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SCANNED	
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JUN 28	
2022	

Fo	000 53	Short Form		OMB No. 1545-0047					
	Form 990-EZ Return of Organization Exempt From Income Tax								
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priva		ons) 2019					
		Do not enter social security numbers on this form, as it may be made	publica 🗸 ,						
	partment of the Treasury	► Go to www.irs.gov/Form990EZ for instructions and the latest information	1/11	Open to Public					
_		I							
	122 E R U	ar year, or tax year beginning and ending lame of organization	I Constant	er identification number					
Г	epphonone.	mile of di Bauranou	O Emplay	ar idantilication ilumper					
F	— Address change ☐ T.T.	ADD DAD AMIANMIA ATMY THA	27	4771776					
⊨	Mor	OPE FOR ATLANTIC CITY, INC. Ther and street (or P.O. box if mail is not delivered to street address) [Room/sult		4721370					
⊢		15 N SOVEREIGN AVE.		ne number					
F		or town, state or province, country, and ZIP or foreign postal code		-442-1219					
F		TLANTIC CITY, NJ 08401	F Group E						
÷	Accounting Method:		Number	··· ·························					
	Wabsite: ► HOP:		l.	if the organization is					
			-	ired to attach Schedule B					
_		teck only one) _ X 501(c)(3) _ 501(c) () ◀(nisert no.) _ 4947(a)(1) or _ 52	7] (Form 9	90, 990-EZ, or 990-PF).					
		X Corporation Trust Association Other	4.11						
		7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Par	_	. 40.004					
	column (b)) are \$500.	000 or more, file Form 990 instead of Form 990-EZ. e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	▶	<u>\$ 42,684</u>					
Ľ			ructions for i	rami)					
		organization used Schedule O to respond to any question in this Part I		1 LX					
	í	gitts, grants, and similar amounts received	1	37,694					
		ice revenue including government fees and contracts	2	4,989					
		fues and assessments	3	<u> </u>					
		come	4	 					
	1	from sale of assets other than inventory							
	1	other basis and sales expenses 5b							
		from sale of assets other than inventory (subtract line 5b from line 5a)	<u>5c</u>						
	1	Internal International Interna	al Revenue	Service					
9		RECEIVE	D Reneitta	nce / Return					
Revenue	\$15,000)		 i						
Ř		from fundraising events (not including \$	JN 2 5 2	? .					
	1	1		- Y C P					
	1 -	and contributions exceeds \$15,000) 6b							
		penses from gaming and fundraising events 60 SEI/SE	E-COMME						
	d Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	- AN MICH	ctions:					
	1		6d	TIONS					
	1	inventory, less returns and allowances	6d	rons					
	b Less; cost of g	inventory, less returns and alfowances	6d	Tions					
	b Less: cost of g c Gross profit or	inventory, less returns and alfowances 7a 7b 7b 7b 7cm line 7a	6d 7c	Tions					
	b Less: cost of g c Gross profit or 8 Other revenue	inventory, less returns and alfowances pods sold (lcss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule O) SEE SCHEDULE O	7c	1					
	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue	Inventory, less returns and alfowances pods sold (lcss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule 0) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	7c 8 ▶ 9	1					
	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue 10 Grants and sim	Inventory, less returns and allowances pods sold (lcss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule 0) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 illar amounts paid (list in Schedule 0)	7c	1					
	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue 10 Grants and sim 11 Benefits paid to	Inventory, less returns and allowances pods sold (lcss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule 0) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 illar amounts paid (list in Schedule 0) of or for members	7c 8 ▶ 9	1 42,684					
	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue 10 Grants and sin 11 Benefits paid to 12 Salanes, other	Inventory, less returns and allowances pods sold (loss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule 0) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 iilar amounts paid (list in Schedule 0) our for members compensation, and employee benefits	76 8 9 10 11 12	1 42,684 18,692					
enses	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue 10 Grants and sin 11 Benefits paid to 12 Salanes, other 13 Professional fe	Inventory, less returns and allowances roods sold ((css) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule O) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 illar amounts paid (list in Schedule O) our for members compensation, and employee benefits es and other payments to independent contractors	76 8 9 10 11 12 13	1 42,684 18,692					
CXpenses	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue 10 Grants and sim 11 Benefits paid to 12 Salanes, other 13 Professional fe 14 Occupancy, rer	Inventory, less returns and allowances roods sold (lcss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule O) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 illar amounts paid (list in Schedule O) our for members compensation, and employee benefits es and other payments to independent contractors it, utilities, and maintenance	76 8 9 10 11 12 13	18,692 1,910					
