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.

OMB No. 1545-0

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning Inspection and ending В Check if applicable: C Name of organization NEW FOUNDATION OF HOPE Address change D Employer identification number Doing business as Number and street (or P.O. box if mail is not delivered to street address) Name change 26-0056052 Room/suite E Telephone number 8144-48 SOUTH KEDZIE AVENUE Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code (773) 937-4048 Amended return CHICAGO, IL 60652 Application pending F Name and address of principal officer: RONALD MASON G Gross receipts \$ 364,398. 8146 S KEDZIE AVE CHICAGO, H(a) Is this a group return for subordinates? H(b) Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or Website: ▶NEWFOUNDATIONOFHOPE.ORG If "No," attach a list. (see instructions) K Form of organization: Corporation ☐ Trust ☐ Association ☐ Other ▶ H(c) Group exemption number Year of formation: 2002 Part I Summary M State of legal domicile: IL Briefly describe the organization's mission or most significant activities: TO PROVIDE CHARITABLE YOUTH SERVICES TO STUDENTS FROM LOW-INCOME Activities & Governance COMMUNITIES BY PROVIDING PROGRAMS THAT IMPROVE ACADEMIC SKILLS Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a). 2 6 Total number of volunteers (estimate if necessary). 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 0 b Net unrelated business taxable income from Form 990-T, line 34 . 0. 0. **Current Year** Revenue 371,136 364,398. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 371,136. 364,398 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . 16a Professional fundraising fees (Part IX, column (A), line 11e) 9,405 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 363,585 365,221. Revenue less expenses. Subtract line 18 from line 12 372,990 365,221. Assets or d Balances -1,854-823. Beginning of Current Year Total assets (Part X, line 16) . . . End of Year 21 1,238 415. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 1,238 415. 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 Type or print name and title Print/Type preparer's name Paid Preparer's signature Preparer Check [] if self-employed **Use Only** Firm's name Firm's address Firm's EIN Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

	1	the displacement described in section 501(c)(3) or 4947(a)(1) (other than		Yes No
		Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? If "Yes,"		
	2	Is the organization required to complete Schedule B. Schedule of Contribute of Contrib	1	X
	3	Did the organization engage in direct or indirect political and the organization (see instructions)?	2	X
	12	candidates for public office? If "Yes " complete Select 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	x
		election in effect during the tax year? If "Yes" complete During activities, or have a section 501(h)		A
	5	Is the organization a section 501(c)(4) 501(c)(5) as Force and the control of the	4	x
		assessments, or similar amounts as defined in Revenue R		- 22
	1.60	Part III		
	6	Part III	5	x
		have the right to provide advice on the distribution or invalid a decounts for which donors		- 42
		"Yes," complete Schedule D, Part I		1
	7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	. 6	X
		trie environment, historic land areas or historic attack.		12
	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	. 7	x
		complete Schedule D. Part III		- 21
	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 account liability, serve as a	. 8	X
		custodian for amounts not listed in Part Y: or provide and I's		42
		debt negotiation services? If "Yes," complete Schedule D. Part IV.		1
1	0	debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization, directly or through a related organization, hold assets in temporarily restricted	. 9	x
		endowments, permanent endowments, or quasi and an acceptant temporarily restricted		
1	1	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. VII, VIII, IX, or X as applicable.	. 10	x
		VII, VIII, IX, or X as applicable.		
	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	3.5	
	b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a 3	ζ
		of its total assets reported in Part X, line 162, If "Veg." assembly 0.0 to 12 that is 5% or more		
	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 162 If "Yes" complete Schedule D, Part X, line 13 that is 5% or more	11b	X
	1	of its total assets reported in Part X, line 162, If "Yea," secretary and A. line 13 that is 5% or more		
	d i	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.	11c	X
	ſ	reported in Part X, line 16? If "Yes," complete Schodule D. D. Anne 16 that is 5% of more of its total assets		1
	e L	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year includes A.	11d	X
1	L	In the organization's separate or consolidated financial at the organization's separate or consolidated financial at the conso	110	X
40	L	ne organization's liability for uncortain towns in the cax year include a footnote that addresses		
128	a [the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Schedule D, Parts XI and XII	11f	X
	0	chedule D, Parts XI and XII		
b) V	Schedule D, Parts XI and XII Vas the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete to organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII and	12a	x
40	tr	le organization answered "No" to line 123, then assent to		1
13	IS	the organization a school described in section 170(b)(1)(A)(ii)? If "Yes" complete Sebast 4.5	12b	X
14a	D	id the organization maintain an office employees or an analysis of the organization maintain an office employees or an analysis of the organization maintain an office employees or an analysis of the organization maintain an office employees or an analysis of the organization maintain an office employees or an analysis of the organization maintain an office employees or an analysis of the organization maintain an office employees or an analysis of the organization maintain an office employees or an analysis of the organization maintain an office employees or an analysis of the organization maintain an office employees or an analysis of the organization maintain an office employees or an analysis of the organization of	13	X
b	fu	id the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	X
	for	ndraising, business, investment, and program service activities outside the United States, or aggregate reign investments valued at \$100,000 or more? If "Yes" complete 2. It is the control of the contr		
15	Di	reign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.		
10	for	d the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	X
16	101	any foreign organization? If "Yes," complete Schedule F, Parts II and IV. If the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate several to the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate several to the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate several to the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate several to the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate several to the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate several to the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate several to the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate several to the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate several to the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate several to the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate several to the organization report of the organi		
10	DIC	the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	X
17	ass	sistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV		
17	DIO	sistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. If the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	X
18	Par	TIX, column (A), lines 6 and 11e? If "Yes" complete Set and 11e?		
.0	DIG	the organization report more than \$15,000 total of fundraising event gross income and contributions on t VIII, lines 1c and 8a? If "Yes," complete Schedule C. Port II.	17	X
19	Par	t VIII, lines 1c and 8a? If "Yes" complete Schodule C. D. and globs income and contributions on		
	If "\	the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X
JYA	,, Y	Yes," complete Schedule G, Part III		
-55AM		1	9	X

Form 990 (2017) NEW FOUNDATION OF HOPE Part IV Checklist of Required Schedules (continued)

