EXTENDED TO NOVEMBER 15, 2019

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No 1545-0047

<u>A F</u>	or the	e 2018 calendar year, or tax year beginning and c	ending		
Вс	heck if pplicab	C Name of organization		D Employer identific	cation number
	_Addre	SS / HOPE FOR TOMORROW, INC			
]Name	Doing business as		36-4	481458
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
]Fınal return	479 N LAKE STREET		(630	<u>) 966-9000</u>
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	<u>554347.</u>
	Amen return	ded ATTDODA TT 60506		H(a) Is this a group re	turn
	Application			for subordinates	? ☐Yes X No
	pendi	9 479 S LAKE STREET, AURORA, IL 60506		H(b) Are all subordinates in	cluded? Yes No
1 7	ax-ex	empt status X 501(c)(3)	or 52	If "No," attach a	list (see instructions)
JV	Vebsi	te: ► N/A	1	H(c) Group exemption	n number 🕨
		organization X Corporation Trust Association Other	L Year	of formation: 2001 N	State of legal domicile; IL
	art I	Summary	V		
_	1	Briefly describe the organization's mission or most significant activities SOBER	R RES	DENTIAL LIV	ING, DUI
Activities & Governance		EVALUATIONS AND DUI RISK EDUCATION			
r	2	Check this box If the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as	sets
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
es &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	4
ξį	6	Total number of volunteers (estimate if necessary)		6	65
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	<u>7477.</u>
•	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
			L	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	_	446414.	433669.
	9	Program service revenue (Part VIII, line 2g)		116870.	113201.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		62.	65.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2349.	7412.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		565695.	<u>554347.</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0 <u>.</u>
.	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
١٥٥	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		256418.	276047.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
≥ 8	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
شَجِ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		252590.	<u> 257232.</u>
ה כ	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		509008.	<u>533279.</u>
	19	Revenue less expenses Subtract line 18 from line 12		56687.	21068.
Net Assets or Fund Balances		RECEIVED	В	eginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		480087.	494496.
t dB dB	21	Total liabilities (Part X, line 26)		<u>239496.</u>	<u> 266095.</u>
<u>원</u>	22	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 22 Signature Block AUG 3 0 2019		240591.	228401.
Pa	art II		18		
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stater	nents, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete Declaration of grepary (other than officer) is based on all information of wh	nch prepare	r has any knowledge	
		Xelfrey S. Allbert		8-2	2-19
Sig	n	Signature of officer		Date	,
Her	e	✓ EFFREY S GILBERT, PRESIDENT			
	_	Type or print name and title		<u> </u>	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	1	ALAN E LECHOWICZ		08/16/19 setf-employ	
Pre	arer		LTD	Firm's EIN	46-1566864
Use	Only	Firm's address 1001 E CHICAGO AVE., SUITE 111			
		NAPERVILLE, IL 60540	<u>-</u>	Phone no. (6	<u>30)753-8030 </u>
May	the i	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

orm		36-4481458 Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission NONE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
~	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 533279 . including grants of \$) (Revenue	
	PROVIDING STRUCTURED, SOBER, SUPPORTIVE RESIDENTIAL QUAR	
	INDIVIDUALS IN EARLY RECOVERY FROM THE DISEASES OF SUBST	
	CHEMICAL DEPENDENCE, AND/OR COMPULSIVE PATHOLOGICAL GAMB	
	ADDITION, HOPE FOR TOMORROW, INC. (HFT) PROVIDES LEVEL I	
	ALCOHOL/DRUG TREATMENT TO ADOLESCENTS AND ADULTS, ALONG	
		PPROX. 96-98%
	OF HFT'S CLIENTS ARE INDIGENT AND HOMELESS - LACKING FIN	
		CLIENTS SERVED
	ANNUALLY (MEDIAN = 78).	
4b	(Code) (Expenses \$) (Revenue	\$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	, s)
	(Code	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > 533279.	

Form 990 (2018)

36-4481458

Form 990 (2018) HOPE FOR TOMORROW, INC
Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Х	
_	If "Yes," complete Schedule A	_ <u>1</u> _2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Λ	
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			11
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	^
	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 include a footnote that addresses	116	Α_	
f	the organization's separate or consolidated limitation statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000]	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		₩.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
00	complete Schedule G, Part III	19	 	X
	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 return?	20a	<u> </u>	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_x_
	democro government our active, column ky, interior in 100, compete conceder, i activate in militaria militaria	لک	'	

Form 990 (2018) HOPE FOR TOMORROW, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23_		<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		v
	Schedule K. If "No," go to line 25a	24a 24b		<u>X</u>
	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 year to defease	240		
С	any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		:	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_X_	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		,	77
	If "Yes," complete Schedule N, Part I	_31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
36	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
55	Note. All Form 990 filers are required to complete Schedule O	38	x	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
83200	1 12-31-18	Form	990	(2018)

