PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

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

** PUBLIC DISCLOSURE COPY ** 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

<u>A</u> F	or the	2019 calendar year, or tax year beginning JUL 1, 2019 and	ending Jt	JN 30, 2020										
Ba	Check if applicable	C Name of organization		D Employer identifi	cation number									
	Addres	s HOPE SERVICES												
	Name change		Doing business as											
	Initial		Room/suite	E Telephone numbe	r									
	Final return/	30 LAS COLINAS LANE		408-284-2850										
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	65,651,730.									
	Amende	SAN JOSE, CA 95119		H(a) Is this a group re	eturn									
	Applica tion pending	F Name and address of principal officer: CHARLES HUGGINS, J.D.		for subordinates	? Yes X No									
		SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No									
		mpt status: $X = 501(c)(3) = 501(c) () < (insert no.) = 4947(a)(1) c$	or 527		list. (see instructions)									
		e: WWW.HOPESERVICES.ORG		H(c) Group exemptio										
		organization: X Corporation Trust Association Other Summary	L Year (of formation: 1952	State of legal domicile: CA									
Г	_			MD A TATAO										
ė	1 E	Briefly describe the organization's mission or most significant activities:		TRAINING										
Governance			ERVICES, MENTAL HEALTH SERVICES, SENIOR SERVICES, COMMUNITY LIVING											
/ern	2 (3 1	Check this box			15 sets.									
ő		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			15									
		Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)		1098										
Activities &		Fotal number of volunteers (estimate if necessary)		816										
ť	727	Fotal unrelated business revenue from Part VIII, column (C), line 12			0.									
A			ness taxable income from Form 990-T, line 39											
				Current Year										
	8	Contributions and grants (Part VIII, line 1h)		10,205,972.	6,771,778.									
Revenue		Program service revenue (Part VIII, line 2g)		39,976,981.	43,424,592.									
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	469,251.	492,580.										
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.									
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)												
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.									
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.									
ŝ	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_$		37,047,953.	35,557,002.									
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		15,503.	15,179.									
ad x	b 7	Fotal fundraising expenses (Part IX, column (D), line 25)	057.											
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,972,199.	15,127,832.									
	18 1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	52,035,655.	50,700,013.										
		Revenue less expenses. Subtract line 18 from line 12		-1,383,451.	-11,063.									
S OL			Be	ginning of Current Year	End of Year									
ssets		Fotal assets (Part X, line 16)		30,686,403.	29,576,978.									
let As	1	Total liabilities (Part X, line 26)		14,253,726.	13,056,133.									
تک		Net assets or fund balances. Subtract line 21 from line 20		16,432,677.	16,520,845.									
Pa		Signature Block			- Income the data are shell be that the first									

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	Signature of officer											
Here	CHARLES HUGGINS, J.D., PRESIDENT/											
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN								
Paid	MATTHEW PETROSKI	MATTHEW PETROSKI	05/03/21	self-employed P00853132								
Preparer	Firm's name ARMANINO LLP		Firm'	s EIN 🕨 94-6214841								
Use Only	Firm's address ▶ 50 W. SAN FERNANDO ST, S	TE 500										
	SAN JOSE, CA 95113	e no.408-200-6400										
May the II	RS discuss this return with the preparer shown abov	ve? (see instructions)		X Yes No								
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)											

	990 (2019) HOPE SERVICES T III Statement of Program Service Accomplishments	94-139928	7 Page
	Check if Schedule O contains a response or note to any line in this Part III		X
	Briefly describe the organization's mission:		
	HOPE SERVICES' MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE		
	WITH DEVELOPMENTAL DISABILITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services	, Г	Yes X N
	If "Yes," describe these changes on Schedule O.	، L	
	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by exp	benses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		
а	(Code:) (Expenses \$21,417,525. including grants of \$) (Rev	enue \$	24,768,036.
	DAY ACTIVITY AND TRAINING SERVICES - THESE SERVICES ARE DESIGNED TO		
	HELP PEOPLE WITH A WIDE RANGE OF DEVELOPMENTAL DISABILITIES TO ACHIEVE		
	FULL SOCIAL INCLUSION IN THE COMMUNITIES, REGARDLESS OF THE LEVEL OF SUPPORT THEY MAY NEED. THIS INCLUDES ASSISTING WITH PERSONAL		
	INDEPENDENCE, LIFE AND SOCIAL SKILLS AND COMMUNITY ADJUSTMENTS. THESE		
	PROGRAMS SERVED OVER 1500 CLIENTS IN VARIOUS DAY ACTIVITY OR DAY		
	TRAINING PROGRAMS, INCLUDING FOR SENIORS AND CHILDREN, IN SANTA CLARA,		
	SAN MATEO, SANTA CRUZ, SAN BENITO AND MONTEREY COUNTIES.		
	1,547 PEOPLE WERE SERVED.		
b	(Code:) (Expenses \$8,499,049. including grants of \$) (Rev	enue \$	10,133,876.
	MENTAL HEALTH SERVICES - HOPE PROVIDES COUNSELING AND PSYCHIATRIC		
	SERVICES TO CHILDREN, ADOLESCENTS, ADULTS AND SENIORS WITH A QUALIFYING MENTAL HEALTH DIAGNOSIS AND A DEVELOPMENTAL DISABILITY. THESE SERVICES		
	INCLUDE CASE MANAGEMENT, REHABILITATION COUNSELING, THERAPEUTIC		
	BEHAVIORAL SERVICES, FAMILY EDUCATION AND COLLATERAL THERAPY. THIS		
	PROGRAM SERVED OVER 1300 CLIENTS IN SANTA CLARA, SANTA CRUZ AND		
	MONTEREY COUNTIES.		
	1,503 PEOPLE WERE SERVED.		
	1,503 PEOPLE WERE SERVED.		
łc		enue \$	8,416,618.
łc	1,503 PEOPLE WERE SERVED. (Code:) (Expenses \$8,255,076. including grants of \$) (Rev EMPLOYMENT SERVICES - HOPE OFFERS SEVERAL SERVICES TO HELP ADULTS WITH	enue \$	8,416,618.
4c	(Code:) (Expenses \$ 8,255,076. including grants of \$) (Rev	enue \$	8,416,618.
łc	(Code:)(Expenses \$8,255,076. including grants of \$) (Rev EMPLOYMENT SERVICES - HOPE OFFERS SEVERAL SERVICES TO HELP ADULTS WITH DISABILITIES FIND JOBS. THESE SERVICES INCLUDE VOCATIONAL TRAINING, JOB PLACEMENT, AND FOLLOW-UP SUPPORT TO HELP WITH CAREER GROWTH. THESE	enue \$	8,416,618.
ŀc	(Code:)(Expenses\$8,255,076including grants of \$)(Rev EMPLOYMENT SERVICES - HOPE OFFERS SEVERAL SERVICES TO HELP ADULTS WITH DISABILITIES FIND JOBS. THESE SERVICES INCLUDE VOCATIONAL TRAINING, JOB PLACEMENT, AND FOLLOW-UP SUPPORT TO HELP WITH CAREER GROWTH. THESE PROGRAMS SERVED APPROXIMATELY 400 CLIENTS IN SANTA CLARA, SAN MATEO,	enue \$	8,416,618.
ŀc	(Code:)(Expenses \$8,255,076. including grants of \$) (Rev EMPLOYMENT SERVICES - HOPE OFFERS SEVERAL SERVICES TO HELP ADULTS WITH DISABILITIES FIND JOBS. THESE SERVICES INCLUDE VOCATIONAL TRAINING, JOB PLACEMENT, AND FOLLOW-UP SUPPORT TO HELP WITH CAREER GROWTH. THESE	enue \$	8,416,618.
Э	(Code:)(Expenses\$8,255,076including grants of \$)(Rev EMPLOYMENT SERVICES - HOPE OFFERS SEVERAL SERVICES TO HELP ADULTS WITH DISABILITIES FIND JOBS. THESE SERVICES INCLUDE VOCATIONAL TRAINING, JOB PLACEMENT, AND FOLLOW-UP SUPPORT TO HELP WITH CAREER GROWTH. THESE PROGRAMS SERVED APPROXIMATELY 400 CLIENTS IN SANTA CLARA, SAN MATEO,	enue \$	8,416,618.
	(Code:)(Expenses \$8,255,076. including grants of \$)(Rev EMPLOYMENT SERVICES - HOPE OFFERS SEVERAL SERVICES TO HELP ADULTS WITH DISABILITIES FIND JOBS. THESE SERVICES INCLUDE VOCATIONAL TRAINING, JOB PLACEMENT, AND FOLLOW-UP SUPPORT TO HELP WITH CAREER GROWTH. THESE PROGRAMS SERVED APPROXIMATELY 400 CLIENTS IN SANTA CLARA, SAN MATEO, SANTA CRUZ, SAN BENITO AND MONTEREY COUNTIES.	enue \$	8,416,618.
ŀc	(Code:)(Expenses \$8,255,076. including grants of \$)(Rev EMPLOYMENT SERVICES - HOPE OFFERS SEVERAL SERVICES TO HELP ADULTS WITH DISABILITIES FIND JOBS. THESE SERVICES INCLUDE VOCATIONAL TRAINING, JOB PLACEMENT, AND FOLLOW-UP SUPPORT TO HELP WITH CAREER GROWTH. THESE PROGRAMS SERVED APPROXIMATELY 400 CLIENTS IN SANTA CLARA, SAN MATEO, SANTA CRUZ, SAN BENITO AND MONTEREY COUNTIES.	enue \$	8,416,618.
ŀc	(Code:)(Expenses \$8,255,076. including grants of \$)(Rev EMPLOYMENT SERVICES - HOPE OFFERS SEVERAL SERVICES TO HELP ADULTS WITH DISABILITIES FIND JOBS. THESE SERVICES INCLUDE VOCATIONAL TRAINING, JOB PLACEMENT, AND FOLLOW-UP SUPPORT TO HELP WITH CAREER GROWTH. THESE PROGRAMS SERVED APPROXIMATELY 400 CLIENTS IN SANTA CLARA, SAN MATEO, SANTA CRUZ, SAN BENITO AND MONTEREY COUNTIES.	enue \$	8,416,618.
	(Code:) (Expenses \$		
łd	(Code:)(Expenses \$ 8,255,076. including grants of \$) (Rev EMPLOYMENT SERVICES - HOPE OFFERS SEVERAL SERVICES TO HELP ADULTS WITH DISABILITIES FIND JOBS. THESE SERVICES INCLUDE VOCATIONAL TRAINING, JOB PLACEMENT, AND FOLLOW-UP SUPPORT TO HELP WITH CAREER GROWTH. THESE PROGRAMS SERVED APPROXIMATELY 400 CLIENTS IN SANTA CLARA, SAN MATEO, SANTA CRUZ, SAN BENITO AND MONTEREY COUNTIES. 350 PEOPLE WERE SERVED.		