	20 a	Did the area of the				T
	b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this action.			Yes	No
	21	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any demonstration.		20a		X
	44 1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or other assistance to any domestic organization or	[20b		
	22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.				
	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.		21		X
	23	Fall IX, Column (A), line 2? If "Yes" complete Set at the second of for domestic individuals on				
	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		22		X
		organization's current and former officers, directors to	Γ			
	24 -	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt hand issue with an author of the complete Schedule J				
	44 d	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 Passaula.	. [23		X
		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	Γ			
	h	tilrough 24d and complete Schedule K. If "No," go to line 25a				
	b	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the defense.	.	24a		X
	C	Did the organization maintain an escrow account other the		24b		
	- 1	to delease any tax-exempt bonds?			\top	
	d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any time during the year?	. L:	24c		
	Lua ,	section 501(c)(3), 501(c)(4), and 501(c)(20) areas:		24d		
	ι	alisaction with a disqualified person during the way of the				
	b is	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ear, and that the transaction has not been reported on any of the organization.	. 2	5a		X
	у	ear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
		"Yes," complete Schedule L, Part I				
-			2	5b	12	K
	di	urrent or former officers, directors, trustees, key employees, highest compensated employees, or squalified persons? If "Yes." complete Schedule I. Port ".				
2	7 D	squalified persons? If "Yes," complete Schedule L, Part II				
-	יט	id the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26	3	2	2
	00	abstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				_
28	R \//	tity or family member of any of these persons? If "Yes," complete Schedule L, Part III.				
~ `	, vv	as the organization a party to a business transaction with one of the following parties (see Schedule L, urt IV instructions for applicable filing thresholds, conditions, and arrest to the following parties (see Schedule L,	27		X	
	a A.	ort IV instructions for applicable filing thresholds, conditions, and exceptions):				
	20	amily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	288	а	X	
	c An	hedule L, Part IV				
		of Willott a Cutterill Of former officer alies of	281	0	X	
29	Did	s an officer, director, trustee, or key employee (or a family member thereof) the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV				_
30	Did	the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV the organization receive contributions of art, historical treasures, or other similar associations are selected.	280		X	
	con	the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X	201
31	Did	servation contributions? If "Yes," complete Schedule M. the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule M.				
12113	Part	the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X	_
32	Did t	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,				
	Part	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,	31		X	
33	Did t	If "Yes," complete Schedule N, he organization own 100% of an entity disregarded as separate from the organization under D.	- 1			
	secti	he organization own 100% of an entity disregarded as separate from the organization under Regulations ons 301.7701-2 and 301.7701-3? If "Yes," complete Schedulo B. Boot to	32		X	
34	Was	ons 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. P. D. C. V.				
	or IV.	the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, and Part V, line 1	33	_	X	
35 a	Did th	and Part V, line 1 ne organization have a controlled entity within the meaning of section 512(h)(13)?				
b	If "Ye	s" to line 35a, did the organization receive any payment from or engage in any transcetter.	34		X	
	contro	s" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		X	
36	Section	olled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.				
	related	on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b			
37	Did th	d organization? If "Yes,", complete Schedule R, Part V, line 2 e organization conduct more than 5% of its activities through an entity that is not a related experience of the total of the				
	and th	e organization conduct more than 5% of its activities through an entity that is not a related organization at is treated as a partnership for federal income tax purposes 2. 15 live - 17.	6	\perp	X_	
	Part V	I				
38	Did the	e organization complete Schedule O and	_	1.		
	19? N	e organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		<u>X_</u>	
UYA		ote. All Form 990 filers are required to complete Schedule O	, ,	·		
		30	v 4	X		

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

		Formula Contention of Contains a response or note to any line in this Part V	
	1 a	Enter the number reported in Poy 3 of 5	· · · · ·
	b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Yes No
	С	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
		Did the organization comply with backup withholding rules for reportable payments to vendors and	
	2 a	reportable gaming (gambling) winnings to prize winners?. Enter the number of employees reported on Form W. 3. Transmitted to see the control of the control	_
		Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year and in a site.	X
	b		
		If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a file (see instance).	
	3 a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions). Did the organization have unrelated business gross income of \$1,000 or more during the sum of the s	
	b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 2.	
	4 a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3a At any time during the calendar year, did the organization have an interest in organization to a significant schedule O	X
		At any time during the calendar year, did the organization have an interest in, or a signature or other authority 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	
	b	If "Yes" enter the name of the first	
		See instructions for filing requirements for Fig. 25.4.5	X
		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
	5 a	Was the organization a party to a prohibited to the state of the state	
	b [Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter.	37
	C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	X
}	6 a [If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000 and the second secon	X
	- C	organization solicit any contributions that were not too deal with \$100,000, and did the	
	b If	f "Yes," did the organization include with every solicitation an every section and express and the organization include with every solicitation an every solicitation and every solicit	v
	g	pirts were not tax deductible?	X
7	' O	Organizations that may receive deductible contribution	
		Samuel receive a payrilent in excess of \$75 mode =	
	ar	and services provided to the payor?	
	b If	"Yes," did the organization notify the donor of the value of the	
	c Di	old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	
	re	equired to file Form 8282?	
	d If	"Yes," indicate the number of Forms 8282 filed during the year	
	e Di	id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7e	
	T Die	d the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7e the organization received a contribution of qualified intellectual property, did the organization file.	
	y II (the organization received a contribution of qualified intelligence and personal benefit contract?	
8	11 11 11	the organization received a contribution of core heats in the organization file Form 8899 as required?	
0	Sp.	ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	
9	spo	onsoring organization have excess business holdings at any time during the year? onsoring organizations maintaining donor advised funds	
a	opid i	onsoring organizations maintaining donor advised funds.	
Ł	. Did	the sponsoring organization make any tayable distribution	
10	Sec	the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9a ction 501(c)(7) organizations. Enter: 9b	
а	Initia	ation fees and control and it is at	
b	Gros	ation fees and capital contributions included on Part VIII, line 12	
11		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10-19
а	Gros	SS income from members as a key to the	
b	Gros	ss income from members or shareholders	
	agair	ss income from other sources (Do not net amounts due or paid to other sources	
12 a	-	The add of received Horri them	
b	If "Ye	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
13	Secti	es," enter the amount of tax-exempt interest received or accrued during the year	
а	Is the	e organization licensed to issue qualified health plans.	
	Note.	e organization licensed to issue qualified health plans in more than one state? See the instructions for additional information the organization must report as 0 to be the properties of the p	
b	Enter	the amount of reserves the organization is required to work the organization of the organization is required to work the organization of the organization is required to work the organization of the organ	
	the or	rganization is licensed to issue qualified health place.	
С	Enter	rganization is licensed to issue qualified health plans	
14 a	Did th	ne organization receive any payments for indeed to the control of	
b	If "Yes	ne organization receive any payments for indoor tanning services during the tax year?	X
ΥA		14b	