HOPE FOR TOMORROW, 36-4481458 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) No Yes 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15

16

Х

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720, Schedule O

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2018) HOPE FOR TOMORROW, INC

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ons			
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5	- 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	er			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct super-	vision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5_		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	r			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	ng:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			,	
		1		Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat	es,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	7,	
11a		the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	l	40	v	
	in Schedule O how this was done	,	12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?	1	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independ	lent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45-		v
	The organization's CEO, Executive Director, or top management official		15a	-	X
b	Other officers or key employees of the organization		15b		Λ.
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		160		х
	taxable entity during the year?	tion	16a		Λ.
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participa in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	LION			
			16b		
Sec	exempt status with respect to such arrangements?		100		
17	List the states with which a copy of this Form 990 is required to be filed ▶IL				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires and organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, and 990-T (Section 6104 requires and organization for applicable), 990, 990, 990, 990, 990, 990, 990, 99	ion 501(c)(3)	s only	availa	able
.5	for public inspection. Indicate how you made these available. Check all that apply	= (-/(-/	,		-
	Own website Another's website X Upon request Other (explain in Schedule C	D)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	•	l finan	cıal	
	statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ds >			
_0	JEFFREY S GILBERT - (630)966-9000				
	479 N LAKE ST, AURORA, IL 60506	_	-		

m 990 (2018)	HOPE FOR	TOMORROW,	INC	36-4481458	Page 7

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

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 organization's tax year
- 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 definition 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 organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	box		(C Posi heck ss pe	c) ition more rson	than	one h an	compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related	hours for related organizations below line)	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BARBARA PANCAKE	3.00							_		
DIRECTOR/SECRETARY		X		X		_		0.	0.	0.
(2) RONALD NIEMER	3.00								•	
DIRECTOR/TREASURER		X		X				0.	0.	0.
(3) JOHN BUSH	3.00								_	_
DIRECTOR		X						0.	0.	0.
(4) BRYAN LUNDEEN	3.00	ł							_	
DIRECTOR/CHAIRMAN	-	X		X		_		0.	0.	0.
(5) STEVE DEPAUW	3.00	∤								_
DIRECTOR	60 00	X			-			0.	0.	0 .
(6) JEFFREY S GILBERT	60.00	ł						112422		_
PRESIDENT/EXECUTIVE/CLINIC	40.00	-		X	X	X		113433.	0.	0 .
(7) JANET J GILBERT	40.00	┨	i	. ,	.			70269.	0.	0 .
EMPLOYEE	40.00	┢		A	X	-		70209.	U .	
(8) TIMOTHY F SIMMS	40.00	┨						45500.	0.	0
COUNSELOR	40.00			-		╁	-	43300.	0.	
(9) MICHAEL BELL	40.00	┨				ł		32000.	0.	0
EMPLOYEE		\vdash	<u> </u>	_		 	-	32000.	- 0.	
		1								
· · · · · · · · · · · · · · · · · · ·		-	 							
	-	1								
		+			\vdash					
	-	1								
				<u> </u>	 		-			
		1								
		T		-	t^{-}	<u> </u>	\vdash			
		1					1			
				_		╁				
		1								
		<u> </u>	\vdash	 		<u> </u>				
		1								
					T		t			
		1	i .	I	l	1	1	I	Į.	l

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	and	d Hi	ghe	st C	compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Отпсег	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	(2)	from the organizate and relate organizate	ie tion ted
									-		4	·	
											_		
			_							-	\perp	·	
	· · · · · · · · · · · · · · · · · · ·										-		
	Sub-total							<u> </u>	261202.		0.		0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						▶	0. 261202.		0.		0.
2	Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed a	bov	e) wł	no r	eceived more than \$100	0,000 of reportable			1
3	Did the organization list any former officer,			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on	ſ	Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab	le c							the organization	-	3	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	y unr			idual for services		4	X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors										1.	5	X
1	Complete this table for your five highest co the organization Report compensation for										ensa	tion from	
	(A) Name and business			ONI		VILII	01 11		(B) Description of s		Co	(C) empensation	on .
			14,	OIVI	<u> </u>								
		-											
2	Total number of independent contractors (\$100,000 of compensation from the organi	_	ot li	mite	d to		se li O	stec	d above) who received n	nore than			
Form						orm 990 i	(2018)						

36-4481458 Page 9 Form 990 (2018) HOPE FOR TOMORROW, INC Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues c Fundraising events 1c d Related organizations 1d 193141. e Government grants (contributions) 1e All other contributions, gifts, grants, and 240528. similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 433669 h Total. Add lines 1a-1f Business Code 999999 113201 113201. 2 a SOBER RESIDENTIAL HSG Program Service f All other program service revenue 113201 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 65. 65. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See 7412 Part IV, line 18 0. b Less. direct expenses 7412. 7412. c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities See Part IV. line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue

554347.