Expenses	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue 10 Grants and sim 11 Benefits paid to 12 Salanes, other 13 Professional fe 14 Occupancy, ref 15 Printing, public	Inventory, less returns and allowances roods sold ((css) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule O) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 illar amounts paid (fist in Schedule O) or for members compensation, and employee benefits es and other payments to independent contractors nt, utilities, and maintenance sations, postage, and shipping	7c 8 9 10 11 12 13 14	18,692 1,910					
cxpenses	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue 10 Grants and sim 11 Benefits paid to 12 Salanes, other 13 Professional fe 14 Occupancy, rer 15 Printing, public 16 Other expenses	Inventory, less returns and allowances pods sold (loss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule 0) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 illar amounts paid (list in Schedule 0) or for members compensation, and employee benefits es and other payments to independent contractors int, utilities, and maintenance actions, posiage, and shipping is (describe in Schedule 0) SEE SCHEDULE 0	7c 8 9 10 11 12 13 14	18,692 1,910 16. 8,594					
	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue 10 Grants and sim 11 Benefits paid to 12 Salanes, other 13 Professional fe 14 Occupancy, rer 15 Printing, public 16 Other expenses 17 Total expenses	Inventory, less returns and allowances pods sold (loss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule O) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 illar amounts paid (list in Schedule O) or for members compensation, and employee benefits es and other payments to independent contractors it, utilities, and maintenance sations, possage, and shipping is (describe in Schedule O) SEE SCHEDULE O SEE SCHEDULE O SEE SCHEDULE O	7c 8 9 10 11 12 13 14	18,692 1,910 16. 8,594 29,212					
	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue 10 Grants and sim 11 Benefits paid to 12 Salanes, other 13 Professional fe 14 Occupancy, rer 15 Printing, public 16 Other expenses 17 Total expense: 18 Excess or (defit	Inventory, less returns and allowances pods sold (loss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule 0) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 illar amounts paid (list in Schedule 0) or for members compensation, and employee benefits es and other payments to independent contractors in, utilities, and maintenance actions, possage, and shipping is (describe in Schedule 0) SEE SCHEDULE 0 SEE SCHEDULE 0 SEE SCHEDULE 0 SAdd lines 10 through 16 cit) for the year (subtract line 17 from line 9)	76 8 9 10 11 12 13 14	18,692 1,910 16 8,594 29,212					
	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue 10 Grants and sim 11 Benefits paid to 12 Salanes, other 13 Professional fe 14 Occupancy, rer 15 Printing, public 16 Other expenses 17 Total expenses 18 Excess or (defit 19 Net assets or for	Inventory, less returns and allowances pods sold (loss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule 0) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 illar amounts paid (list in Schedule 0) or for members compensation, and employee benefits es and other payments to independent contractors in, utilities, and maintenance actions, possage, and shipping is (describe in Schedule 0) SEE SCHEDULE 0 SEE SCHEDULE 0 SEE SCHEDULE 0 SAdd lines 10 through 16 cit) for the year (subtract line 17 from line 9) Und balances at beginning of year (from line 27, column (A))	7c 8 9 10 11 12 13 14 15 16 17	18,692 1,910 16. 8,594 29,212 13,472					
	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue 10 Grants and sim 11 Benefits paid to 12 Salanes, other 13 Professional fe 14 Occupancy, rer 15 Printing, public 16 Other expenses 17 Total expenses 18 Excess cr (defit 19 Net assets or for	Inventory, less returns and allowances pods sold (loss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule 0) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 illar amounts paid (list in Schedule 0) or for members compensation, and employee benefits es and other payments to independent contractors it, utilities, and maintenance sations, posiage, and shipping is (describe in Schedule 0) SEE SCHEDULE 0 SEE SCHEDULE 0 SEE SCHEDULE 0 SEE SCHEDULE 0 Add lines 10 through 16 cit) for the year (subtract line 17 from line 9) und balances at beginning of year (from line 27, column (A)) th end-of-year figure reported on prior year's return)	7c 8 9 10 11 12 13 14 15 16 17	18,692. 1,910. 16. 8,594. 29,212. 13,472.					
Net Assois Expenses	b Less: cost of g c Gross profit or 8 Other revenue 9 Total revenue 10 Grants and sim 11 Benefits paid to 12 Salanes, other 13 Professional fe 14 Occupancy, rer 15 Printing, public 16 Other expenses 17 Total expenses 18 Excess cr (defit 19 Net assets or for	Inventory, less returns and allowances roods sold (Icss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule 0) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 illar amounts paid (list in Schedule 0) or for members compensation, and employee benefits es and other payments to independent contractors int, utilities, and maintenance sations, postage, and shipping is (describe in Schedule 0) SEE SCHEDULE 0 SEE SCHEDULE 0 SEE SCHEDULE 0 SAdd lines 10 through 16 cit) for the year (subtract line 17 from line 9) und balances at beginning of year (from line 27, column (A))	7c 8 9 10 11 12 13 14 15 16 17	18,692 1,910 16. 8,594 29,212 13,472					

