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)

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

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

OMB No. 1545-0047

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning , 2025, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Center for Health and Hope

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): PO Box 202977

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Denver, CO 80220

D Employer identification number: 20-4199173

E Telephone number: (720) 984-6267

G Gross receipts $ 502,401.

F Name and address of principal officer: Justin Levy, 6646 E 17th Ave, Denver, CO 80220

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.centerforhealthandhope.org

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2006

M State of legal domicile: CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Support and advocate for persons infected and affected by HIV and AIDS in the world through programs of education, prevention, care and treatment.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	1
6	Total number of volunteers (estimate if necessary)	6	54
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	493,950.	450,443.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,514.	15,491.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,845.	2,690.
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	502,619.	468,624.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	245,534.	291,856.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,143.	89,320.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) 15,690.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	77,736.	79,393.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	339,413.	460,569.
19	Revenue less expenses. Subtract line 18 from line 12	163,206.	8,055.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	608,481.	616,536.
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	608,481.	616,536.

Part II Signature Block

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

Sign Here

Signature of officer — Date: 05/04/2026

Justin Levy, Executive Director
Type or print name and title

Paid Preparer Use Only

Preparer's name: Karen E. Sonnier, CPA	Preparer's signature: Karen E Sonnier	Date: 05/13/2026	Check ☐ if self-employed	PTIN: P00124993	
Firm's name: Karen E Sonnier CPA LLC				Firm's EIN: 88-3282000	
Firm's address: 16566 W 85th Ln Unit B, Arvada, CO 80007				Phone no. (303) 955-4650	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No