113201

7477.

11 a b

> d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions

Form 990 (2018) HOPE FOR TOMORROW, INC
Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All of

sect	ion 501(c)(3) and 501(c)(4) organizations must com			mpiete column (A)	
	Check if Schedule O contains a respon			(C)	<u>(D)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	261202.	261202.		
	trustees, and key employees Compensation not included above, to disqualified	201202.	201202.		
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		- "		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14845.	14845.		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	4.67	167		
12	Advertising and promotion	467. 7173.	467. 7173.		
13	Office expenses	1113.	1113.		<u> </u>
14	Information technology			<u>. </u>	
15 16	Royalties Occupancy			·	
16 17	Travel	1332.	1332.		
18	Payments of travel or entertainment expenses	2002			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2103.	2103.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16315.	16315.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		•		
а	HOPE PROPERTIES - RENT	102000.	102000.		
b	UTILITIES	46830.	46830.		
c	REPAIRS AND MAINTENANCE	15900.	15900.		
d	HEALTH INSURANCE	14436.	14436.		
е	All other expenses	50676.	50676.		
25	Total functional expenses Add lines 1 through 24e	533279.	533279.	0.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 3782. 6391. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 65210. 61047 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under 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' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 553583. basis Complete Part VI of Schedule D 10a 134999. 410163. 418584. 10c 10b b Less accumulated depreciation 11 11 Investments - publicly traded securities 2850. 3664. 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program related See Part IV, line 11 Intangible assets 14 14 1461. 1431. 15 15 Other assets See Part IV, line 11 480087. 494496. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 9930. 11064. 17 17 Accounts payable and accrued expenses Grants payable 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons 12715. 51448. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 178118. 242316. Schedule D 25 239496. 266095. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here

> 494496. Form 990 (2018)

228401.

228401.

0

0.

240591

240591.

480087

30

31

32

33

34

0.

0.

31

32

33

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

	1990 (2018) HOPE FOR TOMORROW, INC	<u> 36-448</u>	<u> 1458</u>	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		434	
2	Total expenses (must equal Part IX, column (A), line 25)	_2		<u>332'</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		<u> 210</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24	1059	<u>91.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	<3	325	58.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	22	284	01.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1	ł	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	ĺ	
b	Were the organization's financial statements audited by an independent accountant?		2b	\mathbf{x}	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a	1	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2	2018)

SCHEDULE A (Form 990 or 990-EZ)

Form 990 or 990-E2

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

2018

Open to Public Inspection

Name of the organization **Employer identification number** HOPE FOR TOMORROW, INC 36-4481458 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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 university 10 X 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). 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 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. 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. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (I) Name of supported (ii) FIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Sch Pa	art II 'Support Schedule for (Complete only if you checked	Organizations the box on line 5	Described in 5, 7, or 8 of Part I o	Sections 170 or if the organization		d 170(b)(1)(A)(vi	· /
	fails to qualify under the tests	listed below, plea	se complete Part	III)	<u> </u>		
Se	ction A. Public Support			·	_		
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2014	(b) \2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	···	\				
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)			X			
	Public support. Subtract line 5 from line 4 Ction B. Total Support			\ <u></u>	1	1	
		(a) 2014	(b) 2015	(c) 2016	(4) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2014	(b) 2015	7 (6) 2016	(d) 2017	(e) 2016	(i) Total
	· ·		'		 \		
8	Gross income from interest,						
	dividends, payments received on				\	1	
	securities loans, rents, royalties,						
_	and income from similar sources	 .		·	 	<u> </u>	
9	Net income from unrelated business				\		
	activities, whether or not the						
	business is regularly carried on		/		 \		
10	Other income Do not include gain	4	7		,		
	or loss from the sale of capital	/				1	
	assets (Explain in Part VI)				ļ	1	
	Total support. Add lines 7 through 10				<u> </u>		
12	Gross receipts from related activities,	etc (see instructi	ons)			12 1	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3)	r
	organization, check this box and stop						_
Sec	ction C. Computation of Publi	c Support Pe	rcentage		<u> </u>		
14	Public support percentage for 2018 (li	ne/6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2017	∕Śchedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or i	nore, check this box	and
	stop here. The organization qualifies a	as a publicly supp	orted organization	1		į	▶ []
b	33 1/3% support test - 2017./ff the o	rganization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check\thi	s box
	and stop here. The organization quali	fies as a publicly :	supported organiz	ation		ľ	ightharpoons
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the "fact	-				1	
	meets the "facts-and-circumstances"						\ \
b	10% -facts-and-circumstances test					17a, and line 15 is 1	0% or
	more, and if the organization meets th						1
	organization meets the "facts-and-circ						\ ▶□
18	Private foundation. If the organization						_\ ▶□
						edule A (Form 990 o	
							1

