Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

Open to Public

	artment of t nal Revenu	the Treasury ue Service	► Go to w	/ww.irs.gov/Form	n990 for instru	ctions an	d the latest i	information.		Inspection
Α			endar year, or tax year	beginning			, and e	nding		
В	Check if a	applicable:	C Name of organization	Drifters Hearts	of Hope Inc			D Emplo	yer identific	ation number
	Address	change	Doing business as							
П	Name ch	ange	Number and street (or P.0	D. box if mail is not d	elivered to street a	iddress)	Room/suite	47-21716		
님	Name Ch	ange	PO Box 888					E Teleph	one number	
	Initial retu	urn	City or town		Stat		ZIP code	303-376-	4467	
П	Final return	/terminated	Franktown	Fi	CO		80116 Foreign postal	anda	•	
\Box	A		Foreign country name	Foreign p	rovince/state/coun	ity	roreign postar	G Gro	recents \$	297,054
\sqsubseteq	Amended	return								
	Application	on pending	F Name and address of pri	ncipal officer:				H(a) Is this a group		
			Jacqui Avis PO Box 8	88, Franktown,	CO 80116			H(b) Are a Sub di		
ı	Tax-exer	mpt status:	X 501(c)(3) 501(c) () 	(insert no.)	4947(a)(1)	or 527	If "No " attach	a list. See ins	structions
J	Website	: ► N/A						H(c) Groun exempti	ion number	>
ĸ		organization		Trust Associat	ion Other	>	L Yes	of formation: 20	14 M St	ate of legal domicile: CC
-				7,0000101				20	17	, ,,,
	art l		mmary	n'a mission or r	nost significan	t activities	e Gerc	and Adoption of	f Horses -	Fundraising
ø	1		lescribe the organization			t activities	s	and Adoption of	1101363	I dildialoning
Governance		for Hors	es/Tack Sales from Do	nations/Fundra	sing Events			N		
Ë										
o Ve	2	Check t	his box ▶ ☐ if the o	rganization disc	ontinued its or	perations	d disposed	more than 25	% of its ne	
Ö	3	Numbe	of voting members of	the governing b	ody (Part VI, II	ne 1a)	10 212		3	6
Activities &	4	Numbe	of independent voting	members of the	governing bo	dy (Lart	line 1b) .		4	
iţi	5		mber of individuals em			(Part V,	ne 2a)		5	23
댨	6	Total nu	imber of volunteers (es	timate if necess	ary)				7a	(
⋖			related business rever						7b	
	b	Net unr	elated business taxable	e income from F	orm 990-1, Pa	I, line	1	Prior Yea		Current Year
		مانسه سه م	utions and grants (Dort	\/III lino 1h\		•			139,398	211,68
9	8		utions and grants (Part n service revenue (Par						69,777	84,123
Revenue	9		nent income (Part VIII,						0	(
Re	10	Other	evenue (Part VIII, colur	$mn(\Delta)$ lines 5.4	8c 10c	and 11e)		49,688	-3,85
	12	Total rev	venue—add lines 8 throu	igh 11 (must ea	al Pari (III, colu	mn (A). lir	ne 12)		258,863	291,94
	13	Grante	and similar amounts n	aid (Part IX	(A) lines	1–3)			200,949	245,71
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)								0	
,,	1		s, other compensation, e						0	
Expenses	16a		sional fundraising fees						0	
ă	b	Total fu	ndraising expenses (P	art column (D). line 25) ▶		858			The second of th
Ä	17		expenses (Part IX, colu						26,566	31,04
	18	Total e	kpenses. Add lines 13-	17 (m) st equal	Part IX, colum	n (A), line	25)		227,515	276,76
	19	Reveni	ue less expenses.	ractine 18 fron	n line 12		<u> </u>		31,348	15,18
- S			. ()	1				Beginning of Cur		End of Year
sets	20	Total a	ssets (Part X, the	/					73,389	117,76
Ass	20 Pund Balan 21 22	Total lia	abilities (Fart X, III 26)					0	29,18
Š	문 22	Net as:	sets or und alances.	Subtract line 21	from line 20 .				73,389	88,57
	Part II	Si	gnature lock							
11.	der nene	lties of peril	ny I declare that have exam	ined this return, inclu	iding accompanyin	g schedules	and statement	s, and to the best of r	ny knowledge	9
an	d belief, i	t is true, cor	rect, and complete. Declaration	on of preparer (other	than officer) is bas	sed on all ini	offiation of will	cir preparer has any i	illowiougo.	
S	ign								ate	
	ere		Signature of officer					2	a.c	
			Tong as adal some and co-			V	X. A			
		17	Type or print name and title int/Type preparer's name	;	Preparer's signat	ure	M_{i}	Date	Τ.	PTIN
-	oid	Pr	niv rype preparers name			like.	M/V	la V	Check	
	aid	Ly	nn M Doyle		Lynn M Doyle	YMW	160	7/4/2021	self-empl	
	repare		m's name ► Lynn Mille	er Doyle, CPA	V	H		Firm's El	N ► 50-25	529898
U	se On		rm's address ► 5431 Len		ock, CO 80104	1		Phone no	o. 303-6	688-6761
_	lav tha		use this return with the				s			. X Yes N

TOTAL PROPERTY.	90 (2020)	Drifters Hearts of Hope				47-2	171682	Page 2
Pai	rt III	Statement of Program	n Service Accom	plishments	o in this Dert III			
		Check if Schedule O c		e or note to any lin	e in this Part III .			
1		scribe the organization's m Adoption of Horses - Fund		ck Sales from Donati	ions/Fundraising			
								
2	the prior F	ganization undertake any s form 990 or 990-EZ? escribe these new service:		ervices during the ye		sted on	Yes	X No
3	services?	ganization cease conducti			conducts, any progr	am 	Yes	X No
4	Describe t	the organization's program. Section 501(c)(3) and 50 xpenses, and revenue, if a	service accomplishm 1(c)(4) organizations	are required to repor	three largest progret the amount of sta	services, as m nts and allocation	easured by ns to others,	
4a	Fundraisir) (Expensesing for Horses, Adopting Ou	t Horses, Tack Sales	including grants of \$ from Donations, Fur	ndraising Events) (Revenue \$		
4b	(Code:) (Expenses	; \$	including grants of S				
			3					
4c	(Code:	NEXPAGE	\$	including grants of	\$) (Revenue \$)
4d		ogram services (Describe		¢.	0) (Revenue \$		0)	
4e	(Expense	es \$ (gram service expenses	including grants of	266,931	o) (Nevenue \$		<u> </u>	