932171 12-11-19

1 17030121 781244 43130000 2019.05030 HOPE FOR ATLANTIC CITY, INC 43130001

Pá	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any ques	tion in this Part II			X
			(A) Beginning of year		(B) (End of year
22	, , , , , , , , , , , , , , , , , , , ,		4,566.	22		18,221.
23	Land and buildings	[23		
24			1,500.	24		1,500.
25	Total liabilities (describe in Schedule 0) SEE SCHEDULE C		6,066			19,721.
26)	1,001.			1,184.
27			5,065.	27		18,537.
P	art III Statement of Program Service Accomplishmen			lie		xpenses I for section
	Check if the organization used Schedule O to respect to the organization's primary exempt purpose? SEE SCHEDULE C	pond to any ques	tion in this Part III)1(c)(3)	and 501(c)(4)
					ganızatı hers.)	ions; optional for
Desc	nhe the organization's program dervine encomplishments for each of its three largust program for, describe the services provided, the number of persons benefited, and other relevant inform	services, as measuren by ex tation for each program title,	perses, in a clear and concise	"	110-067	
_	SEE SCHEDULE O				Т	 _
				-		
				[
	(Grants S) If this amount includes foreign of	trants, check here	<u> </u>	28	a	222.
29	/ Mario di M	TOTAL OF CHECK THEIR	<u> </u>	=] 	
				_	İ	
				-		
	(Grants \$) If this amount includes foreign of	rants, check here		29	a	
30					T	
				_	1	
					}	
	(Grants \$) If this amount includes foreign of	rents, check here		30	<u>al</u>	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign of	rants, check here	<u></u> ▶ Ì]31	8	
32	Total program service expenses (add lines 28a through 31a)			32		222.
Pa	art IV List of Officers, Directors, Trustees, and Key E			ee the inst	ructions i	for Part M
	Check if the organization used Schedule O to res			٠, ١	<u> </u>	
	t-Millows and alle	(b) Average hours per week devoted to		tucitnoo	lons to	(e) Estimated amount of other
	(a) Name and title	position	□ 9/-9/1000_N/00/Ct	employee lans, and	06ferred	compensation
מת	RRYLL RAMSEY JR	<u> </u>		сопред	ration	
	MBER	2.00	0.		0.	0.
	M NEWPORT	2.00			<u> </u>	
	MBER	2.00	0.		0.	0.
	I GBAYEE					
	MBER	2.00	0.		0.	0.
	VID B. COHEN					
EX	ECUTIVE DIRECTOR	40.00	0.		0.	0.
	RON PALERMO					
PR	ESIDENT	5.00	0.		0.	0.
RY	AN GASKILL					-
VI	CE PRESIDENT	5.00	0.1		0.	0.
	RY ELLEN GAROFALO					
	CRETARY	5.00	0.		0.	0.
	MIE COHEN					
<u>TR</u>	EASURER	5.00	0.		0.	0.
		-				
00047					C	000-E7 (0010)

Form 990-EZ (2019) HOPE FOR ATLANTIC CITY, INC.