Schedule A (Form 990 or 990-EZ) 2018 HOPE FOR TOMORROW, INC

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

(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	ction A. Public Support	now, please compl	ete Fait II j				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	1-7		.,==			
·	membership fees received (Do not						
	include any "unusual grants ")	350037.	506407.	440176.	448825.	441146.	2186591.
2	Gross receipts from admissions,	3300371	3001071	2202700	1100201		
2	merchandises sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	119416.	129378.	149080.	116870.	113201.	627945.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to			ļ			
	the organization without charge						
6	Total. Add lines 1 through 5	469453.	635785.	589256.	565695.	554347.	2814536.
7 a	Amounts included on lines 1, 2, and $igl[$						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						2814536.
Sec	ction B. Total Support		· -				
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	Amounts from line 6	469453.	635785.	589256.	565695.	554347.	2814536.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b					<u> </u>	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	469453.	635785.	589256.	565695.	554347.	2814536.
14	First five years. If the Form 990 is for	the organization's	first, second, third	I, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	zation,
	check this box and stop here						<u> </u>
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	100.00 %
	Public support percentage from 2017					16	100.00 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	18 (line 10c, colum	n (f), divided by lin	ne 13, column (f))		17	.00 %
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2018. If the			n line 14, and line	15 is more than 3	3 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar						$\triangleright \mathbf{X}$
t	33 1/3% support tests - 2017. If the	-					
	line 18 is not more than 33 1/3%, che						ightharpoons
20	Private foundation. If the organization		-				▶□

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. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a 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	No
		_
_ 1		
2		
0-		
3a		
3b		
30		
3с		
4a		
4b		
4c		
5a _		
5b		
5c		
6		
	;	
7		
8_		
9a		
9b		
9c		
10a	<u> </u>	
10b		
	00 EZ	1 2018

36	-44	81	458	Page 5
		o_{\perp}	400	raues

	equie A (Form 990 of 990 EZ) 2018 HOPE FOR TOMORROW, INC	20-440142	O Pa	ige 5
Pa	rt IV Supporting Organizations (continued)		1	
		[Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l	
Sec	tion B. Type I Supporting Organizations		T.,	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11		
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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)		L	İ
Sec	tion D. All Type III Supporting Organizations		r	ı
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ļ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	tructions).		
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			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ty (see instruction:	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ļ	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	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.	3a	L	L
b	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	3ь		

	edule A (Form 990 or 990 EZ) 2018 HOPE FOR TOMORROW, INC			<u>36-4481458 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	<u> </u>	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 8 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	·	
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	_5		<u> </u>
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		<u> </u>
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	ion C - Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Pa	edule A (Form 990 or 990-EZ) 2018 HOPE FOR TOMO rt V Type III Non-Functionally Integrated 509			6-4481458 Page 7
Sect	ion D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	<u> </u>		
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2018 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
10	Line 8 amount divided by line 9 amount	· - .		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018		<u> </u>	
а	From 2013			
b	From 2014			
С	From 2015	<u></u>		
d	From 2016			
е	From 2017		- <u>-</u>	
f	Total of lines 3a through e	·		
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
1	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
Ç	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016		I	1

Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017 e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 F	OPE FOR	TOMORROW,	INC	36-4481458 Page 8
Part VI	'Supplemental Information Part IV, Section A, lines 1, 2, line 1, Part IV, Section D, line	ation. Provide 3b, 3c, 4b, 4c, es 2 and 3. Part	the explanations re 5a, 6, 9a, 9b, 9c, 11 IV. Section E. lines	quired by Part II, line 10, Part a. 11b. and 11c. Part IV. Sect	II, line 17a or 17b, Part III, line 12, ion B, lines 1 and 2, Part IV, Section C, line 1; Part V, Section B, line 1e, Part V,
					
	,				
	· · · · · · · · · · · · · · · · · · ·				
		 			
			·		
					
					
	-				
			<u> </u>		
`					
		-			
					·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HOPE FOR TOMORROW TNC **Employer identification number**

36-4481458

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line 6							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds					
_	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donor a							
_	for charitable purposes and not for the benefit of the donor of		•					
	impermissible private benefit?		Yes No					
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)						
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area					
	Protection of natural habitat	Preservation of a certif	•					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c					
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re-	eased, extinguished, or terminated by the	organization during the tax					
	year ▶							
4	Number of states where property subject to conservation ea	sement is located >						
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements i	t holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing consi	ervation easements during the year					
								