4e Total program service expenses

Page 3

Checklist of Required Schedules

Part IV

			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 <i>Schedule B, Schedule of Contributors</i> See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	^	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3	ı	Χ
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
_		*		^
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule Part III	5		Χ
c	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts?			
		6		Х
_	"Yes," complete Schedule D, Part I	•		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		V
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			V
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			V
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in don, c-restricted endowments	40		V
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a	Х	
	Schedule D, Part VI	114	^	
р	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		X
	of its total assets reported in Part X, line 16? If Yes, complete 3 reduite D, Part VII	110		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11c		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	110		
d	Did the organization report an amount for other assets in Part X line 15, that is 5% or more of its total assets	11d		Х
	Topolica III I alexi, into 10: II 100, comprete concession	11e		X
	Did the organization report an amount for other liabilities in vart X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-110		
f	the organization's liability for uncertain tax positions under SIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
	Did the organization obtain separate, independent a lidited financial statements for the tax year? If "Yes," complete			
12a		12a		Х
	Schedule D, Parts XI and XII			
a	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
13	Did the organization maintain an office employees, or agents outside of the United States?	14a		Х
14a	Did the organization have agg egr everenues or expenses of more than \$10,000 from grantmaking,			
D	fundraising, business, 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			
15	for any 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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

ı aı	Checklist of Required Schedules (Continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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			.,
240	employees? If "Yes," complete Schedule J	23		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	Lou		
	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		Χ
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 or ntributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Sociedal De Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former afficer affector, trustee, key	20		
	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 ramily member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
а	Part IV instructions, for applicable filing thresholds, conditions and exceptions): A current or former officer, director, trustee, key employee, create or founder, or substantial contributor? If			
а	If"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? Pes complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organilations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in the cast contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		^
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or d ssolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose or, transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701 3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	- 33		
	III or IV and Part V line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, dia the organization receive any payment from or engage in any transaction with a controlled	254		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) or a nizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	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	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any line in this Fart V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		77000	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	100000000000000000000000000000000000000		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			-
	gaming (gambling) winnings to prize winners?	1c		

orm 99	Drifters Hearts of Hope Inc 47-21	1682	Р	age 5
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		a constant	
	Statements, filed for the calendar year ending with or within the year covered by this return	NOT CONTRACT OF STREET	N. Series	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	3a		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		 ^-
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year:	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c)			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	X	
	and services provided to the payor?	7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or se vices provided?	15	<u> </u>	
С	required to file Form 8282?	7c		X
d				
e	Did the organization receive any funds, directly or indirectly, to lay preniums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?.	7h		
8	Sponsoring organizations maintaining donor advised runds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any lime during the year?	8		
9	Sponsoring organizations maintaining donor adviser funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b	+	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part Vinctine 12, for public use of club facilities		Ton.	
b 11	Section 501(c)(12) organizations. Later:			
a	Gross income from members or shareholders			
b	Gross income from other sources Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt haritable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of the exampt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization accurated to issue qualified health plans in more than one state?	136		
	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of resonres the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand		P	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	148	1	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	141)	
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		X
	If "Yes," see instructions and file Form 4720, Schedule N.		S SOLA	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If "Yes " complete Form 4720. Schedule O.			

Part VI

Secti	on A. Governing Body and Management		-		
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 6			
	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 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			
	any other officer, director, trustee, or key employee?		2		Χ_
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	erso 2	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 991 was	as illed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's	ssets?	5		Χ
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written action by dertake	n during	X SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSO		
-	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	Χ	
9	Is there any officer, director, trustee, or key employee listed in PartVII, Section A, who cannot be r	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		X
Sect	ion B. Policies (This Section B requests information a Jout Policies not required by the	Internal Revenue C	Code.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	ırposes?	10b		
11a	Has the organization provided a complete copy of this Forth 990 to all members of its governing body before	ore filing the form?.	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees aguired to disclose annually interests that could	give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done.		12c		
13	Did the organization have a written whistite lower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appro	oval by			
	independent persons, comparability data and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official.		15a		X
b	Other officers or key employees of the organization		15b		X
-	If "Yes" to line 15a or 15b, assemble the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arran	gement			
	with a taxable entire during the year?		16a		X
b	If "Yes." did the organization follow a written policy or procedure requiring the organization to eval	uate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	eguard			
	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				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 99	0, and 990-T (Section	501(0	;)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that a	oply.			
	Own website Another's website Upon request Other (e	explain on Schedule O			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	s, conflict of interest po	olicy,		
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's	books and records			
	Jacqui Avis	303-376-4467			
	PO Box 888, Franktown, CO 80116				

Form 990 (2020)	Drifters Hearts of Hope Inc									47-217168	32 Page 7
Part VII	Compensation of Officers, Direct	ctors, Trustee	s, K	ey E	mp	oloy	/ees	, H	ighest Comp	ensated	
	Employees, and Independent C	ontractors									
	Check if Schedule O contains a re										
Section A.	Officers, Directors, Trustees, Ke	ey Employees	, and	iH b	ghe	est	Con	ηpe	nsated Empl	oyees	
1a Complete t	his table for all persons required to be li	sted. Report cor	npens	satio	n fo	r th	e cale	enda	ar year ending w	vith or within the	
organization's											
List all of	of the organization's current officers, di	rectors, trustees	(whe	ther	indi	vidu 4	ıals o	r or	ganizations), reg	gardless of amou	unt
	ion. Enter -0- in columns (D), (E), and (F of the organization's current key emplo						lefinit	ion	of "key employe	e "	
List the	organization's five current highest com	pees, if any. See	vees	oth)	er th	nan	an of	fice	r, director, truste	ee, or key employ	yee)
who received	reportable compensation (Box 5 of Forr	n W-2 and/or Bo	x 7 o	f For	m 1	099	-MIS	C) (of more than \$10	0,000 from the	
organization a	and any related organizations.										
• List all	of the organization's former officers, ke eportable compensation from the organi	y employees, an	d high	nest	com	npei zatio	nsate ons.	d e	mployees who re	ecented more that	an
♣ List all	of the organization's former directors o	or trustees that	receiv	ed. i	n th	e c	apaci	tv a	s a former direc	tor or trustee of t	the
organization,	more than \$10,000 of reportable compe	nsation from the	orga	niza	tion	and	any	rela	ded organization	ns.	
See instructio	ns for the order in which to list the person	ons above.									
X Check th	is box if neither the organization nor any	related organiz	ation	com	pen	sate	ed an	у	rrent of cer, dir	ector, or trustee.	
					(C))					
	(A)	(B)	(do n		Posit		than o		(D)	(E)	(F)
	(A) Name and title	Average	box,	unless	s pers	son i			Reportable compensation	Reportable compensation	Estimated amount of other
		hours per week		r and	o l		D I	Ale	from the	from related	compensation
		(list any hours for	Individual ⁴ or director	Sillu	2	e .	mes	rmei	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
		related	ual			1	8 8				related organizations
		organizations below	ustee	4		/ee	nper				
		dotted line)	8	stee		1	est compensated			×	
			V	-	\dashv	-	Ď.				
(1) Jacqui	Avis	40.00 40 <u>.0</u> 0	X		x				0	0	0
President		40.00	^	\vdash	^				0	0	
(2)		*.									
(3)											
(4)											
7:2											
(5)	1		-		39						
(6)	X										
(7)											
			-	-							
(8)	V)		-	1							

