678-4120	
		F Group Exemption Number	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ HOOPSHOUSE.ORG			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 114,887.			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
Revenue			
	1	Contributions, gifts, grants, and similar amounts received	54,075.
	2	Program service revenue including government fees and contracts	60,812.
	3	Membership dues and assessments	
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events:	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
	6c	Less: direct expenses from gaming and fundraising events	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less: cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	114,887.
Expenses			
	10	Grants and similar amounts paid (list in Schedule O)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	
	16	Other expenses (describe in Schedule O) See Schedule O	114,136.
	17	Total expenses. Add lines 10 through 16	114,136.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	751.
Net Assets			
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	727.
	20	Other changes in net assets or fund balances (explain in Schedule O)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	1,478.
BAA For Paperwork Reduction Act Notice, see the separate instructions.			

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	727.	1,478.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	727.	1,478.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	727.	1,478.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses
28 PROVIDING A HOME WITH A STRUCTURED ENVIRONMENT FOR THOSE STRUGGLING WITH AND RECOVERING FROM THE DISEASE OF ADDICTION, AND REINTEGRATING THEM INTO THE COMMUNITY. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a 76,224.
29	
30	
31 Other program services (describe in Schedule O) <input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32 76,224.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHANDI HOEY President	5	0.	0.	0.
EILEEN COULSTON Vice President	5	0.	0.	0.
TERESA HOOPER Treasurer	25	0.	0.	0.
FRED COGBURN Board Member	5	0.	0.	0.
JOHN HOOPER Executive Dir.	40	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35 b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.		
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37 a 0.		
37 b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38 b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities. 39 b N/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41 List the states with which a copy of this return is filed None		

42 a The organization's books are in care of **JOHN HOOPER** Telephone no. **(520) 678-4120**
 Located at **13710 E 54TH ST YUMA AZ** ZIP + 4 **85367**

	Yes	No
b 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)? If 'Yes,' enter the name of the foreign country.		X
c At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country.		X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. **43** N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

Yes	No
	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

47 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.

Yes	No
	X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

Yes	No
	X

49 a Did the organization make any transfers to an exempt non-charitable related organization?

Yes	No
	X

49 b If 'Yes,' was the related organization a section 527 organization?

Yes	No
	X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

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

Sign Here	Signature of officer		Date
	JOHN HOOPER		Executive Director
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Michael D. Squires	Michael D. Squires	
	Firm's name	Sierra Vista CPA, LLC	
	Firm's address	4655 N. Commerce Dr. Sierra Vista, AZ 85635	
	Check <input type="checkbox"/> if self-employed	PTIN P01453536	
	Firm's EIN	45-2985354	
	Phone no.	(520) 459-2366	
May the IRS discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

SCHEDULE A (Form 990 or 990-EZ)	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 2018	Open to Public Inspection
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Name of the organization HOOP 'S HOUSE	Employer identification number 47-4607142
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)			27,236.	44,683.	35,831.	107,750.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	0.	0.	27,236.	44,683.	35,831.	107,750.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						107,750.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	0.	0.	27,236.	44,683.	35,831.	107,750.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	0.	0.	27,236.	44,683.	35,831.	107,750.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
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	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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	

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

BAA

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
HOOP'S HOUSE

Employer identification number
47-4607142

Form 990-EZ, Part I, Line 16
Other Expenses

AUTO AND TRAVEL.....	\$	15,276.
BANK FEES.....		803.
DUES & SUBSCRIPTIONS.....		60.
DUMP FEE.....		78.
MEALS.....		378.
MISCELLANEOUS.....		510.
Office Expenses.....		377.
RENT.....		47,647.
REPAIRS & MAINTENANCE.....		5,684.
SUPPLIES.....		19,897.
TAX & LICENSE.....		533.
UTILITIES.....		22,893.
Total	\$	114,136.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

HOOPS HOUSE IS DEDICATED TO EMPOWERING INDIVIDUALS TOWARD RECOVERY FROM ADDICTION.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

Hoops House

Proposal Submitted by:

Sean Geismann (630)-696-6027

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Follow Up Guide

1. Submit the most recent 990 tax return along with this document at the end. It should be copied and pasted after the signatures at the end of the document.
 - A. We attached the most recent 990 Tax Form already. Please review and make sure it is correct.
2. Next, submit audited financial statements for the most recent fiscal year along with this document. It should be copied and pasted after the 990 tax form.
3. Fill in missing information on Question II and V in regards to names of two graduates and their accomplishments. Templates have been given to fill in the missing information. It will be underlined, in brackets, and highlighted. Once you fill in the information, **remove brackets, highlights, and underlines before submitting (DO NOT FORGET)**. All other questions are complete and do not need any added information.
 - A. Please use your most successful men for this template, as it will help prove the point that Hoops House was a pivotal point in their lives for those individuals.
 - B. It looks like this:

