DATE SEP 25 201

RETROACTIVE REINSTATEMENT 2949230606422

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Ā	For the	2018 calenda	ar year, or tax year beginning , 2018, and ending			, 20				
_	Check if ap		C Name of organization 2	D Empl	loyer ic	lentification number ?:				
	Address o	ddress change Fenton Center of Hope				81-414394 6				
	Name cha	inge	hone n	umber						
\Box	Initial retu	m	81	10-620-8300						
ᆖ		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	JD Exe	emption				
=	Amended Application	retum in pending	Fenton, MI 48430			≥ ?:				
_		ting Method	✓ Cash			if the organization is not				
	Vebsite	•				ach Schedule B				
			· · · · · · · · · · · · · · · · · · ·	•		0-EZ, or 990-PF)				
		organization	☑ Corporation ☐ Trust ☐ Association ☐ Other			·				
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets						
			500,000 or more, file Form 990 instead of Form 990-EZ		▶ s	151176				
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the i	instruc	ctions	s for Part I) 2				
			the organization used Schedule O to respond to any question in this Part I							
?1	1		ns, gifts, grants, and similar amounts received		1	114246				
.21	2		ervice revenue including government fees and contracts		2	0				
?1	3	_	p dues and assessments		3	0				
21	4	Investment	•		4	0				
	5a		unt from sale of assets other than inventory 5a	0	-					
	ь	Less: cost	or other basis and sales expenses	0	` - ` /					
	С	0 (0 1)								
	6	Gaming an	diupdraising events ED		٠. ٧					
	a	Gross inco	me from gaming (attach Schedule G if greater than		١.					
e	-	\$15,000) .		0						
ē	ь		metrom fundraising events (no including \$ 0 of contributions	5	;					
Revenue		from funde	aisingrevents reported on line () (attach Schedule G if the		1					
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b	36930						
	c	Less. direc	t expenses from gaming and fundraising events 6c	8269	. */					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract	}					
		line 6c) .			6d	28661				
	7a	Gross sales	s of inventory, less returns and allowances	o	,					
	ь		of goods sold	0						
	С	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0				
	8	•	nue (describe in Schedule O)	[8	0				
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	142907				
	10		similar amounts paid (list in Schedule O)		10	0				
	11	Benefits pa	id to or for members	[11	0				
S	12	Salaries, ot	her compensation, and employee benefits 🔯	[12	52000				
nse	13	Professiona	al fees and other payments to independent contractors 🛂	[13	576				
Expense	14	Occupancy	r, rent, utilities, and maintenance	[14	3169				
Ж	15	Printing, pu	blications, postage, and shipping	[15	443				
	16		nses (describe in Schedule O) 22		16	46563				
	17	Total expe	nses. Add lines 10 through 16	. ▶	17	111020				
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	31887				
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	with [· _					
AS		end-of-yea	r figure reported on prior year's return)	[19	8799				
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	[20	0				
z	21		or fund balances at end of year. Combine lines 18 through 20		21	40686				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form **990-EZ** (2018)