Martin and Company of the Company	90 (2020)	Drifters Hearts of Hope Inc									171682	Page 8
Pa	rt VII	Section A. Officers, Directors,	Trustees, Key Em	ploye	es,	and	d Hig	ghest	Compensated En	ployees (con	tinued)	
		(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box,	unles er an	Pos neck ss pe	rson lirecto	than on a both that is both a both that is both the is employee	n Reportable	(E) Reportable compensation from related organizations (W-2/1099-MISO	co C) orga	(F) mated amount of other mpensation from the anization and d organizations
(15)			dotted line)	0	e			sated				
										3		
(19)								7				
(20)							-		2			
(21)					*							
(22)				1								
(23)				V								
(24)												
(25)			•									
1b											0	0
c d		n continuation sheets to Part V d lines 1b and 1c).							•		0	0
2	Total num	ber of individuals (including but needompensation from the organize	ot imited to those li	sted	abov	ve) v	who	receiv	red more than \$10	0,000 of		Yes No
3	employee	rganization list any former office e on line 1a? <i>If "Yes," comblete</i> \$	chedule J for such ir	ndivia	lual						3	X
4	For any ir the organ individual	ndividual listed on line 16 listhes ization and related diganizations	greater than \$150,0	000?	If "Y	es, '	' cor	other of the other	Schedule J for suc	n ch 	4	X
5	Did any p	person lister on line 1a receive or es rendered to the organization?	accrue compensations of "Yes," complete S	on fro	om a lule	ny i J fo	unre <i>r su</i>	elated o	organization or ind son	ividual 	5	X
Sec	tion B. Inc	lependent Contractors										
1	Complete compens	e this table for your five highest coation from the organization. Repo	ompensated indeper ort compensation for	the o	cor	ntrac nda	ctors r yea	s that r ar end	eceived more than ing with or within th	ne organization		
		(A) Name and busines	s address						(B) Description of se	ervices		(C) ensation
												(
												(
							_					(
										2000		C
2		nber of independent contractors (n \$100,000 of compensation from			o th	ose	liste	ed abo	ve) who received 0			

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or	note to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
क क		Federated campaigns	1a	0			- Charles of the Charles	
ran		Membership dues	1b	0				
ည် ဧ		Fundraising events	1c	0				
r F	d	Related organizations	1d	0				
o, i⊑	е	Government grants (contributions)	1e	0				Control of the Contro
Sin	f	All other contributions, gifts, grants, and				area area		The Landson
uti je ti		similar amounts not included above	1f	211,681				
등 분	g	Noncash contributions included in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a–1f	1g	\$ 0				English of the State of the Sta
9 0	h	Total. Add lines 1a-1f			211,681	1		
				Business Code				
ا يَو		Adoption Fees		111000	69,98	69,985		
e P		Boarding		111000	7,12	7,125		
n S		Tack/T-shirts/Misc Sales		111000	7,013	7,013		
Program Service Revenue	d				0			
	e	All other program convice revenue						
Δ.	,	All other program service revenue			0/1-2			
	<u>g</u> 3	Total. Add lines 2a–2f			94, TZ3			
	3	other similar amounts)			0			
	4	Income from investment of tax-exempt bon			0			
	5	Royalties	•		0			
		(i) Rea	al	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b						CONTRACTOR SET OF
	C	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)		>	0			
	7a	Gross amount from (i) Securi	ties	mer				
		sales of assets						
		other than inventory	0	0				
Other Revenue	b	Less: cost or other basis	1					ALL CONTRACTOR OF THE PARTY OF
Š.	_	and sales expenses		0		Carried Street, Street		
R.			U		0			
Jer	d 8a	Net gain or (loss)	· ·					
5	oa	events (not including \$						
		of contributions reported on the 1c				SOME PARTY OF THE		A STATE OF THE STA
		See Part IV, line 18	8a	1,250		A CONTRACTOR OF THE PARTY OF TH	AND DESCRIPTION OF THE PARTY OF	
	b	Less: direct expenses	8b	5,105				
	С	Net income or (loss) from unaraising even	ts.	<u>, , , , , , , </u>	-3,855	100 March 1997		
	9a	Gross income from gaming activities.						
		See Part IV, see 17	9a	0				
	b	Less: direct expenses	9b	0				
		Net income or (loss) from gaming activities	<u> </u>		0			
	10a	Gross sales of inventory, less	100					
	h	returns and allowances	10a 10b					
	b	Net income or (loss) from sales of inventor			0			
		140t modifie of (1000) from sales of filveritor	1	Business Code				
Miscellaneous Revenue	11a				0			
nu	b				0			
cellaneo	С				0			
isc R	d	All other revenue			0			
Σ	е	Total. Add lines 11a-11d			0		A LANGE TO SERVICE	
	12	Total revenue. See instructions			291,949	84,123	O	0

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		· · · · <u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				"我们是'八 "在"人
	domestic governments. See Part IV, line 21	2,877	2,877		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	242,842	242,842	ACT SAFETY OF SA	
3	Grants and other assistance to foreign				The second secon
	organizations, foreign governments, and foreign			A Control of the Cont	
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			22
5	Compensation of current officers, directors,				
	trustees, and key employees	0	4	0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes				
11	Fees for services (nonemployees):	* .			
а	Management	0	•		
b	Legal	1	•		
С	Accounting	5,498	2,747	2,746	0
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0		0	100
12	Advertising and promotion	1,480	493	494	493
13	Office expenses	4,954	0	4,954	0
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	3,031	3,031	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0		0	0
20	Interest	1,548	1,548	0	0
21	Payments to affiliates	0			0
22	Depreciation, depletion, and amortzation	5,968	5,968	0	- 0
23	Insurance	4,405	4,405		
24	Other expenses. Itemize expenses not covered				
	above (List miscelleneous expenses on line 24e. If	STATE OF THE PARTY			
	line 24e amount exchaus 10% of line 25, column				
	(A) amount, list line 24e penses on Schedule O.)	10.010	40.040	0	0
а	Barn/Arena Maintenance	10,843			365
b	Licenses/Postage	1,461			0
С	Bank/Merchant Fees	590		0	0
d	Insurance Claim Refund	-8,728		0	
е	All other expenses	070.704		8,975	858
25	Total functional expenses. Add lines 1 through 24e	276,764	266,931	0,975	000
26	Joint costs. Complete this line only if the	3			
	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)				