Page 3

33 oild the organization expage in any significant activity not previously reported to the IRS? If Yes, 'provide a detailed description of each activity in Schedule 0 34 Were any significant changes made to the organization of approximation from the change on Schedule 0. See instructions 35 oild the organization have uncreased business greas neurol of StyDoor more during the year firm business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 oild the organization have uncreated business greas neurol of StyDoor more during the year in thin business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 oil the organization as easien of St(Ci)(4), St (Ci) (St), Gr (St) (St) (Graphization subject to section 603(st) notice, reporting, and proxy tax recurrements during the year? If Yes, complete Stydoute (S. Part III) 36 oil the organization activities and section of the state	_	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this		t V	X
at Versia any Engineering Comments if they criteria change in about the organization of an experiment of the comments if they criteria change in the organization is name. Otherwise, augular the change on Schedule C. See instructions 34 35 36 37 38 38 38 38 38 38 38 38 38	33	Did the prognization engage to any significant artivity not previously reported to the IRS? If 'Ves' provide a detailed description of each		Yes	No
34 Were any significant changes made to the organization of governing documents? If "rise," attach a conformed copy of the amended chromment if they critical caching they cannot be organizations in the change on Schedule Q. See instructions 35a Did the organization have uncleaded business gruss mouthe of \$1,000 or more during the year into housiness activities (such as those reported on lines 2, 6s, and 7s, among others)? 35b If "Yes" is line 85b, has the origination line of a form 990-T for the year? If "No, provide an explanation in Schedule O. 35b If "Yes" complete Schedule IP or 15b (10,55) or 301(c)(5) organization a subject to section 803(e) notice, reporting, and proxy tax requirements studying they year? If "yes," complete Schedule C. Part III and the organization acceptance of the organization or section 901(c)(4), 501(c)(5), or 301(c)(5) organization, or significant deposition of rest assets during the year? If "yes," complete Schedule P. Part III and the organization or provides organization. Provides organization organization organization organization organization organization organization organization organization organization. Exterior 11 and provides organization organization organizations. Exterior 11 and provides organizations organization organizations. Exterior 11 and provides organization organizations organizations. Exterior 11 and provides organizations organization organizations. Exterior 11 and provides organizations organization organizations. Exterior 11 and provides organization organization organization. Exterior 11 and provides organization organization organization organization organization	-		33		Х
35.8 bit the organization have unclaided business grass mourne of \$1,000 or mure during the year from business activities (such as those reported on files 2, 6,8, and 7a, among others?) 55.9 bit "Yes" to line 35a, has the organization ified a Form 899-1 for the year? If "No", provide an explanation in Schedule 0 76. Was the organization as eachino \$01(c)(4), 501(c)(5), or \$01(c)(6) organization subject to section 603(c) notice, reporting, and proxy its requirements for whom they was active to report and the organization undergor a legulation, or significant disposition of het assets during the year? If "Yes," complete applicable parts of Schedule I. Part III 77. Evitar amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37.0 bit the organization fair form 120-00. For this year? 87. Evitar amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37.0 bit the organization fair form 120-00. For this year? 87. Evitar amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37.0 bit the organization fair form 120-00. For this year? 87. Evitar amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37.0 bit the organization fair and provided any least to any places, or the second of the organization fair and provided in a provided and second and provided any least to any places. For the second of the organizations are and self-outstanding at the end of the two year organization during the year under section 501(c)(3), 501	34				
on lines 2, 6s, and 7s, among others? In If Yes'r to line 25s, has the organization listed a form 909-T for the year? If "No," provide an explanation in Schedule 0 What the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax recommends during the year? If "Yes," complete Schedule (Part II) By the organization undergo a lauduation, dissellution, termination, or significant disposition of net asserts during the year? If "Yes," complete applicable parts of Schedule II. 25c. International organization standards of the second of the second of the instructions ▶ 27a 0 0. 37b Did the organization form of profits year? 27c. Exiter amount of political expanditures, direct or indirect, as described in the instructions ▶ 27a 0 0. 37b Did the organization before Yer may or make any branes to, any officer, director, firstler, or key employed, or water any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 37c Did II "Yes," complete Schedule II, Part II, and enter the total amount involved 3 38b N/A 39c. N/		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
b If Yes' to line 35s, has the organization as each of 10(14), 50 (1c)(8) organization as each of 10(14), 50 (1c)(8) organization as subject to section 6033(e) notice, reporting, and proxy tax recurrements during the year? If Yes, complete subject to section 6033(e) notice, reporting, and proxy tax recurrements during the year? If Yes, complete applicable parts of Schedule (Part III) 50 Did the organization undergo a liquidation, isosciption, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule (Part III) 51 Did the organization before III Part III and section of the complete applicable parts of Schedule (Part III) 52 Did the organization before III Part III and section of the complete application for the complete application for the rest and section before III Part III and section of the III III III III III III III III III I	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