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservati	on easements during the year					
	▶ \$							
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h						
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservati							
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	ne organization's accounting for					
D-	conservation easements	A. A. I lisaba visual Treasures and OA	han Cincilan Assata					
Ра	t III Organizations Maintaining Collections o		ner Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under SFAS 116 (AS							
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,							
	the text of the footnote to its financial statements that descri							
b	If the organization elected, as permitted under SFAS 116 (AS							
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts					
	relating to these items							
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
_	(ii) Assets included in Form 990, Part X		> \$					
2	If the organization received or held works of art, historical tre		gain, provide					
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	~ •					
a	Revenue included on Form 990, Part VIII, line 1		>					
b	Assets included in Form 990. Part X		▶ 55					

Bart III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/continued)			R TOMORROW					<u> </u>			Page 2
Contect all that apply a	P.a.										
a Public exhibition d	3	-	on, and other recor	ds, chec	k any of the	following that	at are a sig	ınıfıcant	use of its	collection	items
b Scholarly research c Proservation for future generations b Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII b Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funder starter than to be manutaned as part of the organization collection? Part IV Escrow and Custodial Arrangements, complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Beginning balance □ Beginning balance □ Beginning balance □ Beginning balance □ Bedinning balance □ Butstributions during the year □ Butstributions are started and programs □ Butstributions (a) If Yes (a) Two years babak (a) Three years back (a) Four years back □ Baginning of year balance □ Contributions □ Reginning of year balance □ Cother expenditures for facilities □ Administrative expenses □ End of year balance □ Cother expenditures for facilities □ Administrative expenses □ End of year balance □ Cother expenditures for facilities □ Administrative expenses □ End of year balance □ Cother expenditures for facilities □ Administrative expenses □ End of year balance □ Cother expenditures for facilities □ Cother □ Part XIII the intended uses of the organizations isted as req		(check all that apply)									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, and the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements, Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1b If the organization and part analysis of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Destributions during the year Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part XIII Beginning of year balance Contributions Are the resemblance (a) Current year (b) Prior year (b) Two years back (c) Three years back (e) Four years back (e) Fou	a	Public exhibition	•	d	Loan or exc	change progra	ams				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII to be sold to raise funds arither than to be maintained as part of the organization's collection?	b	Scholarly research	•	e 🔲	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21 Is the organization an angent, fusites, custodian or other intermediary for contributions or other assets not included on Form 990, Part X In a list the organization answered "Yes." explain the arrangement in Part XIII and complete the following table If Yes. explain the arrangement in Part XIII and complete the following table In a list the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes. No If Yes. explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII In a light of the organization answered "Yes" on Form 990, Part IV, line 10 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Fine years b	c	c Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's continuous	ollections and expla	in how th	ney further t	the organizati	on's exem	npt purp	ose in Par	t XIII	
Part IV Escrow and Custodial Arrangements, Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10 Yes No If "Yes," explain the arrangement in Part XIII and complete the following table	5	During the year, did the organization solicit of	or receive donations	of art, h	storical trea	asures, or oth	er sımılar	assets		_	
reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year 1 Ending balance 2 Distributions our in the grangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part IV, line 10 1 Beginning of year balance 4 Contributions 5 Net investment earnings, gains, and losses 6 Chert expenditures for facilities and programs 7 Administrative expenses 8 Gend of year balance 9 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment								_	<u>[</u>		No_
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance b Contributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [b) Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quase-indowment	Pa			lete if the	organizatio	on answered	"Yes" on I	Form 99	0, Part IV,	line 9, or	_
b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year t Ending balance 1 Ending balance 2 Distributions during the year t Ending balance 2 Distributions during the year 1 Ending balance 2 Distributions during the year 2 Distributions during the year tender or year arrangement in Part XIII Chack here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 If Yes," explain the arrangement in Part XIII Chack here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Administrative value of the organization answered "Yes" on Form 990, Part IV, line 10 Administrative expenses (a) Three years back (b) Four years back (c) Two years back (d) Three years back (e) Four years back (e)	1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contributio	ns or other as	sets not i	ncluded			
Amount Company Comp		on Form 990, Part X?								Yes	☐ No