PERSONAL PROPERTY.	990 (20				4	7-2171682 Page 11
Pa	rt X		note to any line in this Da	+ v		
		Check if Schedule O contains a response or	note to any line in this Par		· · ·	
				(A) Beginning of year		(B) End of year
—-т		Oach and interest baseline			1	82,542
	1	Cash—non-interest-bearing		. 00,002	2	02,042
	2	Savings and temporary cash investments			3	0
- 1	3	Pledges and grants receivable, net			4	0
1	4	Accounts receivable, net				article and a second of the se
	5	trustee, key employee, creator or founder, subs	tantial contributor or 35%			
		controlled entity or family member of any of the		8	5	
	•	Loans and other receivables from other disqualif				
	6	under section 4958(f)(1)), and persons describe		0	1	The state of the s
S	_	Notes and loans receivable, net			7	0
Assets	7			0	8	
As	8	Inventories for sale or use		0	9	
	9	Land, buildings, and equipment: cost or	i i i i i i i i i i i i i i i i i i i			
	10a	other basis. Complete Part VI of Schedule D	10a 42,7	742		
	b	Less: accumulated depreciation	10b 7,5		10c	35,219
	11	Investments—publicly traded securities		0		0
	12	Investments—other securities. See Part IV, line			0	
	13	Investments—program-related. See Part IV, lin	0		0	
	14	Intangible assets	0		0	
	15	Other assets. See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equ		73,389	16	117,761
	17	Accounts payable and accrued expenses		0	17	29,187
	18	Grants payable	. 0	18		
	19	Deferred revenue		. 0	19	
	20	Tax-exempt bond liabilities		0	20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D	. 0	21	
S	22	Loans and other payables to any current or for	mer officer, director,			
≝		trustee, key employee, creator or founder, subs	antia controutor, or 35%			
Liabilities		controlled entity or family member of any of the	ese persons		_	
Ë	23	Secured mortgages and notes payable to unre	late third parties	. <u>C</u>	_	C
	24	Unsecured notes and loans payable to unrelate	d third parties	. 0	24	С
	25	Other liabilities (including federal income cax,	ayables to related third			
		parties, and other liabilities not included an line	17–24). Complete			
		Part X of Schedule D				00.40
	26	Total liabilities. Add lines 17 through 28		. C	26	29,187
S		Organizations that follow FASE ASO 58, ch	neck here 🕨 🔃			
ũ		and complete lines 27, 28, 3, and 33.				
<u>a</u>	27	Net assets without donor restrictions		(
B	28				28	
Ĕ		Organizations that do not follow FASB ASC	958, check here ► X			
T.		and complete lines 29 through 33.				
S O	29	Capital stock struct principal, or current funds	3	. (
set	30	Paid-in or capital purplys, or land, building, or	equipment fund	72.200	_	
As	31	Retained earnings, endowment, accumulated				88,574 88,574
Net Assets or Fund Balances	32	Total net assets or fund balances				117,761
	33	Total liabilities and net assets/fund balances .		/ 3,308	33	Form 990 (2020

orm 99	90 (2020) Drifters Hearts of Hope Inc	47	7-2171682	Page	12
Part				-	_
	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		291,	949
2	Total expenses (must equal Part IX, column (A), line 25)	2		276,	764
3	Revenue less expenses. Subtract line 2 from line 1	3		15,	185
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		73,	389
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3				
	column (B))	10		88	574
Part	XII Financial Statements and Reporting	•		-	
	Check if Schedule O contains a response or note to any line in this Part XII			. L	
-				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Accrual Accrual				
	If the organization changed its method of accounting from a prior year or checked "Othe," explain in				
	Schedule O.		No. of Concession, Name of Street, or other particular and the str		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements or the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process of selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
•	the Single Audit Act and OMB Circular A-133?		. 3a		Χ
b	If "Yes." did the organization undergo the required sudit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Scheaule 2 and describe any steps taken to undergo such audits.		3b		
			Form	990	(2020)
	X \				
	()				
	. (/)				

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.

OMB No. 1545-0047 2020

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

		ne organization					Employer identification	n number	
		Hearts of Hope Inc					47-2171682		
Pa		Reason for Public Char	rity Status. (All or	rganizations must co	omplete	this part.	See instructions.		
1 ne	Orga	anization is not a private foundat A church, convention of church	tion because it is: (F es, or association o	for lines 1 through 12, f churches described i	check onl n section	y one box 170(b)(1)	.) (A)(i).		
2		A school described in section					. ,,,,		
3		A hospital or a cooperative hos		·		, ,	i)		
4		A medical research organizatio hospital's name, city, and state	n operated in conjur				•	nter the	
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 govern	ment or governmen	ital unit described in s e	ection 170	D(b)(1)(A)((v).		
7		An organization that normally redescribed in section 170(b)(1)	eceives a substantia (A)(vi). (Complete P	al part of its support fro Part II.)	m a gove	rnmental ı	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organiz or university or a non-land-granuniversity:	zation described in s	section 170(b)(1)(A)(ix	() operate	d in conjur name, city	nction with a land-gray, and state of the co	ant college llege or	
10	X	An organization that normally receipts from activities related t support from gross investment acquired by the organization af	to its exempt functio income and unrelate	ns—subject to certain ed business taxable in	exception come (les	ns, and (2)	no more than 33 1/3 511 tax) from busine	3% of its	
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See se	ection 509	9(a)(4).		
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	9(a)(1) or	section 50	09(a)(2). See section	n 509(a)(3).	
а	[Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regu	larly appoint or elect a	oy its supp majority o	oorted orga of the direa	anization(s), typically ctors or trustees of th	by giving ne supporting	
b		Type II. A supporting organization(s). You must c	e supporting organi	zation vested in the sa	on with its ame perso	s supporte ons that co	d organization(s), by ntrol or manage the	having supported	
С		Type III functionally integra	ated. A supporting of	organization operated i	n connect	ion with, a	and functionally integ	rated with,	
d	ı	its supported organization(s) Type III non-functionally in						onization(s)	
u	ı	that is not functionally integr	ated. The organizat	ing organization opera ion generally must sati	isfv a distr	ibution re	guirement and an at	tentiveness	
		requirement (see instruction	s). You must comp	lete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the organiz					Type I, Type II, Type	e III	
f		functionally integrated, or Ty Enter the number of supported			-			0	
g		Provide the following information	-	ed organization(s)					
		Name of supported organization	(ii) EIN	(iii) Type of organization		organization		(vi) Amount of	
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									

Drifters Hearts of Hope Inc 47-2171682 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II Page 2 (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) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 0 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3 0 0 0 0 0 0 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) Public support. Subtract line 5 from line 4 0 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Amounts from line 4 0 0 0 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 Total support. Add lines 7 through 10. . 11 0 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 0.00% 0.00% 16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 b 10%-facts-and-circumstances test—2019. 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

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

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.)