b Was the organization a section 50 ((c)(4), 501 (c)(5), or 501 (c)(6) organization subject to section 603(e) notice, reportung, and proxy tax requirements during the year? If Yes, complete splicable parts of Schedule IV. 36 of the organization undergo a lequidation, dissellution, termination, or significant disposition of net assets during the year? If Yes, one-plete applicable parts of Schedule IV. 37 a Enter amount of political expenditives, direct or indirect, as described in the instructions IV. 38 b of the organization between time, or make any places to any officer, director, trustes, or key employee; or varie any such loans made in a prior year and still ovisitating at the end of the tax year covered by this return? 38 b of Yes, complete Schedule IV. Part III, ance enter the total amount involved. 38 b of Yes, complete Schedule IV. Part III and enter the total amount involved. 39 b of ross receiples, included on the is 6, for public use of club facilities. 39 b of Yes, complete Schedule IV. Part III and enter the total amount involved. 39 b of ross receiples, included on the 6, for public use of club facilities. 39 b of ross receiples, included on the 6, for public use of club facilities. 39 b of ross receiples, included on the 6, for public use of club facilities. 39 b of ross receiples, included on the 6, for public use of club facilities. 39 b of ross receiples, included on the 6, for public use of club facilities. 39 b of ross receiples, included on the 6, for public use of club facilities. 39 b of ross receiples, included on the 6, for public use of club facilities. 39 b of ross receiples, included on the 6, for public use of club facilities. 39 b of ross receiples, included on the 6, for public use of ross receiped on the region of the responsibility of the organization of the receiples of the responsibility of the responsibilities of the responsibilities. 40 b of ross receiples, included on the 6, for public use of ross receiped on the responsibilities of the facilities of the r		on lines 2, 6a, and 7a, among others)?	35a		X
section 501(c)(7) organizations interved and solutions or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 371	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
36 bit the cryanization undergo a kquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 37 a Shar amount of political syparitions, direct or indirect, as described in the instructions 38 a bit the organization between from, or make any lacent to any officer, director, trustes, or key employee; or varie any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 bit the organization between from, or make any lacent to any officer, director, trustes, or key employee; or varie any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 bit M/A 39 Section 501(c(1/2) reganizations. Either: a Infation fees and capital controlutions included on ime 9 b Cross receipts, included on the 6, for public use of club facilities a finishion fees and capital controlutions moluded on ime 9 b Cross receipts, included on the 6, for public use of club facilities a finishion fees and capital controlutions moluded on ime 9 b Cross receipts, included on the 6, for public use of club facilities a finishion fees and capital controlutions moluded on ime 9 b Cross receipts, included on the 6, for public use of club facilities a finishion fees and capital controlutions moluded on ime 9 b Cross receipts, included on the 6, for public use of club facilities a finishion fees and capital controlutions mount of tax imposed on the organization during the year under section, 90 may a finishion fees and expert of the free finishion fees and expert of the free finishion fees and expert	G	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tex			
camplete applicable parts of Schedule N 23 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 10 and the organization between 1120-PDE for his year? 38 a lot the organization of Far Farm 1120-PDE for his year? 38 a lot the organization of Far Farm 1120-PDE for his year? 38 a lot the organization of Far Farm 1120-PDE for his year? 39 a lot the organization of Far Farm 1120-PDE for his year? 39 a lot the organization of Far Farm 1120-PDE for his year? 39 a lot the organization of Far Farm 1120-PDE for his year? 39 b If Yes, complete Schedule L, Part II, and enter the total amount involved 39 b If Yes, complete Schedule L, Part II, and enter the total amount involved 39 b If Yes, complete Schedule L, Part II, and enter the total amount involved 39 b If Yes, complete Schedule L, Part II, and solito(120) organizations. Enter amount of tax imposes on the organization during the year under section 4911 9 b Gross receips, included on fine 9, for public use of club facilities 39 b In Y/A 39			35c		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Did the originization file Form 1120-POI, for this year? 38a Did the originization borrow from, or make any loans to, any officer, director, fruster, or key employed, or ware any such loans made in a prior year and sail outstanding at the end of the tax year covered by this return? 38b N/A 38c Section 501(c)(7) originizations. Enter in the total amount involved. 38b N/A 39c Section 501(c)(7) originizations. Enter in the total amount involved. 39c N/A 39c Section 501(c)(3), 501(c)(4), and 501(c)(2) originizations. Enter amount of the originization during the year ender: section 4911 50c Section 501(c)(3), 501(c)(4), and 501(c)(2)39 originizations. Did the originization engage in any section 4955 50c Section 501(c)(3), 501(c)(4), and 501(c)(2)39 originizations. Did the originization engage in any section 4955 50c Section 501(c)(3), 501(c)(4), and 501(c)(2)39 originizations. Enter amount of tax imposed on originization managers or disqualified persons forming the year under sections 4912 50c Section 501(c)(3), 501(c)(4), and 501(c)(2)9) originizations. Enter amount of tax miposed on originization managers or disqualified persons forming the year originity or sections 4912 50c Section 501(c)(3), 501(c)(4), and 501(c)(2)9) originizations. Enter amount of tax on fine 40c reimbursed by the originization managers or disqualified persons forming the year year. Which will be originization or a section 4912 50c Section 501(c)(3), 501(c)(4), and 501(c)(2)9 originizations. Enter amount of tax on fine 40c reimbursed by the originization or a section 501(c)(3), 501(c)(4), and 501(c)(2)9 originizations. Enter amount of tax miposed on originizations in the section 501(c)(3), 501(c)(4), and 501(c)(2)9 originizations. Enter amount of tax miposed on originizations in the section 501(c)(3), 501(c)(4), and 501(c)(2)9 originizations. Enter amount of tax miposed on the section 501(c)(3), 501(c)(4), and 501(c	36				