c Beginning balance d Additions during the year e Distributions during the year t Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability Part V Endowment Funds. Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasiendowment ▶ % 1 Temporanty restricted endowment I part XIII the intended uses of the organization is endowment funds b (i) unrelated organizations (ii) related organizations (iii) related o	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
d Additions during the year Distributions during the year 1										Amount	
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b. If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % Temporarily restricted endowment % (i) unrelated organizations (ii) related organizations (iii)	c	Beginning balance						1c			
1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment Se Permanent endowment Se Permanent endowment Methods or the programization of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe or fine organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Additional interval in the programization of the organization of the passis (other) (b) Cost or other basis (other) Des	d	Additions during the year						1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Indowment Funds. Complete if the organization has been provided on Part XIII All Beginning of year balance	е	Distributions during the year						1e			
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 1a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four ye	f	Ending balance						1f			
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years ba	2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabilit	y?		Yes	☐ No
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back	b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has beer	n provided on	Part XIII				
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" on line 3a(ii), are the related organization listed as required on Schedule R? 2 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land	Pai	t V Endowment Funds. Complete	f the organization ai	nswered	"Yes" on F	orm 990, Parl	IV, line 10)			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment			(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three	years back	(e) Four y	ears back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	1a	Beginning of year balance									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 110719. 110719. b Buildings (a) 436620. 129622. 306998. c Leasehold improvements d Equipment. c Other 6 Other 5 6244. 5377. 867.	ь	Contributions				l					
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment	c	Net investment earnings, gains, and losses									
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	d	Grants or scholarships									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) (a) Cost or other basis (investment) (b) Buildings c Leasehold improvements d Equipment e Other 6244. 5377. 867.	e	Other expenditures for facilities]	
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶		and programs									
Part VI	f	Administrative expenses									
a Board designated or quasi-endowment ▶	g	End of year balance									
b Permanent endowment ►	2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as		<u> </u>		<u> </u>	
Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		%							
The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other The percentages on lines 2a, 2b, and 2c should equal 100% Yes No (Yes No (a) Agij Agign Agin) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 110719. 110719. 110719. 5006998.	b	Permanent endowment	%	_							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation 1a Land 110719. 110719. b Buildings 436620. 129622. 306998. c Leasehold improvements d Equipment e Other Other	С	Temporarily restricted endowment ▶									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation 1a Land 110719. 110719. b Buildings 436620. 129622. 306998. c Leasehold improvements d Equipment e Other Other		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 110719. 110719. b Buildings 110719. c Leasehold improvements d Equipment e Other Other Other	3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for the	e organi	zation		
(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 110719. b Buildings 110719. 110719. c Leasehold improvements d Equipment e Other Other Other											
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) basis (other) c Leasehold improvements d Equipment e Other Other											
b if "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other		· · · · · · · · · · · · · · · · · · ·									
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Omplete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 (b) Cost or other basis (other) (c) Accumulated depreciation 110719. 110719. 110719. 210719. 306998.	b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	ired on S	Schedule R?	•					
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation 1a Land 110719. 110719. b Buildings 436620. 129622. 306998. c Leasehold improvements d Equipment 60ther 6244. 5377. 867.											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land Buildings C Leasehold improvements d Equipment e Other Ca) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 110719. 110719. 129622. 306998.	Par										
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other basis (other) (c) Accumulated depreciation 110719. 110719. 110719. 6244. 5377. 867.		Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a \$	See Form 990), Part X, I	ne 10			
basis (investment) basis (other) depreciation 1a Land 110719. 110719. b Buildings 436620. 129622. 306998. c Leasehold improvements Equipment 6244. 5377. 867.									ed	(d) Book	value
b Buildings c Leasehold improvements d Equipment e Other 436620. 129622. 306998. 6244. 5377. 867.			, , ,		, , ,					• •	
b Buildings c Leasehold improvements d Equipment e Other 436620. 129622. 306998. 6244. 5377. 867.		Land				10719.	<u>-</u>			11	0719.
c Leasehold improvements d Equipment e Other 6244. 5377. 867.								1296	22.		
d Equipment e Other 6244. 5377. 867.		· ·				 		<u> </u>			
e Other 6244. 5377. 867.		,									
		· ·				6244.		5.3	77.		867.
			gual Form 990. Parl	t X, colur	nn (B), line					41	