Se	ction A. Public Support			on, piedee com	picte i ait ii.)		
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees			(-/	(4) 2010	(6) 2020	(I) IUIAI
	received. (Do not include any "unusual grants.")	69,298	69,174	118,501	139,398	211 601	000.050
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the		33,	110,001	139,390	211,681	608,052
•	organization's tax-exempt purpose	95,235	108,529	176,425	175,903	85,373	641,465
3	Gross receipts from activities that are not an						011,100
	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						
6	Total. Add lines 1 through 5	164,533	177,703	294,926	315,301	207.054	0
7a	Amounts included on lines 1, 2, and 3	,	177,700	234,320	315,301	297,054	1,249,517
	received from disqualified persons						
b	Amounts included on lines 2 and 3						0
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	0	0	0			0
8	Public support (Subtract line 7c from		U	0	0	0	0
	line 6.)						
Sec	tion B. Total Support						1,249,517
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(6) Takal
9	Amounts from line 6	164,533	177,703	294,926	315,301	297,054	(f) Total
10a	Gross income from interest, dividends,		,,,,	201,020	010,001	297,034	1,249,517
	payments received on securities loans, rents,	4					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						0
	section 511 taxes) from businesses				İ		
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0 0
11	Net income from unrelated business		9		- 0	- 0	0
	activities not included in line 10b, whether	*					
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						0
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	164,533	177,703	294,926	315,301	297,054	1,249,517
14	First 5 years. If the Form 990 is for the organ	nization's first, seco	nd, third, fourth, or	fifth tax year as a s	section 501(c)(3)		1,210,011
	organization, check this box and stop here.						▶ □
	tion C. Computation of Public Sup	port Percentag	ge				
15	Public support percentage for 2020 (line 8, co	lumn (f), divided by	line 13, column (f))		15	100.00%
16	Public support percentage from 2019 Schedu	le A, Part III, line 15	5			16	0.00%
Sec	tion D. Computation of Investment	Income Perce	entage				0.0070
7	Investment income percentage for 2020 (line	10c, column (f), div	ided by line 13, co	lumn (f))		17	0.00%
8	Investment income percentage from 2019 Sch	nedule A, Part III, lir	ne 17			18	0.00%
9a	33 1/3% support tests—2020. If the organize	ation did not check	the box on line 14	and line 15 is mor	e than 33 1/3%, a	nd line 17 is	2.0070
	not more than 33 1/3%, check this box and st	op here. The organ	nization qualifies as	s a publicly support	ted organization.		> X
b	33 1/3% support tests—2019. If the organization	ation did not check	a box on line 14 or	line 19a, and line	16 is more than 33	3 1/3%, and	
	line 18 is not more than 33 1/3%, check this b	ox and stop here.	The organization q	ualifies as a public	ly supported orgar	nization	▶ 🗌
0	Private foundation. If the organization did no	ot check a box on lir	ne 14, 19a, or 19b,	check this box and	d see instructions.		▶ 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- Bid 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 line 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		
Ja		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
	100	1
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Sched	ule A (Form 990 or 990-EZ) 2020 Drifters Hearts of Hope Inc	47-2171682	F	Page 5
ı aıı	Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b a	and		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11h	_	
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, p	rovide		
Coot	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
1	Did the governing body members of the governing body of the governing body for the state of the governing body members of the governing body of the governing body for the governing body of the governing body of the governing body of the governing body for the governing body of the gove		Yes	No
•	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of the organization of the orga	ne or	77	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s	fficers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one	ounnerted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated am	ong 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		10,0	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in F	art art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sect	supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations	2		
	ish of type in supporting organizations		V	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	ors	Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contr	ol		
	or management of the supporting organization was vested in the same persons that controlled or manage	∍d		
Coot	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of th		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the	e prior tox		
	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 provide	ded?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	ted		NEW T
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part	VI how		
•	the organization maintained a close and continuous working relationship with the supported organization((s). 2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations has a similar to a similar to the organization of the relationship described in line 2, above, did the organization's supported organizations has a similar to the organization of the relationship described in line 2, above, did the organization's supported organizations has a similar to the organization of the relationship described in line 2, above, did the organization's supported organizations has a similar to the organization of the relationship described in line 2, above, did the organization's supported organizations has a similar to the organization of the relationship described in line 2, above, did the organization's supported organization or the organization of the relationship described in line 2, above, did the organization or the organization of the relation of the	ıve		
	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		
Secti	ion 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 ye	ar (see instruction:	s)	
а	The organization satisfied the Activities Test. Complete line 2 below.	(000111011101101101101101101101101101101	-,.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ntal entity (see instructi	ions).	
2	Activities Test. Answer lines 2a and 2b below.	[No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	s of	100	140
	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 purpos	es,		
	how the organization was responsive to those supported organizations, and how the organization determined to the control of th	ned		
h	that these activities constituted substantially all of its activities.	2a	0.0000000000000000000000000000000000000	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvements of the organization's supported organization (s) would have been appeared in 2 fs "Year" and the	nt,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain Part VI the reasons for the organization's position that its supported organization(s) would have engaged	n in		
	these activities but for the organization's involvement.	NAME OF THE PARTY		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2b		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of	of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this rega	ard. 3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (Organ	nizations	2171002 Page 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying	na trus	at on Nov 20, 1970 (evaluin	in Part VI) See
instructions. All other Type III non-functionally integrated supporting orga	nizatio	ons must complete Sections	s A through F
Section A - Adjusted Net Income			(B) Current Year
		(A) Prior Year	(optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	0	0
6 Portion of operating expenses paid or incurred for production or collection of	1		
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	0	0
Section B - Minimum Asset Amount			(B) Current Year
		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see			(optional)
instructions for short tax year or assets held for part of year):			
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	0	0
e Discount claimed for blockage or other factors		Waster and the same of the sam	
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount		THE RESERVE	Current Year
			Current real
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2	Ken attack Barrier	0
Minimum asset amount for prior year (from Section B, line 8, column A)	3	CAPTER DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE PA	0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5	A STATE OF THE PARTY OF THE PAR	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting o	rganization (see
instructions).			