Pa	t IV Checklist of Required Schedules			U
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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 Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
932003	01-20-20	Form	990	(2019)

3 2019.05093 HOPE SERVICES

Form 990 (2019)

HOPE SERVICES

Form	990 (2019) HOPE SERVICES 94-139	9287	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	. 23	Х	
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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 I	25 a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
~~	Schedule L, Part I	. 25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		-
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
d		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M		х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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, 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)?			Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	. 36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
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	<u></u>		
			Yes	No
		561		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	. 1c	X	
932004	4 01-20-20	Form	990	(2019)

Form	990 (2019) HOPE SERVICES 94-139928	7	Р	age 5							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			_							
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 1098										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
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									
	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 and services provided to the payor?	7a	х								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		x							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums 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		Х							
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-C?	7h	Х								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a										
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 charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans 13b										
С	Enter the amount of reserves on hand 13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.		0000	(0010)							
		E		(0040)							

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Form	990 (2019) HOPE SERVICES		94-13992			age 6				
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b	below, and for a	"No" re	espons	se				
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O									
	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion 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	1	5						
	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	1	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with an	y other							
	officer, director, trustee, or key employee?			2		x				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	upervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was f	iled?	4		x				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		x				
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 ap	point on	e 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, st	ockholde	ers, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the fo	ollowing:							
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at t	he							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	ode.)							
					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 ch	apters, a	iffiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before t	filing the form?	11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	<u> </u>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,								
	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva	l by inde	pendent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official			<u>15a</u>	X					
b	Other officers or key employees of the organization			15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen									
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
0	exempt status with respect to such arrangements?	<u></u>		16b						
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed CA	-1 000 T		A I. A						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	1a 990-1	(Section 501(c)(3)s oniy)	avalla	bie				
	for public inspection. Indicate how you made these available. Check all that apply.									
10	X Own website Another's website X Upon request Other (explain		,	d f	sial					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	I TO JOIITI	merest policy, ar	ia finano	lai					
00	statements available to the public during the tax year.	ار بر مرا	>							
20	State the name, address, and telephone number of the person who possesses the organization's boo CLAYTON NG - 408-284-2850	iks and r	ecorus 📂							
	30 LAS COLINAS LANE, SAN JOSE, CA 95119									
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212

Form 990 (201	9) HOPE SERVICES	94-1399287	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Er	mployees, and Independent Contractors							
Ch	neck if Schedule O contains a response or note to any line in this Part VII							
Section A. O	officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1a Complete t	this table for all persons required to be listed. Report compensation for the calendar year	ending with or within the organization's	tax year.					
Enter -0- in colu	f the organization's current officers, directors, trustees (whether individuals or organization umns (D), (E), and (F) if no compensation was paid.		tion.					
 List all of 	f the organization's current key employees, if any. See instructions for definition of "key e	employee."						