Form 990 (2017) NEW FOUNDATION OF HOPE Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 26-0056052 Page 6 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No If there are material differences in voting rights among members of the governing body, or 5 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Did the organization delegate control over management duties customarily performed by or under the direct 3 2 X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?. 3 X 5 X Did the organization have members or stockholders? 6 5 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7a X Did the organization contemporaneously document the meetings held or written actions undertaken during X the year by the following: b Each committee with authority to act on behalf of the governing body? X 8a Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 86 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) X 10 a Did the organization have local chapters, branches, or affiliates? Yes No b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10a X affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . . . 10b b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11a X 12 a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12a X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12b X 13 12c X Did the organization have a written document retention and destruction policy? 14 13 X Did the process for determining compensation of the following persons include a review and approval by 15 14 X independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15b X 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its X participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 16b List the states with which a copy of this Form 990 is required to be filed ▶IL 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ (773) 937-4048

MASON 8146 S KEDZIE AVE CHICAGO, IL 60652

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financial statements available to the public during the tax year.

orm 990 (2017)	NEW	FOUNDATION		77077	
Dom VIII O		TOOTIDATION	OF	HOPE	

26-0056052 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definintion of "key 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
- 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) (A) (B) Position (D) Name and Title (E) Average (F) (do not check more than one Reportable Reportable hours per Estimated box, unless person is both an compensation week (list any compensation from amount of officer and a director/trustee) from related hours for other the Individual trustee Institutional trustee organizations related Highest compensated compensation Key employee Former director organization (W-2/1099-MISC) organizations from the employee (W-2/1099-MISC) below dotted organization line) and related organizations (1) RONALD MASON 40 PRESIDENT 40 X X (2) DE 'ONE **JOHNSON** 40 TRUSTEE 40 X (3) CHARLES SPINKS 2 TRUSTEE 2 X (4) WALTER MASON 2 TRUSTEE 2 X (5) ERICA MASON 2 SECRETARY 2 X X (6)(7)(8) (9) (10)(11)(12)(13)(14)UYA

Part VII Section A. Officers, Directors	, rrustees, K	ey Er	nple	oye	es,	and I	ligh	est Compens	ated Employe	6-0056052 es (continued)
(A) Name and title	(B) Average hours per week (list any hours for	(do box offic	not o	Po heck ess p	sitior mor		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	related organizations below dotted line)	or dire			Key employee		_	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)						ed.				
(16)										
(17)							+			
(18)			1	7	1		+			
(19)		1	1	1	+	1	+			
20)		\dashv	+	+	+	\dashv	+			
21)		+		+	+	-	+			
22)		\dashv	+	+	+	+	+			
23)		+	+	+	+	+	+			
24)		-	+	+	+	-				
5)		+	+	+	+	+	-			
1b Sub-total			<u> </u>			•	-			
c Total from continuation sheets to Pa d Total (add lines 1b and 1c) Total number of individuals (including b							F			
2 Total number of individuals (including b reportable compensation from the organ	ut not limited nization ▶	to the	ose	liste	ed a	bove	who	received mo	re than \$100,00	00 of
 3 Did the organization list any former office employee on line 1a? If "Yes," complete 4 For any individual listed on line 1a, is the organization and related organizations greindividual 5 Did any person listed on line 1a receive or for services rendered to the organization? 	sum of reporta	able (com)?	pen	sati 'Yes	on ar	nd ot	her compensa te Schedule J	tion from the	Yes No 3 X
Ction B. Independent Contractors	-, -, -,	01020	OUT	Touc	ile J	IOI S	ucn	person		5
compensation from the organization. Reportax year.	mpensated in rt compensati	depe on fo	nde r the	nt c	onti	actor	s tha	at received mo	ore than \$100,0 within the orga	000 of
(A) Name and business address								(B) cription of servic		(C) ompensation
Total number of independent contractors (in received more than \$100,000 of compensate										

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in	this Part VIII			
S) U		(A) Total revenue	(B) Related or exempt function revenue	Unrelated business	Revenue exclu from tax unde
tributions, Gifts, Grants Other Similar Amounts	1a Federated campaigns 1a			revenue	sections 512-5
رة 10 ق	b Membership dues				
Contributions, Gifts, Grants and Other Similar Amounts	c Fundraising events			Acres (Laboratoria)	
s, G	d Related organizations				
ion	e Government grants (contributions) 1e			3.5 (6.5 (6.5))	
but	f All other contributions, gifts, grants,				
ntri	and similar amounts not included above. If 364,398 g Noncash contributions included in lines 1a-1f: \$	3.			
Cont	h Total. Add lines 1a-1f:				
9	h Total. Add lines 1a–1f.	364,398.			
Program Service Revenue	2a Business Code	e .			
Re	b				
Vice	c				
Ser	d				
lam	e				
Prog	f All other program service revenue	-			
\rightarrow	g Total. Add lines 2a-2f				
	investment income (including dividends, interest				
	and other similar amounts)				air and a second
	income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	ba Gross rents			45 25 16	
	b Less: rental expenses				
	c Rental income or (loss)		Bag at smith ear		
١,	d Net rental income or (loss)				
1'	Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory b Less: cost or other basis			建筑的企业	新生产企业 集。
	and sales expenses				
1	c Gain or (loss)	ARLEGA S	designation as	464 646 60	
	d Net gain or (loss)	· 是中华的基础是			
	d Net gain or (loss)				
8	a Gross income from fundraising				
1	events (not including \$				医生态发生性
	of contributions reported on line 1c).	ITO SHOPPING TO	Branch Branch	200000000000000000000000000000000000000	
	See Part IV, line 18 a		化正常生物 电电		1000年100日至
k	D Less: direct expenses b				
C	Net income or (loss) from fundraising events		Branch Branch	50 5 50 Feb.	4.55.55
9a	Gross income from gaming activities.				
	See Part IV, line 19				
b	Less: direct expenses	Para Cara St.	BONDERS SHOP		
C	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less				
	returns and allowances a	TO STATE OF BUILDING			\$ - C - WE
b	Less: cost of goods sold				
C	Net income or (loss) from sales inventory				
	Business Code				
11a					
b					
С					20.11
d	All other revenue				
12	Total. Add lines 11a-11d				
12	Ofal revenue Coe instancti	64,398.		100000	

Se

ection 501	1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete the columns of the column	
	All other organizations must complete all columns. All other organizations must serve le	
225	Check if Schedule O contains a response as not in the differentiations must complete	te column (A).