Pari	Type III Non-Functionally Integrated 509(a)(2) C		17-2171682 Page 7
	Type III Non-Functionally Integrated 509(a)(ion D - Distributions	3) Supporting Organ	izations (continued)	
				Current Year
1	e deposited organizations to accomplish ex	kempt purposes		
	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	d	
	organizations, in excess of income from activity			
3	to accomplish exempt purpo	ses of supported organiz	ations	
4				
<u>5</u>	— training of delac diffeditts (prior into approval required—	-provide details in Part V	(I)	
7	and the describe in I art VI). See instructions.			
8	The service of the se			0
·	and the state of the supported organizations to which	the organization is respo	nsive	
0	(provide details in Part VI). See instructions.			
9	The distribution of the first the control of the co			0
10	Line 8 amount divided by line 9 amount	1		0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required—explain in Part VI). See			
	instructions.	THE THE PARTY OF		
3	Excess distributions carryover, if any, to 2020	"我"一张,也 有	A THE PARTY OF THE PARTY	
a		Hard mit they then t		
b	From 2016	THE THE TWO DAY	45 16 16 16	
С	From 2017	THE REPORT OF THE PARTY OF THE	FAT ALLEMAN	
d		在一颗。 		No. of the latest the
е	From 2019			
f	Total of lines 3a through 3e	0	WE WILL SEE THE SECTION OF THE SECTI	
g	Applied to underdistributions of prior years	British The The	0	Control of the Control
h	Applied to 2020 distributable amount	The state of the s		0
i	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from	AND THE PARTY OF T		
	Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2020 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		The Third Park
5	Remaining underdistributions for years prior to 2020, if	THE REAL PROPERTY OF THE PARTY		The state of the s
	any. Subtract lines 3g and 4a from line 2. For result	AND THE PARTY OF T		
	greater than zero, explain in Part VI. See instructions.		0	Mary Transport
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.	A CONTRACT OF STREET		0
7	Excess distributions carryover to 2021. Add lines 3j			
_	and 4c.	0		
8	Breakdown of line 7:			7.5
a	Excess from 2016			
b	Excess from 2017 0	* 1		
C	Excess from 2018 0		The state of the s	
<u>d</u>	Excess from 2019 0	MANA TELEFORM		
е	Excess from 2020 0			

	orm 990 or 990-EZ) 2020	Drifters Hearts of Hope Inc	47 0474000
Part VI	Supplemental Info	rmation. Provide the explanations required by Part II, line 10: Boot II, line 17:	47-2171682 Page 8
	III, line 12; Part IV. S	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV	or 1/b; Part
	B. lines 1 and 2: Pa	rt IV Section C. line 1: Part IV Continue D. Visco S. C. Ta, 11D, and 11C; Part IV	, Section
	3a and 3b: Dort V 1	rt IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line	s 1c, 2a, 2b,
	lines 2 5 and 6 Ala	ine 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V	, Section E,
-	inles 2, 5, and 6. Als	so complete this part for any additional information. (See instructions.)	

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

OMB No. 1545-0047

2020

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

Name of the organization
Drifters Hearts of Hope Inc

Employer identification number 47-2171682

Organ	zation type (check one	47-217 1082				
Organ	organization type (check one).					
Filers	of:	Section:				
Form 9	90 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 9	90-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		vered by the General Rule or a Special Rule.				
Note: ((8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
IIIStruct	ioris.					
Genera	l Rule					
X	For an organization filir or more (in money or prontributor's total contributor's	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a ibutions.				
Specia	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 2 Name of organization Employer identification number Drifters Hearts of Hope Inc 47-2171682 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution ASPCA Grant Person 1___1 Not Available Payroll Franktown CO 80116 40,000 Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (b) (d) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. REenergizeCO Person 2 **Payroll** Not Available Noncash \$ 9,225 Franktown CO 80116 Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country: (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Colorado Unwanted Horse Alliance 3 **Payroll** Not Available \$ 18,500 Noncash Franktown CO 80116 Foreign State or Province: (Complete Part II for noncash contributions.) Foreign Country: (c) (d) (b) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Bushong Family 4 Payroll Not Available Noncash Franktown CO 80116 20,000 (Complete Part II for Foreign State or Province: noncash contributions.) Foreign Country: (d) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Harmony Equine Center 5 Payroll Not Available Noncash \$ 5,000 Franktown CO 80116 (Complete Part II for Foreign State or Province: noncash contributions.) Foreign Country: (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Karlene Schenk 6 Payroll Not Available Noncash Franktown CO 80116 10,400 \$

Foreign State or Province:

Foreign Country:

(Complete Part II for

noncash contributions.)

Name of org	ganization	Employer identification number	
Drifters He	earts of Hope Inc	47-2171682	
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is	
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
7	Jennifer Baldwin Not Available Franktown CO 80116 Foreign State or Province: Foreign Country:	\$ 5,000	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Drifters Hearts of Hope Inc

Employer identification number
47-2171682

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if 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			
		\$				

Name of org	ganization arts of Hope Inc			Employer identification number		
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
Part I						
		(e) Transfe	r of gift			
	Transferee's name, address, and 2	ZIP + 4	Relationshi	p of transferor to transferee		
(a) No.	For. Prov. Country					
from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and 2		Relationship of transferor to transferee			
	For. Prov. Country					
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held		
		(a) Transfer				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer					
	Transletee's flame, address, and a		Relationsiii	or transferor to transferee		
(a) No.	For. Prov. Country					
from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held		
		(e) Transfe	r of gift			
	Transferee's name, address, and 2	IP + 4	Relationshi	o of transferor to transferee		
				,		
	For. Prov. Country		Markon anno Markon de Company			

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. Employer identification number

OMB No. 1545-0047

2020

Open to Public Inspection

Name o	f the organization	Employer identification number		
Drifter	s Hearts of Hope Inc		47-2171682	
Part	Organizations Maintaining Donor	Advised Funds or Other Similar Fu	nds or Accounts.	
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
4	Did the organization inform all donors and dor	nor advisors in writing that the assets held	n donor advised	
5	funda are the organization's property subject	to the organization's exclusive legal contro	17	
c	Did the organization inform all grantees dong	irs, and donor advisors in writing that grant	fullus cari be useu	
6	only for charitable purposes and not for the be	enefit of the donor or donor advisor, or for a	any other purpose	
	conferring impermissible private benefit?		Yes No	
Part	Conservation Easements.	rod "Vos" on Form 990 Part IV line 7		
	Complete if the organization answer	red "Yes" on Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held b	by the organization (check all that apply).	on of a historically important land area	
	Preservation of land for public use (for exam	, , , ,		
	Protection of natural habitat	Preservati	on of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contributi	on in the form of a conservation	
2	easement on the last day of the tax year.		Held at the End of the Tax Year	
_	Total number of conservation easements		2a	
a	Total acreage restricted by conservation ease	ements	2b	
b	Number of conservation easements on a cer	tified historic structure included in (a)	2c	
С	Number of conservation easements included	in (c) acquired after 7/25/06, and not on a		
d				
•	Number of conservation easements modified	transferred, released, extinguished, or te	rminated by the organization during	
3		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	the tax year Number of states where property subject to o	conservation easement is located		
4	Does the organization have a written policy r	regarding the periodic monitoring, inspection	n, handling of	
5	· · · · · · · · · · · · · · · · · · ·	ion easements it holds (
_	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcin	g conservation easements during the year	
6				
_	Amount of expenses incurred in monitoring, insp	acting handling of violations, and enforcing col	nservation easements during the year	
7		ecting, handling of violations, and emercing		
	Does each conservation easement reported	an line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)(i)	
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	Yes No	
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization re		ue and expense statement and	
9	In Part XIII, describe how the organization rebalance sheet, and include, if applicable, the	to the fact note to the organization's fi	nancial statements that describes the	
	organization's accounting for conservation or till Organizations Maintaining Colle	estions of Art Historical Treasures.	or Other Similar Assets.	
Pa				
1a	If the organization elected, as permitted und works of art, historical treasures, or other si	miles assets held for public exhibition, educ	cation, or research in furtherance of	
	works of art, historical treasures, or other si	fillal assets field for public exhibition, said	at describes these items.	
	public service, provide in Part XIII the text o	TITLE TOOLINGE TO ITS INTAINCIAL STATEMENTS THE	statement and balance sheet	
ı	public service, provide in Part XIII the text of the lift the organization elected, as permitted unc	der FASB ASC 956, to report in its revenue	cation or research in furtherance of	
	works of art historical treasures, or other si	milar assets neid for public exhibition, code	Sation, or recognism measures	
	" D included on Form 000 Part VI	II line 1	▶ \$	
2	If the organization received or held works of	fart, historical treasures, or other similar a	3000 101 111101101011 3 1	
_				
		ino 1	· · · · · · · · · · · · · · · · · · ·	
	 Revenue included on Form 990, Part VIII, I Assets included in Form 990, Part X 		Schedule D (Form 990) 2020	
			Schedule D (1 Still 900) 202	