Schedule D (Form 990) 2018

Part VIII Investments - Other Securities.	n Form 000 Dark N	/ kna 11h Cas Farm 000	Dart V June 10	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	(D) DOOR VAIDE	(0) (1100100 01 41	2.24.0 500.0.01	2 3. your marriet faid
(2) Closely-held equity interests				
(3) Other				
(A)			<u>_</u>	
(B)	· · · · · · · · · · · · · · · · · · ·			
(C)			· - -	
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or				
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or en	d-of-year market value
(1)				<u> </u>
(2)	 .			
(3)				
(4)				
(5)				<u></u> .
(6)				····
(7)				
(8)				
(9) Tatal (Cal (b) must sough Form 000 Part V and (f) line 10.)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets.			 	
Complete if the organization answered "Yes" o	n Form 990. Part IV	line 11d See Form 990.	Part X. line 15	
	escription	,		(b) Book value
(1)	<u>·</u>			
(2)				
(3)				_
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	. <u></u>			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV		n 990, Part X, line 25	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		100610		
(2) PAYROLL TAX LIABILITY		182649.		
(3) HOPE PROPERTIES LLC	10m 3370	32312.		
(4) ACCRUED PAYROLL TAX INTERE	SST AND	27255		
(5) PENALTIES		27355.		
(6)				
(7)				
(8)				
(9) Total (Column (h) must equal form 990, Part X, eal, (P) line	25.1	242316.		
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	7472TQ.		<u> </u>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Sche	edule D (Form 990) 2018 HOPE FOR TOMORROW, INC		36-44	81458 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a		
1	Total revenue, gains, and other support per audited financial statements		1	536995.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1		
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	4	
С	Recoveries of prior year grants	2c	4	
d	•		-	0
е	Add lines 2a through 2d		2e	<u> </u>
3	Subtract line 2e from line 1		3	536995.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-l i	
b	Other (Describe in Part XIII)	4b 17352	7.	17252
С	Add lines 4a and 4b		4c	17352.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Staten	nonte With Exponent par	5 Poturn	<u>554347.</u>
Pa			netuiii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a		549185.
1	Total expenses and losses per audited financial statements		1 -	249102.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 0- 1		
a	Donated services and use of facilities	2a	┥ ┃	
b	Prior year adjustments	2b	1	
С	Other losses	2c 2d 15906	1	
d	Other (Describe in Part XIII)	2d 15906	7 1	15906.
е	Add lines 2a through 2d		2e	533279.
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 - 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII)	_4b	┥ . │	0
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	533279.
	rt XIII Supplemental Information.		4.5.444	0.5.17
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par		4, Part X, II	ne 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad	Iditional information		
				
PA.	RT XI, LINE 4B - OTHER ADJUSTMENTS:			
		an ar Tr. /T odd		
AU.	DITOR NETTED UNCOLLECTIBLE EXPENSE/EXCHANG	GE GAIN/LOSS		
<u>PA</u>	RT XII, LINE 2D - OTHER ADJUSTMENTS:			_
DE:	PRECIATION DIFFERENTIAL			
<u>AU</u>	DITOR NETTED UNCOLLECTIBLE EXPENSE/EXCHANGE	GE CAIN/LOSS		
SE	E BELOW	<u> </u>		
RE'	VENUE-			
<u>AU</u>	DITOR NETTED ADJUSTMENTS-\$ 17,352			

Schedule D (Form 990) 2018 HOPE FOR TOMORROW, INC Part XIII Supplemental Information (continued)	36-4481458 Page 5
אָמת אווו Supplemental Information (continued)	
EXPENSES-	
AUDITOR NETTED ADJUSTMENTS-\$ 15,693	
	-
DEPRECIATION-\$ 364	
•	
•	
•	
	· · · · · · · · · · · · · · · · · · ·
'	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.

20 10

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

HOPE FOR TOMORROW, INC

Employer identification number 36-4481458

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			Ţ
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	-		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study		1	
	Form 990 of other organizations X Approval by the board or compensation committee	İ		
	,			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
•	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
	, , , , , , , , , , , , , , , , , , ,			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			ŀ
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of	1		1
а	The organization?	6a		X
	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2018

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

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

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

	-	(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
				.	other deferred	benefits	(a)·(ı)(a)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation			reported as deferred on prior Form 990
	3							
	2 (5			1				
	Ξ							
	: 3							
	Ξ							
)								
	ε							
7	3							
	3							
5	=							
	Ξ							
	(ii)							
	Θ							
	<u> </u>							
	ε							
	Ξ							
	(i)							
	Ξ							
	ε							
	(ii)							
	Θ							
	Ξ							
	Ξ							
	(ii)							
	3							
<u> </u>	(ii)							
	ε							
	Ξ							
	Ξ					i i		
	⊞							
	ε							
	(ii)							
							Sched	Schedule J (Form 990) 2018