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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Form 990 (2019)

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Form 990 (2019) HOPE SERVICES	5								94-13	9928	7	Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C)								(D)	(E)			(F)	
Name and title	Average	(do not check more than one					one	Reportable	Reportable		Es	timate	d
	hours per	Irs per box, unless person is both an compensation						compensation	compensatio	n	an	nount d	of
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	(list any	director						the	organization			pensat	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	SC)		om the	
	organizations	ustee	trust		ee	npens		(W-2/1099-MISC)			•	anizati d relate	
	below	lual tr	tional		ploye	st con yee	_					anizatio	
	line)	Individual trustee or	In stitutional	Officer	ƙey employee	Highest compensated employee	Former				orge	a nzacio	/10
(18) CHARLES "CHIP" HUGGINS	37.50	_		0	×	υTe	ш						
PRESIDENT/CEO				x				337,102.		٥.		88.	720.
(19) CLAYTON NG	37.50							,					
CFO (FROM 11/4/19)				x				21,953.		٥.			Ο.
(20) JOHN REIBER	37.50												
CFO (TO 10/2/19)				x				183,033.		Ο.		10 8	829.
(21) KARTHIK SETHURAM	37.50							100,000.		••		10,0	
PSYCHIATRIST	37.30					x		300,270.		Ο.		20 4	484.
(22) CLARA LEE	37.50							500,270.		•.		20,	101.
PSYCHIATRIST	57.50					x		222 800		Ο.		6	251
(23) ANNA FERNANDEZ	37.50							222,890.		•.		•,•	351.
DIR. OF MENTAL HEALTH SERVICES	57.50					x		151 201		Ο.		25 1	540
(24) NIVISHA MEHTA	37.50							151,291.		•.		<u>د</u> 2	540.
	37.50							144 275		0		11	1 4 1
DIR OF RESOURCE DEVELOP.	27 50					X		144,375.		0.		14,-	141.
(25) FRANCIE HSU	37.50							105 725		0		1 5 (000
CONTROLLER						X		125,735.		٥.		15,0	090.
dh. Cubbabal								1,486,649.		٥.		181,3	155
1b Subtotal								1,400,049.		0.		101,-	0.
c Total from continuation sheets to Part VI								1,486,649.		0.		181,3	
d Total (add lines 1b and 1c)								, ,				101,	155.
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			1 -
compensation from the organization												Vee	15
												Yes	No
3 Did the organization list any former officer,	,	,				,	0	, , , ,			-		17
line 1a? If "Yes," complete Schedule J for su											3	_	X
4 For any individual listed on line 1a, is the su	•								•				
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or si	ıch r	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor										bensa	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	addraaa							(B)	onviooo	0)	;) nsatior	
	audress						_	Description of s	ervices		ompe	ISALIOI	1
MERCURY MAIL SERVICES												71 - -	- 4 -
1971 DAVIS STREET, SAN LEANDRO, CA 94	15//						_	DIRECT MAIL MARKET	ING SERVICES			715,	/4/.
R.R.R. JANITORIAL SERVICES									-				
7393 VIA CANTARES, SAN JOSE, CA 95139	9							JANITORIAL SERVICE				395,2	119.
SYMED CORPORATION								COUNSELING CENTER	BILLING				
P.O. BOX 238, NAPA, CA 94559							_	SERVICES				329,0	581.
FIRATO SERVICE CO., INC., 17485 MONTEREY													
RD, STE 200, MORGAN HILL, CA 95037								FLOOR CLEANING SER	VICES			256,0	b20.
TAO VAN NGUYEN	05404												
1661 BURDETTE DRIVE, #B, SAN JOSE, CA 95121 COUNSELING CENTER PHYSICIAN									236,4	462.			
2 Total number of independent contractors (ir	•	ot lin	nited	d to t			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				11	L					_	000	
											Form	990 (2	2019)

932008 01-20-20

21280503 701245 121690

		Check if Schedule O	contains a	response	or poto to any ling	in the Dout VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
ts	1 a	Federated campaigns		1a	17,853.				
unc	b	Membership dues		1b					
₽		Fundraising events		1c	390,579.				
ar /	d	Related organizations		1d					
imi	е	Government grants (contr	ibutions)	1e					
r S	f	All other contributions, gifts,	grants, and	k					
the		similar amounts not included	above	1f	6,363,346.				
and Other Similar Amounts	g	Noncash contributions included in	lines 1a-1f	1g \$	5,191,436.				
an	h	Total. Add lines 1a-1f		<u></u>		6,771,778.			
					Business Code				
	2 a	STATE AND COUNTY FU	NDS		624310	37,533,357.	37,533,357.		
Pe	b	CONTRACT SERVICES			624310	5,557,020.	5,557,020.		
/en	С	FACILITIES RENTAL			531110	265,480.	265,480.		
Revenue	d	OTHER REVENUE			900099	68,735.	68,735.		
	e f	All other program service	revenue						
		Total. Add lines 2a-2f				43,424,592.			
	3	Investment income (includ							
		other similar amounts)			►	185,056.			185,05
	4	Income from investment of							
	5	Royalties			►				
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)							
	7 a	Gross amount from sales of	-	Securities					
		assets other than inventory	7a ⁷ ,	883,146	. 2,163,854.				
D	D	Less: cost or other basis	76 7	810 452	. 1,929,024.				
	•	and sales expenses	7b 7, 7c	72,694					
		Net gain or (loss)	· · · ·	,		307,524.			307,52
5		Gross income from fundraisi							
	υu	including \$	-						
		contributions reported on							
		Part IV, line 18	-		5 3,866.				
	b	Less: direct expenses			b 53,866.				
		Net income or (loss) from			►	0.			
	9 a	Gross income from gamin	g activitie	s. See					
		Part IV, line 19			a				
	b	Less: direct expenses			b				
	С	Net income or (loss) from	gaming a	ctivities	►				
1	10 a	Gross sales of inventory, I							
		and allowances			a 5,169,438.				
		Less: cost of goods sold		····· <u> </u>	b 5,169,438.				
+	С	Net income or (loss) from	sales of ir	ventory .		0.			
	11 ~				Business Code				
Revenue	I1а ь								
ven	b								
Re	c d	All other revenue							
		Total. Add lines 11a-11d							
	e 12	Total revenue. See instruction				50,688,950.	43,424,592.	0.	492,58

	not include amounts reported on lines 6b, 8b, 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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	618,544.	98,715.	501,307.	18,522.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	26,467,451.	24,270,563.	1,896,607.	300,281.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	585,014.	497,369.	83,700.	3,945.
9	Other employee benefits	5,916,645.	5,434,806.	431,442.	50,397.
10	Payroll taxes	1,969,348.	1,786,670.	159,583.	23,095.
11	Fees for services (nonemployees):				
а	Management	43,068.		43,068.	
b	Legal	83,250.	960.	82,290.	
	Accounting	124,586.	8,954.	115,632.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	15,179.			15,179.
f	Investment management fees	76,530.		76,530.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	4,184,543.	3,669,286.	427,381.	87,876.
12	Advertising and promotion	502,227.	329,253.	89,531.	83,443.
13	Office expenses	1,368,446.	1,236,417.	124,908.	7,121.
14	Information technology	365,962.	269,404.	90,563.	5,995.
15	Royalties				
16	Occupancy	4,840,529.	4,766,441.	66,471.	7,617.
17	Travel	1,882,848.	1,805,399.	77,106.	343.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	247,676.	203.	247,473.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	951,102.	771,751.	178,627.	724.
23	Insurance	313,092.	244,848.	67,439.	805.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	135,108.	101,156.	29,238.	4,714.
b	BAD DEBT	8,865.	8,865.		
с					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	50,700,013.	45,301,060.	4,788,896.	610,057.
26	Joint costs. Complete this line only if the organization	. ,	. ,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part IX Statement of Functional Expenses

Form 990 (2019)

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

HOPE SERVICES

932010 01-20-20

Check here

if following SOP 98-2 (ASC 958-720)