Sched	ale D (Form 990) 2020 Drifters Hearts of Hope	o Inc				47-21716	202	-	?
	III Organizations Maintaining Col		Hieto	rical Tres	sures or Othe	CONTRACTOR OF THE PROPERTY OF	CHARLES STORY OF THE SAME	-	Page 2
3	Using the organization's acquisition, access								
•	collection items (check all that apply):	ooron, and ouron	000.40,	oncon any	or are renewing ar	at mano oigimount c			
а	Public exhibition		d	Loan or	exchange progran	1			
				Other					
b	Scholarly research		e] Other _					
С	Preservation for future generations								
4	Provide a description of the organization's XIII.	collections and	explain h	ow they fu	rther the organiza	tion's exempt purpos	e in Pa	ırt	
5	During the year, did the organization solici assets to be sold to raise funds rather than	n to be maintaine	ations of ed as par	art, historic t of the org	al treasures, or ot anization's collect	her similar ion?	Ye	s 🗌	No
Part	Escrow and Custodial Arrange Complete if the organization ans 990, Part X, line 21.		Form !	990, Part	IV, line 9, or rep	orted an amount	on For	m	
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?						Ye	es 🗌	No
b	If "Yes," explain the arrangement in Part X	(III and complete	the follo	wing table:					
						A	mount		
С	Beginning balance				· · · · · -	1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			0
2a	Did the organization include an amount or	n Form 990, Part	X, line 2	1, for escre	ow or custodial ac	count liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Part >	(III. Check here i	f the exp	lanation ha	as been provided o	on Part XIII			
Part									
	Complete if the organization ans	wered "Yes" o	n Form	990. Part	IV, line 10.				
		(a) Current year		rior year	(c) Two years back	(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	0		0		0)		0
2	Provide the estimated percentage of the	current year end	balance	(line 1g, co	olumn (a)) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment ► %						1		
	The percentages on lines 2a, 2b, and 2c	should equal 100)%.						
3a	Are there endowment funds not in the po			ion that are	held and adminis	tered for the			
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related orga	inizations listed a	s require	ed on Sche	dule R?		3b		
4	Describe in Part XIII the intended uses of	f the organization	's endow	vment fund	S				
_	VI Land, Buildings, and Equipme								
	Complete if the organization one			000 0-4	N/ line 44e Co	- Form OOO Bort	V line	10	

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	3,620	1,454	2,166
С	Leasehold improvements	0	0	0	0
d	Equipment	0	39,122	6,069	33,053
e	Other	0	0	0	0
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	column (B), line 10c.)		35,219

ete if the organization answered " cription of security or category cluding name of security) ves	(b) Book value 0 0	(c) Method of Cost or end-of-ye	of valuation: ear market value n 990, Part X, line 13. of valuation:
equal Form 990, Part X, col. (B) line 12.) . ments—Program Related. ete if the organization answered	0 0 0 Yes" on Form 990,	Part IV, line 11c. See Form	n 990, Part X, line 13.
equal Form 990, Part X, col. (B) line 12.) . ments—Program Related. ete if the organization answered "	0 0 Yes" on Form 990,	Part IV, line 11c. See Form	of valuation:
equal Form 990, Part X, col. (B) line 12.) . ▶ ments—Program Related. ete if the organization answered "	0 Yes" on Form 990,	Part IV, line 11c. See Form	of valuation:
equal Form 990, Part X, col. (B) line 12.) . ▶ ments—Program Related. ete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Forn	of valuation:
equal Form 990, Part X, col. (B) line 12.) . ▶ ments—Program Related. ete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Forn	of valuation:
equal Form 990, Part X, col. (B) line 12.) . ▶ ments—Program Related. ete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Forn	of valuation:
equal Form 990, Part X, col. (B) line 12.) . ▶ ments—Program Related. ete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Forn	of valuation:
equal Form 990, Part X, col. (B) line 12.) . ▶ ments—Program Related. ete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Forn	of valuation:
equal Form 990, Part X, col. (B) line 12.) . ▶ ments—Program Related. ete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Forn	of valuation:
equal Form 990, Part X, col. (B) line 12.) . ▶ ments—Program Related. ete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Forn	of valuation:
equal Form 990, Part X, col. (B) line 12.) . ▶ ments—Program Related. ete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Forn	of valuation:
ments—Program Related. ete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Forn	of valuation:
ments—Program Related. ete if the organization answered "		(c) Method (of valuation:
ete if the organization answered "		(c) Method (of valuation:
		(c) Method (of valuation:
		Cost of end-oi-y	ear market value
	the state of the s		
equal Form 990, Part X, col. (B) line 13.) . ▶	0		
Assets.			000 D 134 E 45
		Part IV, line 11d. See Fort	
(a) Descri	ption		(b) Book value
	24		
must equal Form 990, Part X, col. (B) li	ine 15.)		>
Liabilities.			
lete if the organization answered '	"Yes" on Form 990,	Part IV, line 11e or 11f. Se	ee Form 990, Part X,
5.			(h) Peek value
	tion of liability		(b) Book value
taxes			
must equal Form 990 Part X col (B) I	ine 25.) .		>
	must equal Form 990, Part X, col. (B) Interest in taxes must equal Form 990, Part X, col. (B) Interest in taxes must equal Form 990, Part X, col. (B) Interest in taxes	tete if the organization answered "Yes" on Form 990, (a) Description must equal Form 990, Part X, col. (B) line 15.) Liabilities. lete if the organization answered "Yes" on Form 990, 5 (a) Description of liability taxes must equal Form 990, Part X, col. (B) line 25.) ain tax positions. In Part XIII, provide the text of the footnote to the	must equal Form 990, Part X, col. (B) line 15.) Liabilities. lete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. Sec. (a) Description of liability

Schedule D (Fo	rm 990) 2020	Drifters Hearts	of Hope Inc		47-2171682	Page 5
Part XIII	Suppleme	ental Informati	on (continued)			

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2020 Open to Public

OMB No. 1545-0047

Employer identification number Name of the organization 47-2171682 Drifters Hearts of Hope 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations a Solicitation of government grants f Internet and email solicitations b Phone solicitations Special fundraising events С In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (or retained by) fundraiser listed in (iv) Gross receipts (i) Name and address of individual (or retained by) (ii) Activity custody or control of from activity or entity (fundraiser) organization contributions? col. (i) No Yes 1 0 0 0 2 0 0 0 3 0 0 0 0 0 0 5 0 0 6 0 0 0 0 0 0 8 0 0 0 9 0 0 0 10 0 0 0 0 0 Total 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.