20	not include amounts reported on lines 6b, 7b, 8b, 9b,	any line in this Part I)	<u>(</u>		. s. s. s.
ariu	TUD OF Part VIII.	Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV line 21	.			
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22	. 1			
3	Grants and other assistance to foreign organizations				新疆文本等
	foreign governments, and foreign individuals. See Bort IV				
	ines to and 16			A STATE OF THE STA	148666
4	beliefits paid to or for members				
5	Compensation of current officers, directors, trustees				
	and key employees	1			
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				
0	Pension plan accruals and contributions (include section				Pro-
	401(k) and 403(b) employer contributions)				
-	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
b I	Legal	173,111.	103,866.	25,967.	42 076
C	Accounting			20,307.	43,278
d L	obbying .				
e F	Professional fundraising services. See Part IV, line 17				
f J	nvestment management fees				
g C	Other. (If line 11g amount exceeds 10% of line 25, column				
0	A) amount list line 11g cyperses and 0 traine 25, column				
2 A	A) amount, list line 11g expenses on Schedule O.)				
0	ffice expenses				
ln	formation technology	736.	596.	29.	
R	formation technology.			29.	110
O	Oyalties				
Tr	ccupancy	62,278.	49,823.	0.340	
Ps	avel	5,100.	4,080.	9,342.	3,114.
for	ayments of travel or entertainment expenses for any		2,000.		1,020.
Co	deral, state, or local public officials				
00	merences, conventions, and meetings				
Par	erest				
Da	yments to affiliates				
D6	preciation, depletion, and amortization				
IIIS	urance.				
UIT	er expenses. Itemize expenses not covered above				
/ .		100			
(LIS	miscellaneous expenses in line 24e. If line 24e amount				
exce	eeds 10% of line 25, column (A) amount list line 24e.				
exce	eeds 10% of line 25, column (A) amount, list line 24e enses on Schedule O.)				
exce	eeds 10% of line 25, column (A) amount list line 24e.	48 229	AF O17		
exce	eeds 10% of line 25, column (A) amount, list line 24e enses on Schedule O.)	48,228.	45,817.	2,411.	
exce	eeds 10% of line 25, column (A) amount, list line 24e enses on Schedule O.)	48,228.	45,817.	2,411.	
exce expe FI	eeds 10% of line 25, column (A) amount, list line 24e enses on Schedule O.) ELD TRIPS AND EVENTS	48,228.	45,817.	2,411.	
expe FI	eeds 10% of line 25, column (A) amount, list line 24e enses on Schedule O.) ELD TRIPS AND EVENTS there expenses			2,411.	
expe FI	there expenses in line 24e. If line 24e amount eeds 10% of line 25, column (A) amount, list line 24e enses on Schedule O.) ELD TRIPS AND EVENTS there expenses	75,768.	56,826.	11,365.	7 577
exce expe FI	the eds 10% of line 25, column (A) amount, list line 24e enses on Schedule O.) ELD TRIPS AND EVENTS ther expenses If functional expenses. Add lines 1 through 24e toosts. Complete this line only if the organization			11,365.	7,577.
All of Total	there expenses in line 24e. If line 24e amount leeds 10% of line 25, column (A) amount, list line 24e lenses on Schedule O.) ELD TRIPS AND EVENTS There expenses If functional expenses. Add lines 1 through 24e toosts. Complete this line only if the organization ted in column (B) joint costs from a combined	75,768.	56,826.		7,577. 55,099.
All of Total	there expenses in line 24e. If line 24e amount eeds 10% of line 25, column (A) amount, list line 24e enses on Schedule O.) ELD TRIPS AND EVENTS there expenses	75,768.	56,826.	11,365.	7,577. 55,099.

-		Check if Schedule O contains a response or note to any line in this Part X			
		to any line in this Part X			
_			(74)	l l	(B)
	1	Cash — non-interest-bearing. Savings and temporary cash investments.	Beginning of yea	r	End of year
		2 Savings and temporary cash investments	1,238	3. 1	415.
		 Savings and temporary cash investments Pledges and grants receivable net 		2	413.
		 3 Pledges and grants receivable, net 4 Accounts receivable, net 		3	
		 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete P. Charlete P.		4	
		and highest compensated employees. Complete Park H. 69 in the state of			
		and highest compensated employees. Complete Part II of Schedule L		5	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary employees'	A4-4-42-21		25.025.00.000
,		beneficiary organizations (see instructions).	全性的 多级研究		
4	5	Complete Part II of Schedule L			
Accoto	2 7	Notes and loans receivable net		6	
<	٤ ١	Notes and loans receivable, net Inventories for sale or use		7	
	9	Inventories for sale or use Prepaid expenses and deferred charges		8	
	10	Prepaid expenses and deferred charges la Land, buildings, and equipment: cost or		9	
		other basis. Complete Part VI of Schodule D			
	1				
	11	Investments — publicly traded securities		10c	
	12	Investments — publicly traded securities Investments — other securities. See Part IV, line 11. Investments — program-related. See Part IV line 11.		11	
	13	Investments — program-related. See Part IV, line 11. Intangible assets		12	
	14	Intangible assets Other assets See Part IV line 11		13	
	15	Other assets. See Part IV, line 11. Total assets. Add lines 1 through 15 (much		14	
	16	Total assets. Add lines 1 through 15 (must equal line 34). Accounts payable and accrued expenses.		15	
	17	Accounts payable and accrued expenses	1,238.	16	415.
	18			17	
	19	Deferred revenue Tax-exempt hond liabilities		18	
Ś	20	Tax-exempt bond liabilities . Escrow or custodial account liability Complete B.		19	
Liabilities	21		to the second se	20	
iii	22	and payables to culter and former officers disease		21	
ā		Periodical Chiployees, alle dishipled norcone Committee in the			
_	23			22	
	24	Figure 2 and loans payable to innelated third portion		23	
	25			24	
- 1					
	26	not included on lines 17-24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow SEAS 117 (ASC 050).		25	
Assets of Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27		26	
2		0, and intes 05 and 54,			
9	27	Unrestricted net assets			
ן מ	28	- Total local liet assets .	1,238.	27	415.
2				28	
2		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete		29	
0		ugii			
3	30	Capital stock or trust principal, or current funds			
30		- Pital Carpias, or land, pulled or equipment fund		30	
2		or other funda		31	
3		- acotto of fully palatices		32	
	4	Total liabilities and net assets/fund balances		33	415.
UYA			1,238.	34	415

