

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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.Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20															
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization HOME OF HOPE INC</td> <td rowspan="4" style="width:15%; vertical-align: top;"> D Employer identification no. 94-3342348 E Telephone number (650) 520-3204 G Gross receipts \$ 620,834 </td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">190 TOBIN CLARK DRIVE</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code HILLSBOROUGH, CA 94010</td> <td rowspan="2"> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="2">F Name and address of principal officer:</td> </tr> </table>	C Name of organization HOME OF HOPE INC		D Employer identification no. 94-3342348 E Telephone number (650) 520-3204 G Gross receipts \$ 620,834	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	190 TOBIN CLARK DRIVE		City or town, state or province, country, and ZIP or foreign postal code HILLSBOROUGH, CA 94010		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	F Name and address of principal officer:	
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527															
J Website: ▶ N/A															
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶															
L Year of formation: 1999															
M State of legal domicile: CA															

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Organizations mission is to provide opportunities which empower disadvantaged and underprivileged youth to become self sustaining adults of tomorrow.		
	2 Check this box <input type="checkbox"/> 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 2018 (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	63,807
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 594,116	Current Year 530,309
	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)		63,807
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	594,116	594,116
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	443,365	443,365
	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)	34,984	8,266
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	478,349	451,631
19 Revenue less expenses. Subtract line 18 from line 12	115,767	142,485	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 402,539	End of Year 545,024
	21 Total liabilities (Part X, line 26)		0
	22 Net assets or fund balances. Subtract line 21 from line 20	402,539	545,024

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				
	NEELAM BHAVNANI, PRESIDENT Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name PARAS DAGLI	Preparer's signature	Date 05-15-2019	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01344682
	Firm's name ▶ AMERICAN TAX SERVICE	Firm's EIN ▶			
	Firm's address ▶ 30715 UNION CITY BLVD Union City CA 94587	Phone no. 510-941-7123			

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 (2018)