Hoops House has a few stand-out graduates that truly shine light on how effective our program is. Name graduated in (time it took to graduate). He is currently employed at (place of work) in (location [town in AZ]). Name used our resources to achieve (some sort of education). (add final note: how Hoops House has made them a better person)

Another graduate with a positive Hoops House experience is Name. Name tackled our program in (time it took to graduate). He is strengthening our community by working at (place of work) in (location [town in AZ]). Name got the opportunity to achieve his (education requirement). (add final note: how Hoops House has made them a better person).



3 Hoops House

4. John Hooper signs the document along with the date and also the Board Chair needs to as well. This is in brackets and highlighted. This is found at the end of the document before the 990 tax return and audited financial statements. It is in brackets and there is a space for your signature. Remove brackets after signing and dating the document.

A. This can be done via electronically, or a scanned picture of the signatures.

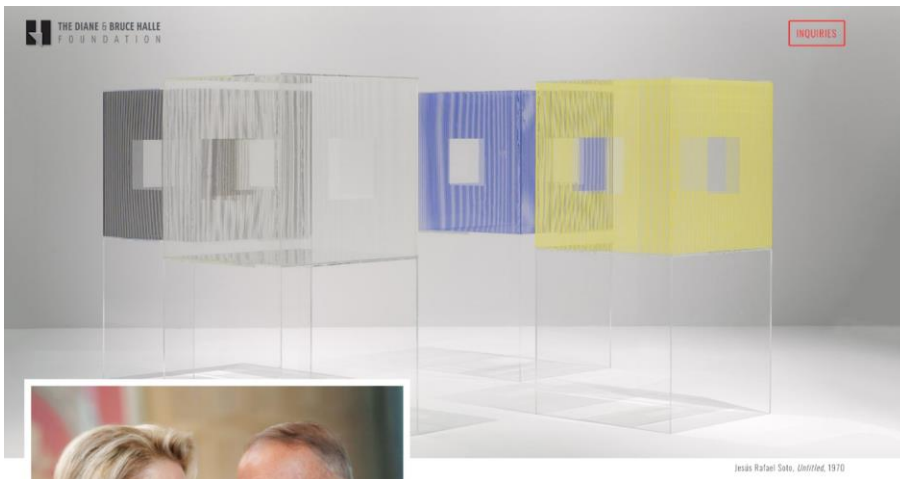
5. Submit the final proposal in an email to info@hallefamilyfoundation.org containing all the above information.

A. It should be one pdf file that will contain all the information. That is, the cover pages, table of contents, cover letter, the 7 questions answered, 990 tax forms, and audited financial statements. We have entered the 2018 990 tax return. If possible, switch these to the most recent tax return.

B. When submitting, this is what the website looks

like. <https://dianeandbrucehallefoundation.org>

C. By clicking "inquires" you will be prompted to the next page.



D. The next page will look like this. These are the grant guidelines that we made sure you qualify and wanted to let you know this is where they ask for the 990 tax form and audited financial



4 Hoops House

statements. As previously stated, copy and paste those documents at the end of the document after the signatures.

Grant Guidelines Funding Inquiries

Mathias Goeritz, Mesquite, 1979

GRANT GUIDELINES

To be considered for a grant, an organization must:

- Be certified as tax exempt organization under Section 501(c)(3) of the IRS Code
- Have operated for a minimum of three years at the time of application for funding
- Submit the most recent Form 990 tax return
- Submit audited financial statements for the most recent completed fiscal year
- Offer programs and services that align with the Foundation's areas of focus
- Provide charitable services within the state of Arizona

E. From here after scrolling down, it will lead you to the grant proposal questions that we have already answered.

THE DIANE & BRUCE HALLE FOUNDATION

INQUIRIES

Grant Guidelines Funding Inquiries

Your concept proposal should answer the following questions:

1. What is the organization's mission?
2. Provide a description of the organization's most recent accomplishments.
3. Provide a description of the funding inquiry - Include a socio-economic profile and estimated numbers of who will be served. Note if this is a new activity or program, or an expansion or enhancement of an existing activity.
4. What is expected to be achieved - Include the outcomes that describe the expected benefits, changes and/or results. If this is a capital request, specify the construction start date.
5. What is innovative about your proposed solution, services model, or project - Include how this innovation helps you have a greater impact with your services and how your services are more impactful than others doing similar work in your field. Describe evidence for the efficacy of the innovation.
6. Provide the estimated project budget and funds that have been raised to date for the proposed activity. Include the funding sought from the Foundation, an explanation of how the Foundation funds will be targeted, and how the Foundation funding will make a difference.
7. Total income as reported on your audited financial statements for the most recently completed fiscal year.