21280503 701245 121690

 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 1 Investments - publicly traded securities 2 Investments - other securities. See Part IV, line 1 3 Investments - program-related. See Part IV, line 1 4 Intangible assets 5 Other assets. See Part IV, line 11 	10a 10b 1 1 11	24,189,351. 11,388,380.	98,819. 61,598. 15,458,618. 5,453,690.	7 8 9 10c 11	93,665. 66,697. 12,800,971. 6,880,106.
 B Inventories for sale or use	10a 10b 1 1 11	24,189,351. 11,388,380.	61,598.	9 10c 11	66,697.
 9 Prepaid expenses and deferred charges 0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 1 Investments - publicly traded securities 2 Investments - other securities. See Part IV, line 1 3 Investments - program-related. See Part IV, line 1 4 Intangible assets 	10a 10b 1 1	24,189,351. 11,388,380.	15,458,618.	10c 11	12,800,971.
 basis. Complete Part VI of Schedule D b Less: accumulated depreciation 1 Investments - publicly traded securities 2 Investments - other securities. See Part IV, line 1 3 Investments - program-related. See Part IV, line 1 4 Intangible assets 	10b	11,388,380.		11	
 b Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 4 Intangible assets 	10b	11,388,380.		11	
 Investments - publicly traded securities Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1 Intangible assets 	1			11	
 Investments - publicly traded securities Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1 Intangible assets 	1 11		5,453,690.		6 880 106
 Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1 Intangible assets 	1 11				,,
4 Intangible assets				12	
4 Intangible assets				13	
				14	
			92,382.	15	98,822.
6 Total assets. Add lines 1 through 15 (must equal through 15)			30,686,403.	16	29,576,978.
7 Accounts payable and accrued expenses			5,665,464.	17	6,238,765.
				18	
			1,490,524.	19	11,937.
				20	
			21		
2 Loans and other payables to any current or form	rector,				
trustee, key employee, creator or founder, subst	butor, or 35%				
controlled entity or family member of any of thes	e persons			22	
3 Secured mortgages and notes payable to unrela	ted third pa	rties	7,097,738.	23	4,832,856.
4 Unsecured notes and loans payable to unrelated	d third partie	s		24	
5 Other liabilities (including federal income tax, pa	yables to rel	ated third			
parties, and other liabilities not included on lines	17-24). Cor	nplete Part X			
of Schedule D			0.	25	1,972,575.
6 Total liabilities. Add lines 17 through 25			14,253,726.	26	13,056,133.
Organizations that follow FASB ASC 958, che	ck here 🕨	X			
and complete lines 27, 28, 32, and 33.					
7 Net assets without donor restrictions			14,865,370.	27	14,768,630.
			1,567,307.	28	1,752,215.
and complete lines 29 through 33.					
9 Capital stock or trust principal, or current funds				29	
0 Paid-in or capital surplus, or land, building, or ec	uipment fur	ıd		30	
1 Retained earnings, endowment, accumulated in	come, or oth	ner funds		31	
2 Total net assets or fund balances			16,432,677.	32	16,520,845.
3 Total liabilities and net assets/fund balances			30,686,403.	33	29,576,978. Form 990 (2019)
	 Total assets. Add lines 1 through 15 (must equation of the second seco	 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Sc Loans and other payables to any current or former officer, di trustee, key employee, creator or founder, substantial contril controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third partie Other liabilities (including federal income tax, payables to rel parties, and other liabilities not included on lines 17-24). Con of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check h and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fur Retained earnings, endowment, accumulated income, or oth 	3 Total assets. Add lines 1 through 15 (must equal line 33) 4 Accounts payable and accrued expenses 3 Grants payable 4 Deferred revenue 5 Tax-exempt bond liabilities 6 Escrow or custodial account liability. Complete Part IV of Schedule D 7 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Secured mortgages and notes payable to unrelated third parties 6 Unsecured notes and loans payable to unrelated third parties 7 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 6 Total liabilities. Add lines 17 through 25 7 Organizations that follow FASB ASC 958, check here Image: Complete lines 27, 28, 32, and 33. 7 Net assets with donor restrictions 8 Net assets with donor restrictions 9 Capital stock or trust principal, or current funds 9 Paid-in or capital surplus, or land, building, or equipment fund 10 Retained earnings, endowment, accumulated income, or other funds 11 Retained earnings, end	5 Total assets. Add lines 1 through 15 (must equal line 33) 30,686,403. 3 Accounts payable and accrued expenses 5,665,464. 3 Grants payable 1,490,524. 4 Deferred revenue 1,490,524. 5 Tax-exempt bond liabilities 1,490,524. 6 Capital account liability. Complete Part IV of Schedule D 1 2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 7,097,738. 3 Secured mortgages and notes payable to unrelated third parties 7,097,738. 4 Unsecured notes and loans payable to unrelated third parties 0. 5 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 6 Total liabilities. Add lines 17 through 25 14,253,726. Organizations that follow FASB ASC 958, check here 1,567,307. 3 Net assets with donor restrictions 1,567,307. 3 Net assets with donor restrictions 1,567,307. 3 Organizations that do not follow FASB ASC 958, check here 1,567,307. 3 Net assets with donor restrictions	5 Total assets. Add lines 1 through 15 (must equal line 33) 30,686,403. 16 7 Accounts payable and accrued expenses 5,665,464. 17 3 Grants payable 1,490,524. 19 3 Tax-exempt bond liabilities 20 1 Escrow or custodial account liability. Complete Part IV of Schedule D 21 2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 3 Secured mortgages and notes payable to unrelated third parties 7,097,738. 23 4 Unsecured notes and loans payable to unrelated third parties 0. 25 5 Other liabilities not included on lines 17:24). Complete Part X of Schedule D 0. 25 5 Total liabilities. Add lines 17 through 25 14,253,726. 26 Organizations that follow FASB ASC 958, check here 1,567,307. 27 3 Net assets with donor restrictions 1,567,307. 28 0 Organizations that do not follow FASB ASC 958, check here 1,567,307. 28 0 Organizations that do not follow FASB ASC 958, check here

4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director,

trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons

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

Loans and other receivables from other disqualified persons (as defined

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

Cash - non-interest-bearing

Savings and temporary cash investments 3 Pledges and grants receivable, net

HOPE SERVICES Part X Balance Sheet

Form 990 (2019)

1

2

6

(B) End of year

2,201,974.

1,103,592.

6,071,911.

259,240.

(A) Beginning of year

1,419,771.

2,756,094.

5,248,586.

96,845.