Land and buildings	22 0-	Check if the organization used Schedule	O 4 4				
22 Cash, savings, and investments	22 0-		O to respond to a	ny question in this			<u> </u>
Land and buildings. 0 23	22 0-				(A) Beginning of year	r	(B) End of year .
Other assets (describe in Schedule O) Total alsibilities (describe in Schedule O) Total assets Total alsibilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Statement of Program Service accomplishments for each of its three largest program services, recommendations of the organization sporgram services. Required for section of the organization of program services accomplishments for each of its three largest program services, in reasured by expenses. In a clear and concise manner, describe the services provided, the number of serons benefited, and other relevant information for each program title. Community Food Pantry. We operate a large free choice food pantry that distributed nearly 250,000 pounds of food and toletiries to local families in crisis situations. In 2018 we had nearly 2,000 shopping appointments for families in need which helped them bridge the age from crisis to independence and sustainability. Grants \$ 3200) If this amount includes foreign grants, check here.	ze ca:	sh, savings, and investments		[88	00 22	4993
Total liabilities (describe in Schedule O) 7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 8800 27 499 87 Net assets or fund balances (line 27 of column (B) must agree with line 21) 8800 27 499 87 Net assets or fund balances (line 27 of column (B) must agree with line 21) 8800 27 499 87 Littli Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in the Part III	!3 Lar	nd and buildings		[0 23	
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Check if the organization used Schedule O to respond to any question in this Part III						1	
hat is the organization's primary exempt purpose? Humanitarian Services Humanitarian Services Humanitarian Services Sociolation Humanitarian Services Sociolation Sociolati	art III		•		·	٦	Expenses
escribe the organization's program service accomplishments for each of its three largest program services, images and concise manner, describe the services provided, the number of stresons benefited, and other relevant information for each program title. 8 Community Food Pantry. We operate a large free choice food pantry that distributed nearly 250,000 pounds of food and tolletries to local families in crisis situations. In 2018 we had nearly 2,000 shopping appointments for families in need which helped them bridge the gap from crisis to independence and sustainability. 10 (Grants \$ 32000) if this amount includes foreign grants, check here.	hat is th					≓ (R¢	equired for section
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Grants \$ If this amount includes foreign grants, check here	<u> </u>					- 30	10
Total program service expenses (add lines 28a through 31a)		. •				اما	_1
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV Check if the organization used Schedule O to respond to any question in this Part IV (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (b) Strygulec, Director (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) (e) Estimated amount other compensation (deferred compensation) (e) Entertor (e) The compensation of the						\rightarrow	
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B AG

	Part				_	
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	_		
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	20	Yes	No	-
?:	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	33			?
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34			
		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	
	c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c			
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/	
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a 27a	KÝ.	3 T.		
	b	Did the organization file Form 1120-POL for this year?	37b	de 3 - 2 - 1	✓	
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		1		
	_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	NZ80488	1/2 / 1/2 /	2
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved				
	39 a	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9				:
	b	Gross receipts, included on line 9, for public use of club facilities				
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under				
		section 4911 ▶ 0 , section 4912 ▶ 0 ; section 4955 ▶0				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	%'*₹	(1898) (1898)	સંજાળ	?;
	·	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	. е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	
	41	List the states with which a copy of this return is filed ► Michigan				
	42a	1110 0.341.124101.0 0001.0 4.7 0.1.0 01.7	310-62)	
	b	Located at ► 2525 W Shiawassee Ave Fenton, MI ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	48430	-1743 Yes	No	
			42b		<u>/</u>	
		If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
		Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		· <u>/</u>	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	▶ □	
		and enter the amount of tax-exempt interest received or accrued during the tax year		1		
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	No ·	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√	
	С	Did the organization receive any payments for indoor tanning services during the year?	44c		~	
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	3.5		
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		/	