For	m 990 (2017) NEW FOLIND A HITCH			
P	art XI Reconciliation of Net Assets	26-001		0
	Check if Schedule O contains a second	26-005	0005	2 Page
	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12)			
	Total revenue (must equal Part VIII, column (A), line 12). Total expenses (must equal Part IX, column (A), line 35)	1	26	
	Total expenses (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 2 from line 1	2	364	4,398
	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Dark X III as	3	365	5,221
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments			-823
	Net unrealized gains (losses) on investments		1	.,238
ç				
10				
1.0				
Pai	33, column (B))			
	rt XII Financial Statements and Reporting			415
	Check if Schedule O contains a response or note to any line in this Part XII.			_
1	Accounting mostly and the second seco			
10	The second of the second secon		Ye	es No
2	" the organization change its method of accounting form		7000	
-	a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year way.	la l		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a sbasis, consolidated basis, or both:		2a	X
	1 10	separate	S 150	
	Separate basis Consolidated basis Were the organization's financial statements qualities but the consolidated and separate basis			
•				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:		2b	X
		, consolidated		
c				
·				
	If the organization changed either its oversight process or selection process during the tax year, explain in	_2	2c	
32				1
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	- I Dollouidi A 1001			
n	If "Yes," did the organization undergo the required audit or quality of the second sec		al	- X

X

3b

Form **990** (2017)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

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required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

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

NEW FOUNDATION OF HOPE Employer identification number Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 (vi) Amount of listed in your governing support (see above (see instructions)) other support (see document? instructions) instructions) Yes No

(A)

(B)

(C)

(D)

(E) Total

Schedule A (Form 990 or 990-EZ) 2017 NEW FOUNDATION OF HOPE Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 26-0056052 Page 2 (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 Gifts, grants, (b) 2014 (c) 2015 contributions, (d) 2016 (e) 2017 (f) Total membership fees received. (Do not include any "unusual grants."). 451,234.369,250.398,774.371,136.364,398.1,954,792. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf 1,271. 1,159. 1,272. The value of services or facilities 3,702 7,404. furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 452,505.370,409.400,046.374,838.364,398.1,962,196. The portion of total contributions by person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support 962,196. Calendar year (or fiscal year beginning in) (a) 2013 Amounts from line 4 (b) 2014 (c) 2015(d) 2016 452,505.370,409.400,046.374,838.364,398.1,962,196. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 1,962,196. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and **stop here** Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2016 Schedule A, Part II, line 14 15 100.00% 33 1/3 % support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this b 33 1/3 % support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990 or 990-EZ) 2017 NEW FOUNDATION OF HOPE Support Schedule for Organizations Described in Section 509(a)(2) 26-0056052 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) 2013 (b) 2014 (c) 2015 Gifts, grants, contributions, and membership fees (d) 2016 (e) 2017 (f) Total received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose Gross receipts from activities that are not an . . unrelated trade or business under section 513 Tax revenues levied for the organization'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 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . 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 Public support. (Subtract line 7c from line 6.). Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 Amounts from line 6 (c) 2015 (d) 2016 (e) 2017 (f) Total 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . 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.) Total support. (Add lines 9, 10c, 11, 13 and 12.)..... First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2016 Schedule A, Part III, line 15 16 15 % Section D. Computation of Investment Income Percentage 16 % Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)).... 17 18 % 33 1/3 % support test-2017. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line line 17 is not more than 331/3 %, check this box and **stop here.**The organization qualifies as a publicly supported organization ▶ □

33 1/3 % support test-2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization

Supporting Organizations

(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

	J. J			
1	"" and the digalifications Simple organizations lister the		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain. 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 Port VII have the	1		
3	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2		
	Did the organization confirm that each supported assess in the organization confirm the organization confirm that each supported assess in the organization confirm that each supported assets in the organization confirm that each supported assets in the organization confirm the organization confirm the organization confirm the organization	3a		
c	organization made the determination	3b		
	purposes? If "Yes," explain in Part VI what controls the			
4a	"Yes" and if you checked 12a or 12b in Port Language ("foreign supported organization")? If	3c		
b	Did the organization have ultimate control and disvertiby and (c) pelow.	4a		
С	Did the organization support any foreign supported organization that does not have an IRS determination	4b		
5a	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
b	(iii) the authority under the organization's organizing document authorizing such action; was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to benefited by one or more of its supported organization.	5b 5c		
7	Part VI.			
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 Lef Sahadul Lef".			

- regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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.
- 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 disqualified 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.
- 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.)

