

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2018**



**Open to Public Inspection**

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

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning 0-0-18, 2018, and ending 12-31-18, 2018

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <input checked="" type="checkbox"/> <u>Place4Hope</u>		<b>D</b> Employer identification number <input checked="" type="checkbox"/> <u>81-1137857</u>
	Number and street (or P.O. box, if mail is not delivered to street address) <input checked="" type="checkbox"/> Room/suite <u>4993 South 1840 West</u>		<b>E</b> Telephone number <u>801-694-3815</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Taylorsville, Utah 84129</u>		<b>F</b> Group Exemption Number ▶ <input checked="" type="checkbox"/> <u>03</u>
	<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶ \_\_\_\_\_

**J Tax-exempt status** (check only one) --  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

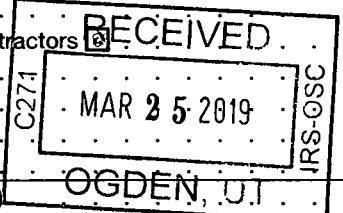
**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
<b>Revenue</b>	<input checked="" type="checkbox"/> 1 Contributions, gifts, grants, and similar amounts received . . . . .																													160.00			
	<input checked="" type="checkbox"/> 2 Program service revenue including government fees and contracts . . . . .																																
	<input checked="" type="checkbox"/> 3 Membership dues and assessments . . . . .																																
	<input checked="" type="checkbox"/> 4 Investment income . . . . .																																
	5a Gross amount from sale of assets other than inventory . . . . .																																
	b Less: cost or other basis and sales expenses . . . . .																																
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																																
	6 Gaming and fundraising events:																																
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																																
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .																																	
c Less: direct expenses from gaming and fundraising events . . . . .																																	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																																	
7a Gross sales of inventory, less returns and allowances . . . . .																																	
b Less: cost of goods sold . . . . .																																	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																																	
8 Other revenue (describe in Schedule O) . . . . .																																	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																																160.00	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .																																
	11 Benefits paid to or for members . . . . .																																
	12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/>																																
	13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/>																																
	14 Occupancy, rent, utilities, and maintenance . . . . .																																
	15 Printing, publications, postage, and shipping . . . . .																																54.22
	16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/>																																
17 <b>Total expenses.</b> Add lines 10 through 16 ▶																																54.22	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)																																105.78	
<b>Net Assets</b>	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .																															52.74	
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .																																
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ▶																																158.52



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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input checked="" type="checkbox"/>	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value=""/>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value=""/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value=""/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value=""/> ; section 4912 <input type="text" value=""/> ; section 4955 <input type="text" value=""/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed <input type="text" value=""/>		
42a	The organization's books are in care of <input type="text" value="Steve Halley"/> Telephone no. <input type="text" value="801-865-2832"/> Located at <input type="text" value="1785 W Printers Row"/> ZIP + 4 <input type="text" value="84119"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text" value=""/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text" value=""/>		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 46 Yes No [X]

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . 47 Yes No [X]

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48 Yes No [X]

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a Yes No [X]

b If "Yes," was the related organization a section 527 organization? . . . . . 49b Yes No [X]

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 . . . . . 0

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000 . . . . . 0

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

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

Sign Here [X] Signature of officer: [Signature] Date: 3/19/19
Loralee Broberg President
Type or print name and title

Paid Preparer Use Only
Prnt/Type preparer's name, Preparer's signature, Date, Check [ ] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . [ ] Yes [ ] No



**Part I Liquidation, Termination, or Dissolution (continued)**

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

- 3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III . . . . . **3**  **Yes**  **No**
- 4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? . . . . . **4a**  **Yes**  **No**
- b If "Yes," did the organization provide such notice? . . . . . **4b**  **Yes**  **No**
- 5 Did the organization discharge or pay all of its liabilities in accordance with state laws? . . . . . **5**  **Yes**  **No**
- 6a Did the organization have any tax-exempt bonds outstanding during the year? . . . . . **6a**  **Yes**  **No**
- b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? . . . . . **6b**  **Yes**  **No**
- c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

**Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) if tax-exempt or type of entity
	Bookkeeping service/filing taxes	1/5/2019	130.79	Check	529271097	LLB Business Solutions, 8263 23rd Street, White City, OR	Sol P
	Utah Coporations Renewal of Business Lic	1/8/2019	20.00	ACH		Utah Corporation, PO BOX 146705, SLC, UT 84114	State Agency
	Logo on hats and jack, and design	1/4/2019	118.50	ACH	464318670	Deep woods Embrodery, 3967 Crater Lake HWY, Medford, OR	Corp

- 2 Did or will any officer, director, trustee, or key employee of the organization:
  - a Become a director or trustee of a successor or transferee organization? . . . . . **2a**  **Yes**  **No**
  - b Become an employee of, or independent contractor for, a successor or transferee organization? . . . . . **2b**  **Yes**  **No**
  - c Become a direct or indirect owner of a successor or transferee organization? . . . . . **2c**  **Yes**  **No**
  - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? . . . . . **2d**  **Yes**  **No**
  - e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