	•	•						
Form 99	90-EZ (2018)						F	Page 4
							Yes	No
46	Did the organization engage, directly or i							
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I			. 46		V
Part	VI Section 501(c)(3) Organization	s Only						
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and co	mplete the	e tables t	for line	es
	50 and 51.	•		-	•			
	Check if the organization used So	hedule O to respond	to any question in t	his Part VI				
	Oncok ii the organization doed oc	induit o to reapone	a to any quodion in t	no r are vi			Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501/b) electio	n in effect (lurina tha	tax	163	140
71	year? If "Yes," complete Schedule C, Pai				dring the	1	1 :	
	•					· 47	_	V
48	Is the organization a school as described in					. 48		~
49a	Did the organization make any transfers to	to an exempt non-cha	arıtable related organız	ation?		. 49a		1
b	If "Yes," was the related organization a s	ection 527 organization	on?			. 49b		
50	Complete this table for the organization's	s five highest compen	sated employees (oth	er than offic	ers, directo	ors, truste	es, an	d key
	employees) who each received more than	n \$100,000 of compe	nsation from the orgar	nization. If th	ere is none	e, enter "N	None."	1
		(b) Average	(c) Reportable	(d) Health	benefits,			
	(a) Name and title of each employee	hours per week	compensation	contributions		(e) Estimate		
		devoted to position	(Forms W-2/1099-MISC)	benefit plans, compen		other cor	npensat	lon
Name								
None								
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		<u> </u>	0	l.				
T	Total number of other employees paid ov							
51	Complete this table for the organization			contractors	who each	received	more	than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."					
	(a) Name and business address of each independ	dent contractor	(b) Type of serve	ice	(c)	Compensat	on	
			(, .,)		(-/	· · · ,		
None								
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	***		<u> </u>					
d	Total number of other independent contra	actors each receiving	over \$100,000	>	(כ		
52	Did the organization complete Schedu	ule A? Note: All se	ection 501(c)(3) organ	nizations m		_		
	completed Schedule A	· · · · · · ·	<u> </u>			► ✓ Yes		No
	enalties of penury, I declare that I have examined this rect, and complete. Declaration of preparer (other Mai					owledge and	d belief,	ıt ıs
	Kokert	Hughler						
Sign	Signature of officer			Date	/	2/_ ·	/	
Here	Robert Strygulec				9	1251	20	19
	Type or print name and title					/ /		,

Preparer's signature

Print/Type preparer's name

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name ▶

Paid Preparer

Use Only

► ☐ Yes ☐ No

PTIN

Check I if self-employed

Firm's EIN ▶

Phone no.

Date

?1

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Fenton Center of Hope

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

81-4143946

Pai	t Reason for Public Cha	rity Status (All	organizations must	t comple	ete this p	art.) See instruction	ons.			
The	organization is not a private founda	ition because it	is: (For lines 1 through	n 12, che	ck only o	ne box)				
1	☐ A church, convention of churc	hes, or associati	on of churches descr	ibed in s	ection 17	'0(b)(1)(A)(i).	1			
2	=									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	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.)									
6			mental unit described	lın secti	on 170(b))(1)(A)(v).				
7	 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.) 									
8	☐ A community trust described in	n section 170(b))(1)(A)(vi). (Complete	Part II.)						
9	An agricultural research organior university or a non-land-grauniversity.	nt college of agr	riculture (see instruction	ons). Ente	er the nar	ne, city, and state of	f the college or			
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt full income and un	nctions—subject to c related business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its			
11	An organization organized and		•		•	•				
12	An organization organized and	operated exclus	sively for the benefit o	f, to perfe	orm the fo	unctions of, or to ca	rry out the purposes			
	of one or more publicly support									
	Check the box in lines 12a thro	_		-	_	·	=			
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	elect a ma	ajority of t					
b	☐ Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by having			
	control or management of organization(s). You must	the supporting o	rganization vested in	the same						
С	Type III functionally integ						ally integrated with,			
d	Type III non-functionally in that is not functionally integrequirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an				
е	Check this box if the organ functionally integrated, or T						e II, Type III			
f	Enter the number of supported of			-	_		[
g	Provide the following information	about the supp	orted organization(s).	•						
	(i) Name of supported organization	(iı) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
		i		Yes	No					
(A)										
B)										
C)										
D)										
E)										
_										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2014 (d) 2017 Calendar year (or fiscal year beginning in) ▶ (b) 2015 (c) 2016 (e) 2018 (f) Total Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . 1500 27001 114246 142747 levied revenues the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. 27001 1500 114246 142747 The portion of total contributions by each person . (other than governmental unıt or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 142747 Section B. Total Support (a) 2014 Calendar year (or fiscal year beginning in), **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 0 1500 27001 114246 142747 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 142747 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) . : . . 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 16a 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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 qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	, under the te	ests listed bel	ow, please c	omplete Part	II.)	
	ion A. Public Support		- ₁				
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20°	18 (f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants.")				<u> </u>	ŀ	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		 				
_	unrelated trade or business under section 513						
4			 	-			/
~			1				/
	organization's benefit and either paid to or expended on its behalf						
	·	,					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		1				
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified			/	Ϊ	i	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С			· · · · · · · · · · · · · · · · · · ·				
8	Add lines 7a and 7b				Walley of the second of the	285 120 00 00 00 00 00 00 00 00 00 00 00 00 0	027536
O			liking the second	/			
Cooti	on B. Total Support	J. St. Suit St.	January 1			in the state of th	
		(-) 004.4	11110015	() 0040	(0 0047	4 3 004	0 1 (0.7.)
	dar year (or fiscal year beginning in)	(a) 2014	(b) 201/5	(c) 2016	(d) 2017	(e) 201	8 (f) Total
9	Amounts from line 6		 / 				
10a	Gross income from interest, dividends,	-					
	payments received on securities loans, rents,						
	royalties, and income from similar sources.		<u>/</u>				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on /	r					İ
12	Other income. Do not include gain or				-		
	loss from the sale of capital assets						
	(Explain in Part VI.)			1			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)]				
14	First five years. If the Form 990 is for the	e organization	n's first secon	d third fourth	Or fifth tay ve	2 2 2 2 C	ection 501(c)(3)
• •	organization, check this box and stop her				-		
Section	on C. Computation of Public Suppor	_				• • •	· · · · - L
15	Public support percentage for 2018 (line 8			(2) column (f)		Tarl	0/
						15	<u>%</u>
16 Section	Public support percentage from 2017 Schon D. Computation of Investment Inc			<u> </u>	· · · · · ·	16	%
17				ulino 10	(6)	14-9	
	Investment income percentage for 2018 (I					17	<u>%</u>
18	Investment income percentage from 2017					18	%
19a	331/3% support tests—2018. If the organi						
	17 is not more than 331/3%, check this box a					_	_
b	331/3% support tests—2017. If the organiz						·
	line 18 is not more than 331/3%, check this b		-	•			_
20	Private foundation If the organization du	d not check a	hay on line 14	100 or 10h o	book this box	and coo in	etructione