1

2

3

4

5

6

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 50, 700, 701. 3 -11, 063. 4 16, 432, 677. 5 99, 231. 6 0 7 5 8 7 8 7 8 7 8 7 9 0. 10 Net assets or fund balances at degining of year (must equal Part X, line 32, column (A)) 9 16, 432, 677. 5 99, 231. 6 7 8 7 8 9 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances of endo to accounting remove on the target in mode and of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances of the organization changed it	Form	990 (2019) HOPE SERVICES	94-139928	7	Pad	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 50, 688, 950. 2 Total expenses (must equal Part IX, column (A), line 25) 2 50, 700, 013. 3 Revenue less expenses. Subtract line 2 from line 1 3 11, 063. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 16, 432, 677. 5 99, 231. 6 - - 6 7 - - - 7 8 Prior period adjustments 6 - 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. - 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 16, 520, 845. - 7 8 - 0 0. - - 11 Accounting method used to prepare the Form 990: Cash X Accrual Other - - - - - - 2a X - - 2a X - - - - - - - - - -	Pa	rt XI Reconciliation of Net Assets				4
2 Total expenses (must equal Part IX, column (A), line 25) 2 50, 700, 013. 3 Revenue less expenses. Subtract line 2 from line 1 3 -11, 063. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 16, 432, 677. 5 99, 231. 6 6 7 Investment expenses. 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 16, 520, 845. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yees," 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 Both consolidated and separate basis 2b X If "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Bo		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 50, 700, 013. 3 Revenue less expenses. Subtract line 2 from line 1 3 -11, 063. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 16, 432, 677. 5 99, 231. 6 6 7 Investment expenses. 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 16, 520, 845. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yees," 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 Both consolidated and separate basis 2b X If "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Bo						
3 Revenue less expenses. Subtract line 2 from line 1 3 -11,063. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 16,432,677. 5 Net unrealized gains (losses) on investments 5 99,231. 6 0nated services and use of facilities 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 16, 520, 845. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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: X X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Z X X If "Yes," check a box below to indicate whether the financial statements for the year w	1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,	688,	950.
3 Revenue less expenses. Subtract line 2 from line 1 311, 063. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 16, 432, 677. 5 Net unrealized gains (losses) on investments 5 99, 231. 6 0 9 0. 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 16, 520, 845. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 7 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 1 Accounting financial statements compiled or reviewed by an independent accountant? 1 Yes 1 Yes 1 Part XII 1 Separate basis, consolidated basis, or both: 2 Separate basis 2 X 1 I' Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 1 Yes 1 Account in the inancial statements and selection procees during the xay ear, explain on Schedule O. 2a X 1 I' Yes' to li	2	Total expenses (must equal Part IX, column (A), line 25)	2	50,	700,	013.
5 Net unrealized gains (losses) on investments 5 99,231. 6 0nated services and use of facilities 6 7 1 6 7 8 7 8 9 0. 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 16,520,845. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting from a prior year or checked "Other," explain in Schedule O. 2a X Vers No 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X Vers No	3		3		-11,	063.
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 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 16, 520, 845. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, c	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,	432,	677.
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 32, column (B)) 10 16,520,845. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 2a X 1 Accounting method used to prepare the Form 990: 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X end the organization 's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X end the audit, review, or compilation of its financial statements and selection of an independent accountant? If "Yes," to line 2 a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independen	5	Net unrealized gains (losses) on investments	5		99,	231.
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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		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
Act and OMB Circular A-133?	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
		Act and OMB Circular A-133?		3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2019)

Department of the Treasury Internal Revenue Service

(Form	990 oı	r 990 -	EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Nam	e of t	he organization	de le minisiger				lioimadom	Employer	identification number
			ERVICES						94-1399287
Pa	rtl	Reason for Public (All organizations must co	mplete thi	s part.) Se	e instructions	6.	
The	organ	ization is not a private found							
1	Г	A church, convention of ch	-	-	-	-)(A)(i).		
2	\square	A school described in secti					· · · · · · · ·		
3	\square						i).		
4									
	city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
č		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov		ental unit described in	section 17	0(h)(1)(A)	(v)		
7	X	An organization that norma	•				. ,	ne general i	oublic described in
•		section 170(b)(1)(A)(vi). (C	•	indi part of ito capport if	om a gore			io gonora j	
8		A community trust describe		1)(A)(vi), (Complete Parl	· II)				
9	\square	An agricultural research org			-	ed in coniu	inction with a	land-grant	college
-		or university or a non-land-g						-	-
		university:						ine eenege	
10		An organization that norma	llv receives: (1) more	than 33 1/3% of its supr	port from c	ontributio	ns. membersl	nip fees, an	d aross receipts from
		activities related to its exem							
		income and unrelated busir							-
		See section 509(a)(2). (Cor							
11		An organization organized a		vely to test for public sat	ety. See	section 50)9(a)(4).		
12		An organization organized a	-		•			rry out the	purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga			-			-	giving
		the supported organization	-	-	• • • •	-			
		organization. You must c							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d] Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distri	bution rec	uirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportir	ng organiza	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) In the orga	nization listed			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see ii	istructions	
						<u> </u>			
Tota	l								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 HOPE SERVICES

94-1399287

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,433,817.	9,628,181.	10,988,691.	10,205,972.	6,771,778.	45,028,439.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7,433,817.	9,628,181.	10,988,691.	10,205,972.	6,771,778.	45,028,439.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						45,028,439.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	7,433,817.	9,628,181.	10,988,691.	10,205,972.	6,771,778.	45,028,439.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	184,552.	153,476.	176,488.	188,505.	185,056.	888,077.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			28,448.	139,632.	53,866.	221,946.
11	Total support. Add lines 7 through 10			,			46,138,462.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	233,040,366.
	First five years. If the Form 990 is for		,			· · · · ·	
	organization, check this box and stor	Ũ	, ,	, ,	,	()()	
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6. column (f) div	vided by line 11. co	olumn (f))		14	97.59 %
	Public support percentage from 2018		-			15	97.75 %
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies					, 	N V
b	33 1/3% support test - 2018. If the c		-				
	and stop here. The organization qual	•				,,	
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				-	-	
h	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						´ ▶□
18	Private foundation. If the organization			-			
10		an and hot offern a l		, 100, 17a, 01 170		dulo A (Eorm 990	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

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

94-1399287 Page **3**

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

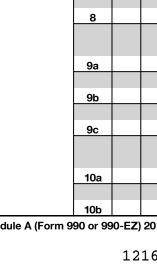
Section A. Public Support				_	_	
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 						
 5 The value of services or facilities furnished by a governmental unit to the organization without charge 						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	
9 Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
c Add lines 10a and 10b						
 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	•					
check this box and stop here	- Support Do	roontogo				····· •
		-				
15 Public support percentage for 2019 (lin		•	.,,		15	<u>%</u>
16 Public support percentage from 2018 Section D. Computation of Invest					16	%
			in a 10 a a luman (f)		47	0/
17 Investment income percentage for 20		'			17	<u>%</u>
18 Investment income percentage from 2 192 22 1/2% support tests = 2019. If the			on line 14 and lin		18	% inc 17 is not
19a 33 1/3% support tests - 2019. If the more than 33 1/3% check this box an						
more than 33 1/3%, check this box an b 33 1/3% support tests - 2018. If the	-	•		•••		►∟
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						
932023 09-25-19	- did fiel official a					n 990 or 990-EZ) 2019
552525 05-20-15		1 5		30		

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

Section A. All Supporting Organizations

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

932024 09-25-19



1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u>

6

7

Yes No

16

			Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		165	NU
11				
d	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11-		
L	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		
360	tion b. Type i Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
0				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
۲		Jd		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0L		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		00.40

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

17

chedule A (Form 990 or 990 EZ) 2019 HOPE SERVICES			94-1399287 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supp 1 Check here if the organization satisfied the Integral Part Test as a query	v		Part VI) See instructions
other Type III non-functionally integrated supporting organizations m	, .	· · · ·	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amou	unt,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-fund	ctionally integrated	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 HOPE SERVICES	(a)(3) Supporting Orga		94-1399287 Page 7
	(a)(5) Supporting Orga	nizations (continued)	0
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exe			
2 Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the	he organization is responsive		
(provide details in Part VI). See instructions.			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reason-			
able cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			(Form 000 or 000 EZ) 001

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Inform	antior	1	
Schedule A (Form 990 or 990-EZ) 2019	HOPE	SERVICES	