8

9a

9b

9c

10a

10b

	Part IV Supporting Organizations (continued)	26-0056052 Page 5
3	 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part Section B. Type I Supporting Organizations	11a
	 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 tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, 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 support organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in Passupervised, or controlled the supported organization(s) that operated, 	or o
Se	supervised, or controlled the supporting organization. ection C. Type II Supporting Organizations	2
	Were a majority of the organization's directors or trustees during the tax year also a majority of the director or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control the supported organization was vested in the same persons that controlled or managed ection 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 to organization's governing documents in effect on the date of notification, and (iii) copies of the	av l
3	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI he organization maintained a close and continuous working relationships in the organization of the organization maintained a close and continuous working relationships in the continuous working relationships in th	DW .
	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 supported organizations played in this regard.	2
1	tion E. Type III Functionally Integrated Supporting Organizations	3
a	SHOOK THE DOX HEXT TO THE METHOD that the organization	O instructions
b	The organization is the parent of each of its supported organizations. Correlate the	
2	restricted rest. Answer (a) and (b) below.	
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 how the organization was responsive to those supported organizations and explain how these activities directly furthered their exempt purposes, that these activities constituted substantially all of its activities.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more reasons for the organization's position that its supported organization(s) would have engaged in? If "Yes," explain in Part VI the activities but for the organization's involvement.	2a
3	Parent of Supported Organizations Answer (a) and (b) had	2b
a b	trustees of each of the supported organizations? Provide details in Part VI	3a
UYA	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3a 3b

Part V Type III Non-Functionally Internated 5000 Minus			2	6-0056052 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 1 Check here if the organization estimated the last and	Org	ani	zations	
				lain in Part VI.
See instructions. All other Type III non-functionally integrated supporting Section A - Adjusted Net Income	g org	aniz	ations must complete	Sections A through E
occurry Adjusted Net Income			(A) Prior Year	(B) Current Yea
1 Net short-term capital gain			(y . Her real	(optional)
2 Recoveries of prior-year distributions		1		
3 Other gross income (see instructions)	2			
4 Add lines 1 through 3.	3	-		
5 Depreciation and depletion	4			
6 Portion of operating expenses paid or incurred for production or	5	4		
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)				
7 Other expenses (see instructions)	6	_		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	7			
Section B. Ministration 4.	8			
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year
1 Aggregate fair market value of all non-exempt-use assets (see			(/,	(optional)
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities				
b Average monthly cash balances	1a	_		
c Fair market value of other non-exempt-use assets	1b	-		
d Total (add lines 1a, 1b, and 1c)	1c			
e Discount claimed for blockage or other	Id			
lactors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
Contract line 2 Iron line 1d.	-			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	13			
	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
o Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount				
				Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
Z Litter 65% 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			
o moeme tax imposed in prior year	5			
emergency temporary reduction (see instructions)				
7 Check here if the current year is the organization's first as a non-functionally instructions).	6			
instructions).	ınte	grate	ea Type III supporting	organization (see

	art V Type III Non-Functionally Integrated 509(a	HOPE		26-0056052 P			
S	ection D - Distributions	(1/(3) Supporting Orga	inizations (continue	d)			
	1 Amounts paid to supported organizations to accomplish	h evernt purposes		Current Year			
	Amounts paid to perform activity that directly furthers						
	organizations, in excess of income from activity						
	3 Administrative expenses paid to accomplish exempt put						
			anizations				
-	5 Qualified set-aside amounts (prior IRS approval require	ed)					
_	Other distributions (describe in Part VI) See instructions						
_	1 Total annual distributions. Add lines 1 through 6						
	Distributions to attentive supported organizations to white (provide details in Part VI). See instructions.	ch the organization is re	sponsive				
_	Distributable amount for 2017 from Section C, line 6						
7(Line 8 amount divided by Line 9 amount						
	A		/**				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable			
1	Distributable amount for 2017 from Section C, line 6		Pre-2017	Amount for 2017			
2	Underdistributions, if any, for years prior to 2017						
_	(reasonable cause required-explain in Part VI) See instr						
3	Excess distributions carryover, if any, to 2017:						
a							
b							
C							
d							
e							
f	- Ctar or mics on through e						
g	TI WEST GIOGIDATIONS OF DITOL VESTS						
h i	IS LOT A GISTIDULADIE ATTOMIT						
+	Carryover from 2012 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
	Distributions for 2017 from Section D, line 7:						
a	The second striputions of Differ Asia						
b	Applied to 2017 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.						
	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
	Excess distributions carryover to 2018. Add lines 3j and 4c.			en en en en menomen en e			
	Breakdown of line 7:						
	Excess from 2013						
)	Excess from 2014	200					
	Excess from 2015						
	Excess from 2016						
I	Excess from 2017	100					

Part VI	Form 990 or 990-EZ) 2017 NEW FOUNDATION OF HOPE Supplemental Information. Provide the explanations required by Part II, line 10; Part II, II Part III, line 12; Part IV. Section A lines 1, 2, 3h, 3o, 4h, 4o, 5o, 90, 90, 90, 90, 90, 90, 90, 90, 90, 90	26-0056052 P
	Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, an lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 3 and 3; Part IV, Section D, lines 4; Part IV, Section D, lines 5; Part IV, Section D, lines 6; Part IV, Section D, lin	ine 17a or 17b;
	lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E 3a, and 3b; Part V, line 1; Part V, Section B, line 1a; Part V, Section E	d 11c; Part IV, Section B,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 2 and 3; Part IV, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See in the section B)	d Dart V. Cariff
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	d Part V, Section E,
	, see instructions.)	

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

Department of the Treasury Internal Revenue Service Name of the organization

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

2017

Employer identification number NEW FOUNDATION OF HOPE Organization type (check one): 26-0056052 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. 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 \square 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

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-EZor 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).