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?
- 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.
- 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 79 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)

	1000	Yes	No
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Fart	Supporting Organizations (continued)	
11	Has the organization accepted a gift or contribution from any of the following persons?	Yes No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
.	below, the governing body of a supported organization?	11a
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b
	on B. Type I Supporting Organizations	1110
0000	on b. Type I dupporting organizations	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	1
2 -	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2
Secti	on C. Type II Supporting Organizations	
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).	Yes No
Secti	on D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior 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
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
Section	on E. Type III Functionally Integrated Supporting Organizations	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	nstructions)
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 (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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	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.	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
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	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gar	nizations	 -
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_		in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		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	13.2000年代的基本的	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		3
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	g organization (see

Falt	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)			
Sect	Section D-Distributions					
1	Amounts paid to supported organizations to accomplish					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of supp	orted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations			
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.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	th the organization is re	sponsive			
	(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	ī		,,,,,		
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					
	(reasonable cause required - explain in Part VI). See					
	instructions.		170000 31700000 34 100 00 0 00 000 000000 0 1100			
3	Excess distributions carryover, if any, to 2018					
a	From 2013			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b	From 2014 .					
<u>c</u>	From 2015	Property of the second second				
<u>d</u>	From 2016					
<u>e</u>	From 2017					
f	Total of lines 3a through e	PROGRAMME TO A SECRETARY SERVICES TO				
<u>g</u>	Applied to underdistributions of prior years		naministratur ar áraba director			
<u>h</u>	Applied to 2018 distributable amount					
 -	Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.		POST SELECTION CONTROL NO SOURCE DE LA CONTROL DE LA CONTROL DE LA CONTROL DE LA CONTROL DE LA CONTROL DE LA C	TO THE STATE OF TH		
<u>J</u>	Distributions for 2018 from					
4	Section D, line 7 \$					
а	Applied to underdistributions of prior years		77. 48885399953895345454545454545454			
<u>a</u>	Applied to 2018 distributable amount		71.38 P. C. T. C. C. T. T. T. T. T. C.	promotestations and the property of		
c	Remainder, Subtract lines 4a and 4b from 4.	2 SENGTANN AND LAY 2 NOT SERVING AND TO AT		15 7435 947 988 74 75 78 78		
5	Remaining underdistributions for years prior to 2018, if		-Wasterson States and St. W. S. M. L. S.			
J	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		15 or a Children and Annual S. W. T. J. P. K. H. Galdent and			
•	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.	WARREST AND CONSTRUCTION OF THE CONSTRUCTION O				
8	Breakdown of line 7.					
<u>a</u>	Excess from 2014	220124 (2003)				
b	Excess from 2015					
<u> </u>	Excess from 2016		77,63,2	A CONTRACTOR OF THE PROPERTY O		
d	Excess from 2017					
е	Excess from 2018		PORTER OF THE SECTION			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