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			45b	[
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Form 990-EZ (2019) HOPE FOR ATLAN	TIC CITY,	INC.			27-47213	370_ Page 4
							Yes No
	rganization engage, directly or indirectly, in i			or in oppositio	n to candidates for p	ublic office?	
(f "Yes," c	omplete Schedule C, Part I Section 501(c)(3) Organization	- 0-1		<u> </u>	<u> </u>		46 X
	All section 501(c)(3) organizations mus		-	-	e the tables for line	es 50 and 51.	
	Check if the organization used Schedu	lie O to respond to	Eny question in	mis Part VI	·· · · · · ·		Yes No
47 Did the o	ganization engage in lobbying activities or l	save a section 501/h).	electors in effect d	urina the tay ve	er? If "Vee * complet	Sch C Part II	47 X
	anization a school as described in section 1				arn 100, complet	0011.0,1 41(1)	48 X
	ganization make any transfers to an exemp						49a X
	as the related organization a section 527 or					. ' ".	49b
50 Complete	this table for the organization's five highest				s, trustees, and key e	mployees) who ea	ich received more
than \$10	1,000 of compensation from the organizatio	n. If there is none, ent	er "None."				
	(a) Name and title of each employe	e		age hours	(С) Веропаріе	(d) Health benefits, contributions to	1 1 1 2 2 2 2 2
				devoted to alion	W-2/1090-MISC)	employee sensit plans, and deferred	amount of other compensation
	NC NC	ne	μOs			compensation	Compensation
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			-		}	1	
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f Total nur	ber of other employees paid over \$100,000			>	<u></u>	<u> </u>	<u> </u>
51 Complete	this table for the organization's five highest			who each recei	ved more than \$100,	000 of compensal	tion from the
organizat	on. If there is none, anter "Nune." NC	NE					
(a) N	ame and business address of each indepen	cent contractor		(b)	Type of service	(c) C	empersation
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					· ·		
d Total num	ber of other independent contractors each i	everying over \$100,00	00		>		
52 Did the or	ganization complete Schedule A? Note: All s	section 501(c)(3) orga	ınizations must att	ach a			
	Schedule A	··· ·· · · · · · · · · · · · · · · · ·		, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>	▶ 🛚 🔀	
	of perjury, I declare that I have examined th						e and belief, it is
true, correct an	of complete. Declaration of preparer (other t	han officer) is based o	on all information o	f which prepar	er has any knowledg	e	
	Bighature of culticar					1/2/12	<u> </u>
Sign /		DAILMETTE ST	IDBOMOS	,		oute .	
Here	DAVID B. COHEN, EX	ECUTIVE D	LKECTOR				
	Print/Type preparer's name	Preparer's signatu	re	Date	Check	I I PTIN	
	transithe bicharar a transe	Licherer 9 Signatii		LAGIE .	self-employ	J	
Paid	TARA L. BENDER, CPA]		01/21		i i	99403
Preparer	Firm's name CAMPBELL RA		TDACTION T	TP DI/ZI		► 23-138	
Use Only	Firm's address ▶ 1033 S CED			ins_		(610)43	
	ALLENTOWN,				Phone no.	(010/43	J-1403
May the IRS die	cuss this return with the preparer shown ab					N I V	Yes No
n to un	and the interior series are brobated committee	070: 000 F130 UCUUH3	·····		<u> </u>		m 990-EZ (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Nam	e of t	he organization	? ው ሶው አጥር እን	መቸው ድ ቸውህ ጉ	TC.				ar identification numbe
Pai	- 1 1	Reason for Public		VTIC CITY, IN		bic part \ S			27-4721370
-	- 1							j_ 	
1	ngan	zation is not a private found		_		-	-	1	\mathcal{M}
2	=	A church, convention of ch					(1)(A)(i)-		\mathcal{M}
1	=	A school described in sect		•			F**3		•
3	\dashv	A hospital or a cooperative	•	=*				em =	46 - 4 1 - 0
4 1		A medical research organization	zation operated in c	onjunction with a nospita	ii describe	es in secti	OR 17U(D)(1)(A)	(iu). Eme	r the nospital's name.
5		city, and state: An organization operated f	for the benefit of a a	ollogo og veikenst i eve				نده داد خاد	
3 1		section 170(b)(1)(A)(iv). (ollege of university owns	id o, obeu	areo oy a i	governmenta: u	nii descri	roeo in
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7	=	A federal, state, or local go	_				*- *		
•		An organization that normal		antial part of its support	irom a go	vemmenæ	u unit or from ti	ne genera	a public described in
ا ہ		section 170(b)(1)(A)(vi). (C	•	V4VAVoë\ /Complete De	→ 10 \				
9	=	A community trust describ	•		•	had in		land avan	i anllana
J ,	_	An agricultural research or or university or a non-land-	-			-		_	-
		university:	gran conege or agn	comme (see instructions)	. Litter un	e flaulie, Ci	ty, and state of	tile cone	99 01
10 (X	An organization that norma	ally receives: (1) more	e than 33 1/3% of to eu	poort from	contribut	ione mambare	hin fooe	and gross receipts from
		activities related to its exer							
		Income and unrelated busi							-
		See section 509(a)(2). (Co		5 (1935 360 (N) 1 3 1 1 (ax) 11	OIN DUSKI	esses acq	uned by the or	ganteauci	raiter surie su, 1975.
11 [An organization organized		sively to test for nublic si	afety See	section 5	(00/sV4)		
12		An organization organized	•	•	-			rry out th	e purposes of one or
		more publicly supported or						-	
		lines 12a through 12d that	==	• • • •					
а		Type I. A supporting orga							v givina
		the supported organization					-	-	
		organization. You must o			,,				
ь		Type II. A supporting org			tion with	nogqua ati	ted organizatio	n(s), by ha	aving
		control or management of					-	-	-
		organization(s). You mus			•		•	,	•
c		Type III functionally inte	egrated. A supportin	ng organization operated	in connec	tion with,	and functional	y integrat	ted with
		its supported organizatio							
đ		Type III non-functionally	y integrated. A supp	porting organization opei	ated in co	nnection	with its support	ed organ	ization(s)
		that is not functionally int							
		requirement (see Instruct							
е		Check this pox if the orga	anization received a	written determination fro	m the IRS	hat it is a	a Type I, Type I	I, Type III	
		functionally integrated, or							
1	Ente	the number of supported of	organizations 👝 .	· · · · · · · · · · · · · · · · · · ·					
9		de the following information		ed organization(s).					
	(1)	Name of supported	(II) EIN	(IE) Type of organization (described on lines 1-10	of 1007 gaven	inization Estad Inii document?	(v) Amount of r		(vI) Amount of other
		organization		above (see instructions)	Yes	No	support (see ins	tructions)	support (see instructions)
							!		