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c line 1; Part IV, Section D, lines 2 and 3; Par Section D, lines 5, 6, and 8; and Part V, Sec	t IV, Section E, lines 1c, 2a, 2b, 3a, and 3b	: IV, Section B, lines 1 and 2; Part IV, Section C, b; Part V, line 1; Part V, Section B, line 1e; Part V,
(See instructions.)		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

Name of the organization		
н	OPE SERVICES	94-1399287
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the General Rule or a Special Rule.	
Note: Only a section 501	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule		

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special 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, 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	3 (Form 990, 990-EZ, or 990-PF) (2019)	1	Page 2
Name of or	rganization	Empl	oyer identification number
HOPE SER	VICES		94-1399287
Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$137,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$437,576.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	-19	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 3
Name of o	rganization		Employer identification number
HOPE SER	VICES		94-1399287
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
923453 11-06	 j-19		B (Form 990, 990-EZ, or 990-PF) (2019)

21280503 701245 121690

Page **4**

ame of organi	zation			Employer identification numbe
OPE SERVICI	RS			94-1399287
Part III Ex fro	clusively religious, charitable, etc., contributi m any one contributor. Complete columns (a) mpleting Part III, enter the total of exclusively religious,	through (e) and the following line encoderation that the following line encoderation the foll	try. For organizations	nat total more than \$1,000 for the ye
	se duplicate copies of Part III if additional s	space is needed.		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif		
	Turne formale many address of			
-	Transferee's name, address, ar			nsferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
Part I				
		(e) Transfer of gif	 t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, ar			nsferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
3454 11-06-19		24	Schedule	B (Form 990, 990-EZ, or 990-PF) (20

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SCHEDULE D

Department of the Treasury

(Form 990)	
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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.



Interna	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information	on.		Inspectio	n
Nam	e of the organization	PE SERVICES		Emp	-	ntification	number
Par			d Funds or Other Similar Funds or	Accour			e
		ed "Yes" on Form 990, Part IV, lin					-
	0	· · ·	(a) Donor advised funds	(b) Fun	ds and ot	her accour	its
1	Total number at end of year						
2		tions to (during year)					
3		om (during year)					
4	Aggregate value at end of year						
5	Did the organization inform a	all donors and donor advisors in v	writing that the assets held in donor advised f	unds			
	are the organization's prope	rty, subject to the organization's	exclusive legal control?			Yes	No
6	Did the organization inform a	all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only			
	for charitable purposes and	not for the benefit of the donor o	r donor advisor, or for any other purpose conf	ferring		_	
_						Yes	No
Par			ganization answered "Yes" on Form 990, Part	IV, line 7.			
1		easements held by the organization					
	Preservation of land for	or public use (for example, recrea	tion or education)	istorically	important	land area	
	Protection of natural h		Preservation of a c	ertified his	storic strue	cture	
	Preservation of open s	•					
2		d if the organization held a qualif	ied conservation contribution in the form of a	conserva			
	day of the tax year.				Held at th	e End of the	lax Year
	Total number of conservatio						
b	Total acreage restricted by c						
C			ucture included in (a)	<u>2c</u>			
d			fter 7/25/06, and not on a historic structure				
~							
3		sements modified, transferred, rei	eased, extinguished, or terminated by the org	anization	during the	tax	
4	year	north authiant to concentration and	amont is located				
4 5		perty subject to conservation eas	iodic monitoring, inspection, handling of				
5		of the conservation easements it				Yes	No
6	·		holds? handling of violations, and enforcing conserva				
Ū			narialing of violations, and officioning conserve			ing the yet	21
7	Amount of expenses incurre	d in monitoring inspecting hand	ling of violations, and enforcing conservation	easement	ts durina t	he vear	
•	► \$			cucomon	.o danng t	no you	
8		ement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4))(B)(i)			
-						Yes	No
9	In Part XIII, describe how the	e organization reports conservation	on easements in its revenue and expense stat	ement an	d	_	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
	organization's accounting for conservation easements.						
Par	t III Organizations N	laintaining Collections of	Art, Historical Treasures, or Other	r Simila	r Assets	3.	
	Complete if the organ	nization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, a	as permitted under FASB ASC 95	8, not to report in its revenue statement and t	balance sł	eet works	3	
	of art, historical treasures, o	r other similar assets held for put	lic exhibition, education, or research in furthe	erance of p	oublic		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, a	as permitted under FASB ASC 95	8, to report in its revenue statement and bala	nce sheet	works of		
	art, historical treasures, or o	ther similar assets held for public	exhibition, education, or research in furtheral	nce of put	olic service	э,	
	provide the following amoun	-					
					\$		
	(ii) Assets included in Form				-		
2	If the organization received of	or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide)		
		red to be reported under FASB A	-				
					\$		
					\$		
LHA	For Paperwork Reduction	Act Notice, see the Instructions	for Form 990.		Schedule	D (Form 9) 90) 2019

21280503 701245 121690

932051 10-02-19

Sche	dule D (Form 990) 2019 HOPE SERVIC	ES					94-139	9287	P	age 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical T	reasures, or	Other	Similar	· Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of th	e following that r	nake sig	nificant u	ise of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	kchange progran	n					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit or							_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizat	ion answered "Y	es" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					_ 1f _		7		.
	Did the organization include an amount on Fo					y?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.					<u></u>				
Fai	TV Endowment Funds. Complete if							() [
4.	Pasianian of year balance	(a) Current year 1,374,670.	(b) Prior year 2,811,081	(c) Two years			ears back 94,349.	(e) Four	, 689,	
1a	Beginning of year balance	50,000.	6,500		,000.	2,01	500.			000.
b	Contributions	93,412.	133,511	,	,953.		29,279.		5,	000.
ر اہ	Net investment earnings, gains, and losses	55,412.	155,511		, , , , , , , , , , , , , , , , , , , ,	4	2,215.			
d	Grants or scholarships									
е	Other expenditures for facilities	1,000.	1,576,422	,						
	and programs	1,000.	1,570,422	••						
	Administrative expenses	1,517,082.	1,374,670	2,811,	081	2 73	24,128.	2	,694,	349
g 2	End of year balance Provide the estimated percentage of the curre	, ,		•	,	2,71		,	,	<u> </u>
2 a	Board designated or quasi-endowment	.00	%	(a)) Helu as.						
a b	Permanent endowment 77.78	%								
c	Term endowment 22.22									
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-								
39	Are there endowment funds not in the posses	•	tion that are held	and administere	d for the	organiza	tion			
ou	by:	bion of the organiza				organiza		1	Yes	No
	(i) Unrelated organizations							3a(i)		x
	(ii) Related organizations							3a(ii)		x
b	If "Yes" on line 3a(ii), are the related organizat							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or of	ther (b) Co	st or other	(c) Ac	cumulate	d	(d) Boo	k valu	e
		basis (investm	. ,	is (other)	• •	reciation		., -		
1a	Land			4,223,482.				4	,223,	482.
b	Buildings		1	1,621,629.		5,776,9	901.	5	,844,	728.
с	Leasehold improvements			2,976,557.		1,054,8	854.	1	,921,	703.
d	Equipment			5,367,683.		4,556,6	625.		811,	058.
e	Other									
	Add lines 1a through 1e. (Column (d) must ed		X. column (B). line	10c.)	<u></u>			12	,800,	971.
							Schedule	D (Forn	n 990)	2019

21280503 701245 121690

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	►
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	1,972,575.
(3)	
(4)	

(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	1,972,575.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

21280503 701245 121690

(5) (6)