	of the organization	GO to www.irs.govi	7-07111330 107 1	nstructions a	ino the latest informe	Employer identific	cation number			
	on Center of Hope					' *	4143946			
Par					vered "Yes" on	Form 990, Part IV,	line 17.			
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. C	Check all that apply.				
а	- - •									
b										
c d	c ☐ Phone solicitations g ☑ Special fundraising events d ☐ In-person solicitations									
2a	Did the organization have a wri	tten or oral agre	ement with	any individ	tual (including off	icers directors trust	205			
	or key employees listed in Form	n 990, Part VII) o	r entity in co	onnection v	with professional	fundraising services	Yes 🗹 No			
Ь	If "Yes," list the 10 highest paid compensated at least \$5,000 by			araisers) pu	arsuant to agreen	nents under which th	e fundraiser is to be			
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No						
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
otal		<u> </u>	.L	▶						
3	List all states in which the orga registration or licensing.				olicit contribution	s or has been notifie	ed it is exempt from			
Michi	_									
			·							
						•••••				
						••				

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18,	or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6	b. List events with
	gross receipts greater than \$5,000.	

		gross receipts greater the	ιτ φο,σοο.					
			(a) Event #1 Cooking Competition	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col (c))		
e								
Revenue	1	Gross receipts	36930			36930		
	2	Less Contributions	0			0		
	3	Gross income (line 1 minus line 2)	36930			36930		
Direct Expenses	4	Cash prizes	0			0		
	5	Noncash prizes	700			700		
	6	Rent/facility costs	2000			2000		
	7	Food and beverages	300			300		
	8	Entertainment	0			0		
	9	Other direct expenses .	5269			5269		
	40	Durant aurana aurana auran	ld limas A three cals O in a	- I (al)		8269		
	10 11	Direct expense summary. Ad						
Do	rt III	Net income summary. Subtra Gaming. Complete if th	act line to from line 3, c	orod "Voe" on Form	000 Bort IV line 10	or reported more than		
		\$15,000 on Form 990-E2	Z, line 6a.	ered res on Form	990, Fait IV, line 19,			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
Rev	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
lrect E	4	Rent/facility costs						
	5_	Other direct expenses .						
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states?								
10		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . Yes No If "Yes," explain						

Jeneau	ne a (voint 350 di 550-12) 2010		raye U				
11,	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No				
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		□ No				
13	Indicate the percentage of gaming activity conducted in:	ı					
а	The organization's facility		<u>%</u>				
b	An outside facility		<u>%</u>				
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:						
	Name ▶						
	Address ▶						
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No				
	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party						
	Name ►						
	Address ▶						
16	Gaming manager information.						
	Name ▶	·					
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	□ Director/officer □ Employee □ Independent contractor						
17	Mandatory distributions						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		□ No				
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$						
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	(iii) and (inal inform	v); and mation.				
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			·····				