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

Schedule D (Form 990) 2017

Internal Revenue Service Name of the organization

Department of the Treasury

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

NE	W FOUNDATION OF HOPE		1	Employer identification number		
Pa	Organizations Maintaining Donor Adv			26-0056052		
		ised Funds or Ot	her Similar Fun	ds or Accounts.		
	Complete if the organization answered "	res on Form 990,	Part IV, line 6.			
1	Total number at and of year	(a) Donor ad	vised funds	(b) Funds and other accounts		
2	Total number at end of year		Marie Van Warden and W			
3	Aggregate value of contributions to (during year).					
4	Aggregate value of grants from (during year)					
5	Aggregate value at end of year					
3	Did the organization inform all donors and donor advisors in property, subject to the organization's exclusive legal control	writing that the assets he	eld in donor advised f	unds are the organization's		
6						
U						
	and a strong of the dollor of dollor advisor	or for any other number				
Par	1					
ı uı	Complete if the experient	SC 758		Yes N		
1	Complete if the organization answered "Y	es" on Form 990, I	Part IV, line 7.			
1	. dipose(s) of conservation easements held by the organization	on (chook all that are I)				
	in reservation of land for public use (e.g., recreation or edi	ucation)		orically important land area		
	Protection of natural habitat		Preservation of a ce	rtified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi of the tax year.	ied conservation contribu	tion in the form of a c	Concon ration and a second		
20	of the tax year.		and the form of a c	Hald at the Fine transfer of the last day		
a	Total acreage restricted by consequents		2.0	Held at the End of the Tax Ye		
b	tal delege restricted by conservation easements					
С	The state of the s	loturo implicale d' ()		2b		
d	and a second second and the second se	tter 7/25/06 and not	- 63-4			
	The fractional flogister					
3	releasements modified, transferred, rele	eased extinguished or to	rminated by the	2d		
	o and a suring the tax year		ininated by the			
4	Number of states where property subject to conservation ease	ement is located >				
5	boes the organization have a written policy regarding the period	dic monitorina : "	n handling of violeti-			
	of the conscivation easements if holder					
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations and	enforcing concentration	Yes No		
	-	g or molations, and	emorching conservation	on easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handlin ▶ \$	ng of violations, and enfo	rcing concernation			
	> \$	e violations, and emo	icing conservation ea	asements during the year		
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	satisfy the requirements	of and 470// \/ ()			
9				Yes No		
	include, if applicable, the text of the footnote to the organization conservation easements.	's financial statements #	e and expense stater	nent, and balance sheet, and		
	conservation easements.	o imanciai statements (r	iat describes the orga	anization's accounting for		
art l		f Art Historical T	**************************************	1 6:		
1a	organization elected, as permitted under SFAS 116 (ASC	059) not to non-1: "				
	historical treasures, or other similar assets held for public exhib the text of the footnote to its financial statements that describes	ition advection	revenue statement ar	nd balance sheet works of art,		
i	the text of the footnote to its financial statements that describes	those items	rch in furtherance of	public service, provide, in Part XIII,		
b I	If the organization elected, as permitted under SEAS 116 (ASC	OFO) to report in it				
ł	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art,					
	nistorical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:					
((i) Revenue included on Form 990, Part VIII, line 1	** * * * * * * * * * * * *		. ▶\$		
	f the organization received or held works of art, historical treasu equired to be reported under SFAS 116 (ASC 958) relating to the	ree or other cimiler and	ets for financial gain, ¡	provide the following amounts		
b A	Revenue included on Form 990, Part VIII, line 1	****		. ▶\$		
Paper	Assets included in Form 990, Part X work Reduction Act Notice, see the Instructions for Form 990.	· · · · · · · · · · · · · · · · · · ·		. ▶\$		