Sche	dule D (Form 990) 2019 HOPE SERVICES			94-139928	7 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With R	levenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	56,720,552.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	99,231.		
b	Donated services and use of facilities		854,642.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		5,169,438.		
е	Add lines 2a through 2d			2e	6,123,311.
3	Subtract line 2e from line 1			3	50,597,241.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	76,530.		
b	Other (Describe in Part XIII.)	4b	15,179.		
с	Add lines 4a and 4b			4c	91,709.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				50,688,950.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	56,632,384.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	854,642.		
b	Prior year adjustments				
с	Other losses	2c			
d	Other (Describe in Part XIII.)		5,169,438.		
е	Add lines 2a through 2d			2e	6,024,080.
3	Subtract line 2e from line 1			3	50,608,304.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	76,530.		
b	Other (Describe in Part XIII.)	4b	15,179.		
с	Add lines 4a and 4b			4c	91,709.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	50,700,013.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE APPROPRIATED EXPENDITURES FROM THE EARNINGS ON THE ENDOWMENT FUNDS ARE

INTENDED TO BE USED FOR ALL OF THE ORGANIZATION'S PROGRAMS WHICH FALL

UNDER ITS EXEMPT PURPOSE.

PART X, LINE 2:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE

GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT

MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND

BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS

FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT

TO BE SUSTAINED UPON EXAMINATION.

932054 10-02-19

THE ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL
JURISDICTION AND STATE OF CALIFORNIA. THE ORGANIZATION'S FEDERAL RETURNS
FOR THE YEARS ENDED JUNE 30, 2017 AND BEYOND REMAIN SUBJECT TO POSSIBLE
EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S CALIFORNIA
RETURNS FOR THE YEARS ENDED JUNE 30, 2016 AND BEYOND REMAIN SUBJECT TO
POSSIBLE EXAMINATION BY THE FRANCHISE TAX BOARD
PART XI, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 5,169,438.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
CAR DONATION GROSS UP FOR FUNDRAISER FEE 15,179.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 5,169,438.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
CAR DONATION GROSS UP FOR FUNDRAISER FEE 15,179.
Schedule D (Form 990) 2019

932055 10-02-19

21280503 701245 121690

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2019
Department of the Treasury Internal Revenue Service		Attach to Form 990				~ ^		Open to Public Inspection
Name of the organization		o to www.irs.gov/Form990 for instr	uction	s and	the latest mormati	on.	Employer ide	entification number
	HOPE SERVI						94-13992	
	ing Activities.	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
 a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	f Solicita g X Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye	
compensated at le	ast \$5,000 by the	organization.	_		-			
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
VEHICLES FOR CHARI			Yes	No				
THRIFT STORES, INC	12345 W	CAR DONATION		X	54,110.		15,179.	. 38,931.
		on is registered or licensed to solicit (contrib	▶ utions	54,110. or has been notified	it is e	15,179. exempt from re	,
or licensing.								
CA								
	eduction Act Not	ice, see the Instructions for Form S INTINUATIONS	990 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2019
932081 09-11-19								

Schedule G (Form 990 or 990-EZ) 2019 HOPE SERVICES

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported 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.

		(a) Event #1 IN CONCERT WITH HOPE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Revenue	Gross receipts	444,445.			444,445.
2	2 Less: Contributions	390,579.			390,579.
3	Gross income (line 1 minus line 2)	53,866.			53,866.
4	Cash prizes				
6	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	32,000.			32,000.
rect Ex	Food and beverages				
ة ا	B Entertainment	2,000.			2,000.
9					19,866.
1	0 Direct expense summary. Add lines 4 throug			▶	53,866.
1	1	line 3, column (d)			0.
Part	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
nue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue					

nu				() 0	bing	o/progressive bingo	Ľ.		<u> </u>		col. (a) throug	jh col. (c))
Revenu												
L L	1	Gross revenue										
es	2	Cash prizes										
Direct Expenses	3	Noncash prizes										
Direct E	4	Rent/facility costs										
	5	Other direct expenses										
	6	Volunteer labor		Yes % No		Yes % No		Yes_ No		%		
	7 Direct expense summary. Add lines 2 through 5 in column (d)											
	8	Net gaming income summary. Subtract line 7	from	line 1, column (d)	<u></u>		<u></u>			. 🕨		
9	Ent	ter the state(s) in which the organization condu	cts ga	aming activities:								
		he organization licensed to conduct gaming ac									Yes	No
b	IT "	No," explain:										
		ere any of the organization's gaming licenses re				• ,	/ear?				Yes	No
b	lf "	Yes," explain:										

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Scł	nedule G (Form 990 or 990-EZ) 2019 HOPE SERVICES 9	4-1399287	7	Page 3
11	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		∕es [No
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	L I	/es	No
	a The organization's facility	13a		%
	b An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		res [No
I	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party \$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	 ,	/es	No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, line	es 9, 9k	o, 10b,
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)) NAME OF FUNDRAISER: VEHICLES FOR CHARITY, ARC THRIFT STORES, INC.			
) ADDRESS OF FUNDRAISER:			
123	345 W ALAMEDA PARKWAY, SUITE 111, LAKEWOOD, CO 80228			
9320	083 09-11-19 Schedule G (F	orm 990 o	r 990-E	EZ) 2019

Schedule G (Form 990 or 990-EZ)

932084 04-01-19

SCI	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47		
(Foi	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	•		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ)		
Depar	tment of the Treasury	Attach to Form 990.		Open to Public				
Interna	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nam	e of the organization		Employer i		on nui	nber		
De		HOPE SERVICES	94-1	399287				
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1 a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		ation and gross-up payments spending account Health or social club dues or initiation fee Personal services (such as maid, chauffeu						
			1, CHEI)					
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
D	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	;					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	·	ompensation consultant X Compensation survey or study						
		ther organizations X Approval by the board or compensation of	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а	Receive a severance	e payment or change-of-control payment?		4a	Х			
b	Participate in, or re-	ceive payment from, a supplemental nonqualified retirement plan?		4b	Х	<u> </u>		
С		ceive payment from, an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n					
	contingent on the r					v		
						X		
		ation?		5b		X		
		or 5b, describe in Part III.						
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a section of	'n					
	contingent on the r	-		0.		x		
						X		
		ation?		<u>6b</u>		-		
		or 6b, describe in Part III.						
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7	х			
		nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th						
				8		x		
		id the organization also follow the rebuttable presumption procedure described in				<u> </u>		
3	Regulations section			9				
ΙНΔ		eduction Act Notice, see the Instructions for Form 990.		j y lule J (Forn	n 990	2010		
LINA			Scheu		1 330	2013		

932111 10-21-19

94-1399287

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
(1) CHARLES "CHIP" HUGGINS	(i)	328,702.	0.	8,400.	66,160.	22,560.	425,822.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN REIBER	(i)	153,658.	0.	29,375.	0.	10,829.	193,862.	0.
CFO (TO 10/2/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KARTHIK SETHURAM	(i)	300,270.	0.	0.	0.	20,484.	320,754.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CLARA LEE	(i)	222,890.	0.	0.	0.	6,351.	229,241.	0.
PSYCHIATRIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANNA FERNANDEZ	(i)	139,531.	11,760.	0.	6,315.	19,225.	176,831.	0.
DIR. OF MENTAL HEALTH SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NIVISHA MEHTA	(i)	144,375.	0.	0.	0.	14,141.	158,516.	0.
DIR OF RESOURCE DEVELOP.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINES 4A-B:

JOHN REIBER RECEIVED \$29,375 AS A SEVERANCE PAYMENT.

