Form **990**

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

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

C Name of organization HOME OF HOPE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 190 TOBIN CLARK DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: HILLSBOROUGH, CA 94010

D Employer identification no.: 94-3342348

E Telephone number: (650)520-3204

G Gross receipts: $ 460,633

F Name and address of principal officer:

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

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

If "No," attach a list. (see instructions)

H(c) Group exemption number ►

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

J Website: ► N/A

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

L Year of formation: 1999

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Organizations mission is to provide opportunities which empower disadvantaged and underpriviged youth to become self sustaining adults of tomorrow.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	64,613
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	122,092	372,463
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	215,345	64,613
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	337,437	437,076
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	258,740	365,643
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,121	8,460
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	291,861	374,103
19	Revenue less expenses. Subtract line 18 from line 12	45,576	62,973

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	339,566	402,539
21	Total liabilities (Part X, line 26)		0
22	Net assets or fund balances. Subtract line 21 from line 20	339,566	402,539

Part II Signature Block

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

Sign Here

NEELAM BHAVNANI
Signature of officer — Date

NEELAM BHAVNANI, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PARAS DAGLI CPA		05-15-2018		P01344682

Firm's name ► AMERICAN TAX SERVICE — Firm's EIN ►

Firm's address ► 3027 MOUNTAIN DR, Fremont CA 94555 — Phone no. 510-745-7468

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

EEA