Submit completed proposals to:

Diane & Bruce Halle Foundation
info@halletfamilyfoundation.org

F. Lastly, at the bottom it shows the email address of where to submit the final pdf file document containing all the information. The proposal has no submission date and they take proposals on a rolling basis. Therefore there is no time constraint, however the sooner you submit, the quicker they will get back to you.



This is the document containing all highlights and shows where the needed information needs to be added. The only spots that need information contain highlights and brackets or underlines.

1) What is the organization's mission?

Hoops House's mission is to break the chain of addiction. Hoops House is a leader in affordable, upscale, safe, and structured living homes throughout Sierra Vista, Huachuca City, and Yuma Arizona. Its' purpose is to lead our men to a new future of strength and positivity. Hoops House provides mental, physical, and emotional support to members of the community that require a change in their lives. Hoops House has proven to be a pivotal moment for many people. At Hoops House, the men find a sense of community that is recovery focused. They provide leadership, guidance, and a sense of accountability for all their current 44 men as of May 2020.

2) Provide a description of the organization's most recent accomplishments.

Hoops House gives broken souls a second chance at life. Over the past three years of operation, they have had 60 graduates. Those once homeless, jailed, or sunken now have achieved a degree of education and are employed locally. Hoops House has a 70% completion rate after 90 days. Of the 44 men, 37 are working full time to rebuild their futures. Hoops House is the only sober living home in Arizona that requires all graduates to complete some sort of education or find a stable job.

Hoops House has a few stand-out graduates that truly shine light on how effective our program is. Name graduated in (time it took to graduate). He is currently employed at (place of work) in (location [town in



6 Hoops House

[AZ]). Name used our resources to achieve (some sort of education). (add final note: how Hoops House has made them a better person).

Another graduate with a positive Hoops House experience is Name, Name tackled our program in (time it took to graduate). He is strengthening our community by working at (place of work) in (location [town in AZ]). Name got the opportunity to achieve his (education requirement). (add final note: how Hoops House has made them a better person).

Hoops House takes pride in the men that the graduates become. Many of the recent graduates have stayed within the program because of their ability to lead and display charisma. These men have worked their way to become part of our operations and help others who were once in their position. The leaders help the tenants by giving them personal experience and a physical model of a successful Hoops House graduate.

3) Provide a description of the funding inquiry – Include a socio-economic profile and estimated numbers of who will be served. Note if this is a new activity or program, or an expansion or enhancement of an existing activity

Hoops House is currently expanding their sober living homes. The original two locations in Huachuca city and Sierra Vista have been forced to spread their resources greatly in order to finance the new Yuma location. Monetary relief will help kickstart the new location in order to accommodate more men. When expanding the operations to the additional location, there are many up-front costs related to property payments. The remaining amount of money will be used throughout the course of one year, of which will help pay for daily necessities, transportation costs, and maintaining living quarters. With the addition of the Yuma house, it maximizes Hoops House's capacity to 55 men.



7 Hoops House

Presently 44 men depend on keeping the homes financially afloat. The community that is served within Hoops House are men whose ages range between 26 and 40 years old. All 44 tenants are Arizona residents.

The executive director and founder, John Hooper, has mastered the practice of rehabilitation. As a former addict of 23 years, he has climbed the ladder of success. Once homeless and broken, he now runs one of the most successful sober living homes in Arizona. He uses the assistance of some of the most successful graduates. Philip, Dane, and most recently, Cory. These men, like Hooper, were homeless and broken before their encounter with Hoops House. Together, they use their skills and experience to lead the men towards improved behavior, choices, and attitudes.

A large percentage of the men have found Hoops House via court order or court injunction. These men have been released from prison with an on-going addiction. They have lost their families, all sources of income, and essentially all hope. Hoops House's leadership and direction gives them the will to fight for their place back into society. The once husbands, fathers, or sons, long for Hoops House's leadership and commitment to re-teach basic living skills.

4) What is expected to be achieved – Include the outcomes that describe the expected benefits, changes and/or results. If this is a capital request, specify the construction start date.

What is expected to be achieved through Hoops House is to help recovering substance abusers get back on their feet and learn how to live again. Hoops House creates an opportunity for these men to be able to recover from their addiction. Hoops House is focused around the three pillars of success in recovery: employment and education, health, and life skills. Through these pillars, Hoops House has helped men find productive work within the community while also having to enroll in an educational program after 90 days.