HOPE SERVICES HAS A 457(F) PLAN FOR CEO CHARLES HUGGINS. DURING THE

CALENDAR YEAR ENDING WITHIN THE 2019 TAX YEAR, \$66,160 ACCRUED IN THE SEC.

457(F) PLAN. THE AMOUNT REPORTED IS SUBJECT TO A RISK OF SUBSTANTIAL

FORFEITURE AND PAYMENT IS NOT GUARANTEED.

PART I, LINE 7:

ANNA FERNANDEZ, DIRECTOR OF MENTAL HEALTH SERVICES RECEIVED A DISCRETIONARY

BONUS IN THE AMOUNT OF \$11,760 FOR CALENDAR YEAR 2019.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

2019 Open to Public Inspection

Name of the organization

HOPE	SERVICES

Employer identification number

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		5,127,367.	FMV			
6	Cars and other vehicles	Х	83	54,110.	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	6,819.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution - Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (EWASTE)	Х	50	3,140.	FMV			
26	Other ► ()							
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	jement			0	
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance pe	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	х	
32a	Does the organization hire or use third parties o	r related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is cheo	ked,			
	describe in Part II.							
	For Department, Deduction Act Nation and t			·	Sahadula M	. /		0040

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

Schedule M (Form 990) 2019

932141 09-27-19

Schedule M (Form 990) 2019 HOPE SERVICES	94-1399287 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30 is reporting in Part I, column (b), the number of contributions, the number of items rece this part for any additional information.	b, 32b, and 33, and whether the organization ived, or a combination of both. Also complete
CHEDULE M, PART I, COLUMN (B):	
THE NUMBER REPRESENTS THE AMOUNT OF CONTRIBUTORS NOT THE AMOUNT OF	
ITEMS CONTRIBUTED.	
SCHEDULE M, LINE 32B:	
HOPE SERVICES USES A THIRD PARTY ORGANIZATION TO PROCESS AND FACILITATE	
THE SALE OF DONATED VEHICLES. ONCE THE SALE IS COMPLETE, THE PROCEEDS	
ARE REMITTED TO HOPE SERVICES.	

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection
Name of the organization			r identification number 399287
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:		
RETAIL OPERATIONS	- REVENUE GENERATED BY HOPE THRIFT STORES ARE USED TO		
SUPPORT HOPE SERVIC	CES' PROGRAMS. GROSS RECEIPTS OF \$ 5,169,438 WAS		
REPORTED AS IN-KINI	D DONATIONS FROM THE GENERAL PUBLIC ON FORM 990 PART		
VIII LINE 1G.			
EXPENSES \$ 7,061,5	77. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.		
HUD FUNDED RENTAL U	JNITS INCOME - CURRENTLY MANAGED BY HOUSING CHOICES		
COALITION, A NON-PH	ROFIT ORGANIZATION, THAT ARE RENTED TO INDIVIDUALS		
WITH DEVELOPMENTAL	DISABILITIES.		
EXPENSES \$ 67,833.	INCLUDING GRANTS OF \$ 0. REVENUE \$ 106,062.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
THE FORM 990 IS PRI	EPARED BY OUTSIDE ACCOUNTANTS. IT IS REVIEWED BY		
MANAGEMENT AND PRES	SENTED TO THE AUDIT COMMITTEE. ONCE APPROVED BY THE AUDIT		
COMMITTEE, THE FORM	4 990 IS PROVIDED TO THE REST OF THE BOARD FOR REVIEW AND		
COMMENT BEFORE IT	IS ELECTRONICALLY FILED.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
COVERED IN NEW EMPI	OYEE ORIENTATION SESSIONS; REGULAR AWARENESS REMINDERS		
ARE SENT OUT TO STA	AFF VIA MANAGERS AND TRAINING SESSIONS ON THE POLICY AND		
THE "WHISTLEBLOWER	S" POLICY. HUMAN RESOURCES DEPARTMENT ANNUALLY REVIEWS		
AND REQUESTS UPDATH	E IN STATUS.		
FORM 990, PART VI,	SECTION B, LINE 15:		
ARTICLE VIII, SECT	ION 2(A)(V) OF THE BY-LAWS STATES THAT THE EXECUTIVE		
LHA For Paperwork Re 932211 09-06-19	duction Act Notice, see the Instructions for Form 990 or 990-EZ. So	hedule O (Forr	n 990 or 990-EZ) (2019)

21280503 701245 121690

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
HOPE SERVICES	94-1399287

COMMITTEE OF THE BOARD SHALL ANNUALLY EVALUATE THE PERFORMANCE AND

COMPENSATION OF THE CORPORATION'S PRESIDENT/CEO AND THE COMPENSATION OF THE

CFO AND RECOMMEND ANY CHANGES TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S WEBSITE, WWW.HOPESERVICES.ORG, PROVIDES ANNUAL REPORTS,

AUDITED FINANCIAL STATEMENTS, AND FORM 990'S. POLICIES OR DOCUMENTS NOT

CONTAINED THEREIN ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

932212 09-06-19

932161 09-10-19 LHA

41

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

Schedule R (Form 990) 2019

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

HOPE SERVICES

Employer identification number 94-1399287

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				
	-				
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling		g) 512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity	ent	tity?
				501(c)(3))		Yes	No
ARROYO COMMONS INC - 94-3220903	LOW INCOME HOUSING FOR						
22645 GRAND STREET	HANDICAPPED AND DISABLED						
HAYWARD, CA 94541	PERSONS	CALIFORNIA	501(C)(3)	LINE 7	N/A		х
HOPEWORKS - 85-0784947							
30 LAS COLINAS LANE							
SAN JOSE, CA 95119	TO HOUSE FEDERAL CONTRACTS	CALIFORNIA	501(C)(3)	LINE 7	HOPE SERVICES	x	
							1

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

organizations treated as a pa		(your.							-													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)											
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	t income Share of total income income	Share of total income	Share of total income	Share of total income	Share of total Share of end-of-year		alloca	ortionate itions?	amount in box	Genera managi partne	or Percentage ownership							
		country)		sections 512-514)	tions 512-514)		Yes No		K-1 (Form 1065)	Yes N	0											
																						
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										+	+											
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	1																					
	1					l			L													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) ction b)(13) rolled tity?
		country)				400010		Yes	No
									└──
									└──
									<u> </u>

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)			Σ
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)	<u>1f</u>		х
g Sale of assets to related organization(s)	1g		2
h Purchase of assets from related organization(s)	1 h		2
i Exchange of assets with related organization(s)	<u>1i</u>		
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		1
k Lease of facilities, equipment, or other assets from related organization(s)	1k		2
I Performance of services or membership or fundraising solicitations for related organization(s)			2
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)			2
p Reimbursement paid to related organization(s) for expenses			2
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	<u>1r</u>		2
s Other transfer of cash or property from related organization(s)	1s		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
(3)				
<u>(4)</u>				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2019 HOPE SERVICES

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera		centage
of entity	, ,	(state or foreign	(related, unrelated,	501(org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	amount in box 20	manag partne	r? OWI	nership
		country)		Yes		income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	10	
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Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

932165 09-10-19

Schedule R (Form 990) 2019