47-2171682 Page **2** Schedule G (Form 990 or 990-EZ) 2020 Drifters Hearts of Hope Inc Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (d) Total events (add col. (a) through (a) Event #1 Art to The Rescue Deck The Stalls col. (c)) (total number) (event type) (event type) Revenue 0 1,250 1,250 0 Gross receipts 0 0 2 Less: Contributions . . . Gross income (line 1 minus 1,250 0 1,250 line 2). 0 0 4 Cash prizes 0 Noncash prizes 0 Direct Expenses Rent/facility costs 0 Food and beverages . . . 0 Entertainment 5,105 <u>2,</u>268 1,482 1,355 Other direct expenses . . 5,105) Direct expense summary. Add lines 4 through 9 in column (d) -3,855 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add col. (a) through col. (c)) (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo bingo/progressive bingo 0 Gross revenue. 0 Direct Expenses Cash prizes 0 Noncash prizes 0 Rent/facility costs Other direct expenses Yes Yes % Yes No No Volunteer labor 0) Direct expense summary. Add lines 2 through 5 in column (d) 0 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities:

If "No," explain:

If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . Yes

Sched	ule G (Form 990 or 990-EZ) 2020 Drifters Hearts of Hope Inc	47-	2171682	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[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:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books at records:	nd		
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming	r		_
	revenue?		Yes _	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigsep\$ \$ 0 and the amount of gaming revenue retained by the third party \$\bigsep\$ \$ 0			
С	If "Yes," enter name and address of the third party:			
	Nama 🏲			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	ſ	- , , ,	٦
	retain the state gaming license?		Yes	No
b	spent in the organization's own exempt activities during the tax year \$	1		0
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	ns (iii) a al infori	and (v); a mation.	nd
	See instructions.			

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Open to Public 2020

Š (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Yes Employer identification number 47-2171682 (g) Description of noncash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) . . Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. . ► Go to www.irs.gov/Form990 for the latest information. . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . (e) Amount of noncash assistance . ▶ Attach to Form 990. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance the selection criteria used to award the grants or assistance? . (c) IRC section (if applicable) (p) EIN 1 (a) Name and address of organization Drifters Hearts of Hope Inc. or government Department of the Treasury Internal Revenue Service Name of the organization Part II 5 7 2 9 9 8 6) 2 3 4 E

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

Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III 7

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open To Public Inspection

marrie or the	organization							Emp	loyer id	entifica	tion nu	mber		
Drifters H	learts of Hope Inc								17168					
Part I			s (section 501(canswered "Yes"											
1	(a) Name of disqualifie	nd norson	(b) Relationship b			person and		(c) Description	n of tro	o o o ti o o			(d) Con	rected?
1	(a) Name of disqualine	ed person		organizat	tion			(c) Descriptio	n of trar	saction			Yes	No
(1)														
(2)														
(3)														
(4)														
_(5)														
_(6)														
	nter the amount of nder section 4958.										▶ \$			
	nter the amount of													
3 Er	nter the amount of	tax, if any, on	line 2, above, re	imburse	ed by the	e organizati	1011 .				φ			
Part II	Complete if the	organization	ested Persons. answered "Yes" ount on Form 99				ne 38a	a or Form 990, F	Part IV,	line 2	6; or	if the		
(a) Name	e of interested person	(b) Relationship		froi	oan to or m the	(e) Origir principal an		(f) Balance due	(g) In (default?	by bo	ard or		ritten ment?
				organ	ization?						comn	nittee?		
				То	From	1			Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
_(6)														ļ
(7)									-		_			
(8)									-					
(9)									-	-				
(10)														
Total							.▶ \$					4	E STATE OF	
Part III			fiting Interested answered "Yes"			Part IV line	27							
(a) Na	ime of interested person	(b) Relation	onship between inter	ested (t of assistance	<u> </u>	(d) Type of assistance	ce	(e) Purp	ose of a	ssistan	се
		perso	n and the organizatio	on										
(1)							-			-				
(2)										+				
(3)							-			1				
(4)							-			+				
(5)										+				
(6)										1				
(7)														
(8)										1				
(9)							+			+				

Part IV	Business Transactions Involvin Complete if the organization answ	g Interested Persons. vered "Yes" on Form 990, I	Part IV, line 28a, 28b	or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	aring of zation's nues?
					Yes	No
(1)						
(2)						
(4)						
(5)					_	-
(6)						-
(7)					_	-
<u>(8)</u> (9)						
(10)						
Part V	Supplemental Information. Provide additional information for	responses to questions or	n Schedule L (see ins	structions).	,	

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		Employer identification number
Drifters Hearts of Hope Inc		47-2171682
Form 990, Part VI, Line 11b: 9	990 Availble upon request	
1 01111 0000, 1 01111 1111		

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

		•		CAT CA	1 555	4.727			
			Before Disposition:	44,144	200,				
			-	0					
			Less Disposed:				000 1	7 502	25 210
				CAT CA			2,906	676,7	2,50
		* Accet dicapsed during fax year	After Disposition:	77,174				End of Voor	
		Service de la constant de la constan	11-11	α	Reginning of Year			Ella oi real	
		Asset Description and Classification	tion		-		+400	Lucina	-
					Beginning		Carrent	בוקות	
	Check (X) if					Cainaina	Vear	Accumulated	Ending
	()		Accot	Cost/Other	Accumulated	Guuungaa	100		0
	Investment		19990		Octobiopion	Ralance	Depreciation	Depreciation	Balance
		met l'acceted	Classification	Basis	Depleciation	Calain		7 77 7	0070
	Asset	Calegoly of Item		0000	1 220	2 400	234	1,454	991,7
		Llosso Choltor	Buildings	3,620	1,220	1		777	720
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7		Collibries		35 606	C	0	2,087	700,6	50,00
2		2020 Pickin Truck	Equipment	000,66		0000	-	700	1 800
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		Small Office Fourinment	Equipment	2,000			171	171	683
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