(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

Sec	etion A. Public Support	elow, please comp	Nere Larring				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(a) 2015	(0) 2016	(0) 2017	(4) 2018	(6) 2013	17 10121
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	78,032.	33,894.	73,937.	50,405.	37,694.	273,962.
_	include any "unusual grants.")	10,032.	33,034.	,,,,,,,,		37,03±.	2,3,302.
2	Cross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the.	i i	i		20 006	4 000	44,975.
	organization's tax-exempt purpose				39,986.	4,989.	44,9/3.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	mess under section 513						
4	Tax revenues levied for the organ						
	zation's benefit and either paid to						
	or expended on its behalf		33,305.	2.			33,307.
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge		i				
•	Total. Add lines 1 through 5	78,032.	67,199.	73,939.	90,391.	42,683.	352,244.
	•	70,0321	01,1000	,5,555	50,351.	12,003.	332,211.
/ 2	Amounts included on lines 1 2, and		1				0.
	3 received from disqualified persons	<u> </u>	-				
	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						0.
c	Add lines 7a and 7b						0.
8	Public support. (\$157pgt/me75from/m26)						352,244.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	78,032.	67,199.	73,939.	90,391.	42,683.	352,244.
10a	Gross Income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, enc income from similar sources		ĺ		1.	1.	2.
	Unrelated business taxable income		-				
U		į	į				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						2
	Add lines 10a and 10b				1.	1.	2.
11	Net income from unrelated business activities not included in line 10b.	[1			
	whether or not the business is			1			
	regularly carned on				1		
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)		1	l			
13	Total support. (Add lines 9, 100, 11, and 12.)	78,032.	67,199.	73,939.	90,392.	42,684.	352,246.
14	First five years. If the Form 990 is for	· · · · · · · · · · · · · · · · · · ·					
	check this box and stop here			, , , , , , , , , , , , , , , , , , , ,	.,,	(-,(-, -, -, -, -, -, -, -, -, -, -, -, -, -	
Sec	tion C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2019 (I			olumn (f))		15	100.00 %
	Public support percentage from 2018		•			16	%
	tion D. Computation of Inves					101	
				- 12 ook (f)		47	.00 %
	Investment income percentage for 20	· ·	•	e 13, column (I))		17	
18	Investment income percentage from 2					18	. %
19a	33 1/3% support tests - 2019. If the	*		-			
	more than 33 1/3%, check this box ar	ndstop here. The o	organization qualific	es as a publicly su	ipported organizat	tion	, ▶\\
ь	33 1/3% support tests - 2018. If the	organization did no	ot check a box on l	ine 14 or line 19a,	and line 16 is mor	re than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	ck this box and sto	p here. The organ	ization qualifies as	a publicly suppor	rted organization	. ▶□
20	Private foundation. If the organization	n did not check a t	oox on line 14, 19a	or 19b, check thi	s box and sce ins	tructions	
	3 09-25-19					dule A (Form 990	or 990-EZ) 2019