	edule D (Form 990) 2017 NEW FOUND	a Collections of HOE	'Ei			26	5-00560)52 F
3	art III Organizations Maintainin Using the organization's acquisition, access	g conections of A	rt, Historica	l Treasures,	or Ot	her Simila	r Assets	(contin
	Using the organization's acquisition, access (check all that apply):	ssion, and other records,	check any of the	following that are	a signi	ficant use of i	ts collection i	tems
	Public exhibition							
1	Scholarly research			n or exchange pr	ograms			
(e Oth	ier				
4	Provide a description of the organizations	- 11						
	Provide a description of the organization's							
5	During the year, did the organization solicit rather than to be maintained as part of the	or receive donations of a	rt, historical treas	sures or other sin	nilar ae	sots to be sale	d 4 = r	
Do					mar as	sets to be soit	io raise tuni	as .
Га	rt IV Escrow and Custodial Arr	angements.	U.S.				· · · · L 1	es _
	Complete if the organization 990, Part X, line 21.	answered "Yes" or	n Form 990.	Part IV. line 9	or re	enorted an	amount o	ь Ганн
							amount o	n Form
1a	an agent, trustee, custo	dian or other intermediary	for contributions	or other assets n	ot inclu	ıdad		
				or other assets i	iot iricit	aea		_
b	If "Yes," explain the arrangement in Part XII	I and complete the follow	ing table				L Y	es
C	Beginning balance.	* * * * * * * * * * * * * * * * * * * *			-	/	Amount	
d	Additions during the year.		* * * * * * * * * * * * * * * * * * * *		1c			
е	Distributions during the year		* * * * * * * * *		1d			
f	Ending balance		* * * * * * * * *		1e			
2a	Did the organization include an amount on E	Orm 000 Dest V II . 04			1f			
b	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII	Oha-lahari X, line 21,	for escrow or cu	stodial account lia	ability?		🗌 Y	es 🗌
ar	If "Yes," explain the arrangement in Part XIII t V Endowment Funds.	. Check here if the explar	nation has been p	provided on Part >	(III			П
	Complete if the organization	ODOLLORS - LIV						
	Complete if the organization	answered "Yes" on	Form 990, F	Part IV, line 10).			
la		(a) Current year	(b) Prior year	(c) Two years b		l) Three years	back (e) Fo	ur years b
	Beginning of year balance		THE RESERVE OF THE PARTY OF THE			* (1000.00 * (1000.00 *)	(0) 10	ar years b
b	Contributions				_			
C	Net investment earnings, gains, and							
523	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and				-			
	programs							
					_			
f	Administrative expenses				9			
36 520	Administrative expenses		*****					
g	Administrative expenses	No. 1						
g	Administrative expenses		1g, column (a))	held as:				
g a	Administrative expenses	ent year end balance (line	1g, column (a))	held as:				
g a b	Administrative expenses	> %	1g, column (a))	held as:				
g a b	Administrative expenses	%	1g, column (a))	held as:				
g a b	Administrative expenses	% %						
g a b	Administrative expenses	% %			he			
g a b c	Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should are there endowment funds not in the posses organization by:	%% uld equal 100%. sion of the organization the	nat are held and	administered for t				
g a b c	Administrative expenses	%	nat are held and	administered for t			1000 1000	Yes N
g a b c	Administrative expenses	%	nat are held and	administered for t	r 14 - 21	. 80	3a(i)	Yes N
g a b c	Administrative expenses	%	nat are held and	administered for t	r 14 - 21		3a(i)	Yes N
g a b c	Administrative expenses	% wild equal 100%. sion of the organization the organization the organization the organization the organization the organization the organization's endowment organization's endowment.	nat are held and	administered for t	r 14 - 21	· 80 amaa	3a(i)	Yes N
g a b c	Administrative expenses	% wild equal 100%. sion of the organization the organization the organization the organization the organization the organization is endowment to the organization is endowment.	nat are held and and some some some some some some some some	administered for t	:		3a(i) 3a(ii) 3b	
g a b c	Administrative expenses	% wild equal 100%. sion of the organization the organization the organization the organization the organization the organization is endowment to the organization is endowment.	nat are held and and some some some some some some some some	administered for t	:		3a(i) 3a(ii) 3b	
g a b c	Administrative expenses	% "" " " " " " " " " " " " " " " " " "	nat are held and and some some some some some some some some	administered for the state of t		Form 990	3a(i) 3a(ii) 3b	ne 10.
g a b c	Administrative expenses	% "Ild equal 100%. sion of the organization the organization the organization the organization the organization the organization's endowment organization or	nat are held and some some some some some some some some	administered for the state of t	. See	Form 990	3a(i) 3a(ii) 3b	ne 10.
g a b c	Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c shounders and 2c shounders are there endowment funds not in the possess organization by: (i) unrelated organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the complete if the organization and posseription of property	% "" " " " " " " " " " " " " " " " " "	nat are held and and some some some some some some some some	administered for the state of t		Form 990	3a(i) 3a(ii) 3b	ne 10.
g a b c	Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c shounders and 2c shounders are there endowment funds not in the posses organization by: (i) unrelated organizations If "Yes" on line 3a(ii), are the related organization bescribe in Part XIII the intended uses of the organization and Description of property Land, Buildings, and Equipment of property	% "" " " " " " " " " " " " " " " " " "	nat are held and some some some some some some some some	administered for the state of t	. See	Form 990	3a(i) 3a(ii) 3b	ne 10.
g a b c	Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should a companize the percentages on lines 2a, 2b, and 2c should are there endowment funds not in the posses organization by: (i) unrelated organizations If "Yes" on line 3a(ii), are the related organization bescribe in Part XIII the intended uses of the complete if the organization and Description of property Description of property Land Buildings	% " " " " " " " " " " " " " " " " " "	nat are held and some some some some some some some some	administered for the state of t	. See	Form 990	3a(i) 3a(ii) 3b	ne 10.
g a b c art	Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c shounder Are there endowment funds not in the posses organization by: (i) unrelated organizations If "Yes" on line 3a(ii), are the related organization bescribe in Part XIII the intended uses of the complete if the organization and Description of property Land Buildings Leasehold improvements	% "" " " " " " " " " " " " " " " " " "	Schedule R?. funds. orm 990, Pas (b) Cost or or (oth	administered for the state of t	. See	Form 990	3a(i) 3a(ii) 3b	ne 10.
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_	Complete if the organization answered "Yes" on Formula (a) Description of security or category	m 990, Part IV, lir	ne 11b. See Form 990 Part X line 1
	(including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	Financial derivatives		oost of charon-year market value
(2)	Closely-held equity interests		
(3)	Other		
_	(A)		
_	(B)		
-	(C) (D)		
	(E)		
	(F)		
	(G)		
***************************************	(H)		
	al. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Pa	rt VIII Investments — Program Related.		
		- 000 B	
	Complete if the organization answered "Yes" on Form (a) Description of investment	n 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
		(b) Book value	(c) Method of valuation:
(1)			Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
9)			
Γotal	. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Pa	Other Assets.		And the same the same that the
	Complete if the organization answered "Yes" on Form	990 Part IV line	11d Soo Form 000 D. () ()
	(a) Description	ore, ruitiv, iiic	Tru. See Form 990, Part X, line 15.
1)			(b) Book value
2)			
3)			
4)			
5)			
S)			
7) 3)			
))			
otal.	(Column (b) must equal Form 000, Part V (c) 1		
Par	(Column (b) must equal Form 990, Part X, col. (B) line 15.) t X Other Liabilities.	**********	
	e mor Elabilities.		
	Complete if the organization answered "Yes" on Form line 25.	990, Part IV, line	11e or 11f. See Form 990. Part X
	(a) December 611 1111		
(1) F	(a) Description of liability (b) Book value ederal income taxes		
(2)	addid modific taxes		
(3)			
(4)			
(5)			
6)			
7)			
8)			
9)			
	Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

, а	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization appropried "Yee" and Financial Statements with Revenue per Complete if the organization appropried "Yee" and Financial Statements with Revenue per Complete if the organization appropried "Yee" and Financial Statements with Revenue per Complete if the organization appropried "Yee" and Financial Statements with Revenue per Complete if the organization appropried "Yee" and Financial Statements with Revenue per Complete if the organization appropried "Yee" and Financial Statements with Revenue per Complete if the organization appropried "Yee" and Financial Statements with Revenue per Complete if the organization appropried "Yee" and Financial Statements with Revenue per Complete if the Organization appropried "Yee" and Financial Statements with Revenue per Complete if the Organization appropried "Yee" and Financial Statements with Revenue per Complete if the Organization appropried "Yee" and Financial Statements with Revenue per Complete if the Organization appropried "Yee" and Financial Statements with Revenue per Complete if the Organization appropried "Yee" and Financial Statements with Revenue per Complete if the Organization appropried "Yee" and Financial Statements with the Organization and Financial Stat	<u>26-0056052</u> Pr r Return.
1	- The digamization allowered the on Form 400 Dort IV line 40-	
2	Total revenue, gains, and other support per audited financial statements	. 1
а	Net unrealized gains (losses) on investments	
b	Net unrealized gains (losses) on investments	
С	Donated services and use of facilities	
d	Recoveries of prior year grants	
е	Other (Describe in Part XIII.)	
3	Add lines 2a through 2d Subtract line 2e from line 1	2e
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3
а	Investment expenses not included on Form 000 Day National 1:	
b	Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII.) 4b	
С	Add lines 4a and 4b	
5		4c
art	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses p Complete if the organization answered "Vee" or Ferri 2000 Per	5
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Return.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1
а	Donated services and use of facilities	
b	Prior year adjustments.	
С	Other losses	
d	Other (Describe in Part XIII)	
е	Add lines 2a through 2d	
	Subtract line 2e from line 1 Amounts included on Form 900 Part IV III- 95	2e
	and an order of the order of the second of t	3
a	Investment expenses not included on Form 990, Part \/ III line 7h	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	
_	- 1 September 1 August 1 Augus	4c
rt .		5
XI,	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; Pal lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	rt X, line 2;
1.2		

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