8 Hoops House

The expected benefits of the program are to create a positive change for the tenants' new life. The men will complete outpatient substance abuse treatment, attend 90 meetings in 90 days, and address any medical needs. They will also acquire life skills such as locating appropriate housing and properly maintaining their living quarters. They will have opened banking accounts and will have learned how to budget their expenses. If permissible, they are aided in receiving their driver's license. The overall expectation is to have any man that comes through Hoops House to break his chain of addiction. Upon graduation, the graduate will receive a certificate of completion of the program. From here, they want these men to become responsible fathers, sons, brothers, and productive members of the Arizona community.

As a result of the inquired funds, Hoops House will be able to house the maximum number of tenants. The men will be impacted by your funding because it provides a sense of emotional relief. Relief is brought by purchasing food, clothing, toiletries, and covering transportation costs for all men. As of recent, transportation costs have exceeded more than prior years. A big portion of the money will help cover these costs so the men can stay driven to breaking their chain of addiction.

5) What is innovative about your proposed solution, services model, or project – Include how this innovation helps you have a greater impact with your services and how your services are more impactful than others doing similar work in your field. Describe evidence for the efficacy of the innovation.

Hoops House has outstanding individuals that have used them as a resource to help strengthen our communities. This ultimately displays the efficacy of the program. These are real men that have been in the program and are sharing first-hand what Hoops House has helped them achieve. The homes focus to have support and structure because beating the disease of addiction requires a sense of belonging. Moving alone is not enough.



9 Hoops House

Most sober living homes are homes away from home. In other sober living homes, many will find components of recovery but not the complete spectrum of life skills. Moreover, Hoops House provides sobriety, improved physical, emotional, relational, and spiritual health by community involvement.

Hoops House want residents and others to know that the houses provide a sense of living specifically designed for succeeding in recovery. With this innovative program, Hoops House provides mental support through the ease of knowing that they are in good hands. Physically, we arrange clothing, shelter, transportation, and guidance. This is how they can make a greater impact on the residents and the Arizona community. They can teach the tenants how to become responsible, honest, and working members of the Arizona community. These men are looking for more than just beating this disease. They are looking for a second chance at life.

Hoops House has successfully graduated (insert total number of graduates) men. Of the graduates, (insert number of men that have stayed sober since leaving Hoops House) have remained sober after graduating Hoops House. Currently, 44 more men are on track to graduate and become working members of society. The average tenant stays for seven to nine months. The 70% graduation rate provides insight on the effectiveness of Hoops House.

- 6) Provide the estimated project budget and funds that have been raised to date for the proposed activity. Include the funding sought from the Foundation, an explanation of how the Foundation funds will be targeted, and how the Foundation funding will make a difference.**

For the fiscal year starting August 2019 and ending September 2020, the total budgeted operating costs for Hoops House amounted to \$297,602.



10 Hoops House

The biggest monthly expense is rent. In the previous fiscal year, the monthly costs of rent for the three locations in Yuma, Sierra Vista, and Huachuca City, was \$900, \$4,400, and \$2,500, respectively. The Utility expense amounted to \$30,600 for the year. The essential costs of a roof, running water, gas, electricity, and basic maintenance totaled to an annual expense of \$125,820.

Hoops House's second heaviest expense is travel. On average, they drive 500 miles per day. They have a heavy schedule taking the tenants all over the state to fulfill legal obligations. For the men to move forward with their lives, they must rebuild legal bridges and fulfill duties. They provide physical support in the form of two vans. The cost of travel was \$54,478 last year. This expense includes gas, oil, vehicle insurance, vehicle payments, maintenance, and road hotel lodging.

They are looking to enhance existing operations. To keep the program on its feet and moving forward, they are asking for a grant of \$500,000 to continue and expand operations.

With the financial help of the Diane and Bruce Halle Foundation, Hoops House will be given the opportunity to impact more lives within the community. It will help them build up the Yuma house, as this location needs the most financial help due to its new establishment. A financial boost would help complete the rent and utility payments.

With your monetary relief, Hoops House will also sustain a more reliable form of transportation for the tenants. As the program continues to expand, so does the demand for improved transportation. The current transportation assets include a 1997 Minivan and another van, which seats nine, for all three of the homes. Fuel and maintenance on the vehicles are the highest active cost. They will use funds to bolster their rent payments and transportation maintenance.



University of Colorado
Colorado Springs

11 Hoops House

7) Total income as reported on your audited financial statements for the most recently completed fiscal year.

Total Revenue	\$380,655
Total Expenses	\$297,602
Total Income	\$83,053

Shandi Hoey, MS-Board Chair President

(Signature/Date)

John Hooper-Executive Director

(Signature/Date)