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		OPE FO									<u>814</u>	<u>58</u>			
Part I	Excess Bene	fit Transa	i ctions (se	ction 50	01(c)(3), secti	ion 501(c)(4), and 50	1(c)(29) organizatio	ns only	')					
	Complete if the o	rganization a	answered "Y	es" on l	Form 9	90, Pa	art IV, line 25a or 25b	, or Form 990-EZ,	⊃art V, I	ine 40)b				
1 (b) Relationship between disqualif										(d) Corrected?					
(a) Name	(a) Name of disqualified person person and organization			ation	(c) Description of tran			saction			s	No			
										·					
-															
									•						
2 Enter th	e amount of tax II	ncurred by th	ne organizati	on man	agers	or disc	qualified persons dur	ing the year under							
section	4958									\$					
3 Enter th	e amount of tax,	if any, on line	e 2, above, re	eimburs	ed by	the or	ganızatıon			\$					
	Loans to and														
	Complete if the o	organization a	answered "Y	es" on l	Form 9	990-EZ	, Part V, line 38a or F	orm 990, Part IV, I	ne 26,	or if th	ne orga	anızatı	on		
	reported an amo	unt on Form	990, Part X,	line 5, 6					Ι-		I/L\ An	provod			
	Name of	(b) Relations		•		an to or	(e) Original	(f) Balance due	(g)		I DY DOALD OF L		(1) W	(ı) Written agreement?	
interes	ted person	with organiza	tion of k	oan		zation?	principal amount		defa	uit ?	cómn	nttee?	ayree		
					То	From			Yes	No	Yes	No	Yes	No	
	N S DUETS		GENE		Х		89287.	12715		Х	X		X		
<u>GEORGE</u>	WESEMAN		GENE	RAL	X		10000.	0	•	X	X		X	<u></u>	
															
					ļ				ļ					<u> </u>	
					ļ		<u>.</u>		ļ		<u> </u>			<u> </u>	
					<u> </u>				_	_		ļ		<u> </u>	
					<u> </u>							<u> </u>			
					<u> </u>				-		ļ .				
					ļ	<u></u>								<u> </u>	
								4 4 5 5 6	-					<u>. </u>	
Total	0	-:-4	Dan adibina	- lk		d Da	> \$	12715	•		<u> </u>				
Part III	Grants or As														
	Complete if the c														
(a) Nar	me of interested p	person	(b) Relat				(c) Amount of assistance	(d) Typ assista) Purp assist		i	
			interest the	ed pers organiza		u	833/3(8/100	433/3/4		ŀ		400.00	2.100		
							 -	-				_			
	· -	-								-+					
								-		-+					
	<u> </u>									-+					
										-	•				
										-+	-				
										+					
															

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

Schedule L (Form 990 or 990-EZ) 2018

(a) Name of interested person	"Yes" on Form 990, F (b) Relationship bet person and the	ween interested	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
			4.6.0.0.0		Yes	No
JEFFREY S GILBERT	JEFFREY S (GILBERT I	102000.	RENT PAID T		Х
			·			
Part V Supplemental Information.		- Cabadula I. (aaa				
Provide additional information for response	onses to questions or	1 Schedule L (See	instructions)			
SCHEDULE L, PART II, LOANS	TO AND FRO	OM INTERE	STED PERSON	IS:		
(A) NAME OF PERSON: CAROLY	N S DUETSCI	H				
A) WALL OF THROOM. CAROLI	N D DOLLEC					
(C) PURPOSE OF LOAN: GENER	AL PURPOSES	S				
/						
(A) NAME OF PERSON: GEORGE	WESEMAN					
(C) PURPOSE OF LOAN: GENER	AL PURPOSE	S				
		<u> </u>				
SCH L, PART IV, BUSINESS T	RANSACTION	S INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: JEFFRE	Y S GILBER	T				
			D ODGANITA	TON.		
(B) RELATIONSHIP BETWEEN I	NTERESTED	PERSON AN	D ORGANIZAT	TON:		
JEFFREY S GILBERT IS PRESI	DENT/EXECU	TIVE DIRE	CTOR			
(C) AMOUNT OF TRANSACTION	\$ 102000.					
(D) DESCRIPTION OF TRANSAC	TION: RENT	PAID TO	J & JG PROP	PERTY MANAGE	MENT	
LLC WHICH IS OWNED & CONTE	OLLED BY J	EFFREY S	GILBERT AND	JANET J		
2						
GILBEERT.						
(E) SHARING OF ORGANIZATION	N REVENUES	? = NO				
						
		1				

SCHEDULE O (Form 990 or 990-EZ)

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.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HODE BOD BONODDOM TNO Employer identification number 36-1181158

HOPE FOR TOMORROW, INC 36-4461456
FORM 990, PART VI, SECTION A, LINE 2:
CAROLYN DUETSCH IS JEFFREY S GILBERT'S MOTHER. JANET J GILBERT IS JEFFREY
S GILBERT'S SPOUSE. J & JG PROPERTY MANAGEMENT LLC IS OWNED AND CONTROLLED
BY JEFFREY S GILBERT AND JANET J GILBERT.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD REVIEWS ALL FINANCIALS AND TAX RETURNS.
EODW 000 DADW VI GROWTON B. LINE 12C.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD REVIEWS ALL FINANCIALS AND TAX RETURNS.
FORM 990, PART VI, SECTION C, LINE 19:
THE BOARD WILL PROVIDE ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST
POLICY, AND FINANCIALS UPON REQUEST.