Part IV 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. A	П	Supporting	Organizati	ons

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

Yes I	No_
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1 1	
2	
3a	
3b	
3c	
4a	
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1 1 1	
4c	
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1 1 1	
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5a	
5b_	
5c	
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 7 - 	_
8	
9a	
9b	
	_
9c	
10a	
100	
10b 10b 20 or 990-EZ) 20	310

Sch	edule A (Form 990 or 990-EZ) 2019 HOPE FOR ATLANTIC CITY, INC.	27-47	2137	'0 Pa	age 5
Pa	rt IV Supporting Organizations (continued)				
				Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			i '	1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)				ŀ
	below, the governing body of a supported organization?		11a		
	A family member of a person described in (a) above?		11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b, or c. provide detail in Part VI.		11c		
Sec	ction B. Type I Supporting Organizations				r
_		ľ		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1 1	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	j			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				
	controlled the organization's activities. If the organization had more than one supported organization,	•			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		_		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	}	1	\vdash	
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		_		
Sec	stion C. Type II Supporting Organizations				
000	Alon 6. Type if Supporting Organizations			V 1	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ſ		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ŀ		1	
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).	[1		
Sec	tion D. All Type III Supporting Organizations		!	L	
	Total Control of the			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ſ		163	140
-	organization s tax year, (i) a written notice describing the type and amount of support provided during the prior tax	- 1			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	1			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1		
2	Were any of the organization's officers, directors, or trustees either (I) appointed or elected by the supported	ŀ	···		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ì			
	the organization maintained a close and continuous working relationship with the supported organization(s).		2	ì	
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's			1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Ì			
	supported organizations played in this regard.		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			L	
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the yeatsee inst	ructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instr	uctions).	
2	Activities Test. Answer (a) and (b) below.			$\overline{}$	No
a	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		- 1	ŀ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	- 1	- 1	- 1	
	how the organization was responsive to those supported organizations, and how the organization determined			- 1	
	that these activities constituted substantially all of its activities.	L	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			T	
	of the organization's supported organization(s) would have been engaged in? If 'Yes," explain in Part VI the	1	İ	[
	reasons for the organization's position that its supported organization(s) would have engaged in these	{	}	- 1	
	activities but for the organization's involvement.	1	25	_	
3	Parent of Supported Organizations. Answer (a) and (b) below.			\neg	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or]		
	trustees of each of the supported organizations? Provide details in Part VI.	Ĺ	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Γ		T	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		3ь		
932025	03-25-19 Schedule A	(Form 99	0 at 99	0-EZ) 2	2019

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of pnor-year distributions 2 3 Otner grass income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 10 d Total (add lines 1a, 1b, and 1c) 10 e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greator amount, Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 6 Recoveries of pror-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019

a Excess from 2015
 b Excess from 2016
 c Excess from 2017
 d Excess from 2018
 e Excess from 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Rovenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

➤ Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Employer identification number Name of the organization HOPE FOR ATLANTIC CITY, INC. 27-4721370 FORM 990 EZ, PART I, LINE 8, OTHER REVENUE: AMOUNT: DESCRIPTION OF OTHER REVENUE: 1. INTEREST FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: 222. PROGRAM COSTS OFFICE EXPENSES 1,471. INSURANCE 2,943. BENEVOLENCE 365. 1,364. TRAVEL PAYROLL TAXES 2,229. TOTAL TO FORM 990-EZ, LINE 16 8,594. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR 1,500. 1,500. SECURITY DEPOSIT FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OF YEAR END OF YEAR PAYROLL TAXES 1,001. 1,184. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - HOPE FOR ATLANTIC CITY IS A CHRISTIAN COMMUNITY DEVELOPMENT ORGANIZATION THAT ENGAGES, INVESTS IN, AND EMPOWERS OUR NEIGHBORS TO BRING ECONOMIC STABILITY TO ATLANTIC CITY COMMUNITIES FOR THE GLORY OF GOD. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 932211 09-06-19