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DLN: 93493060003550

Form **990**

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 black lung benefit trust or private foundation)

2008

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A Fo	r the :	2008 са	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	19		
B Ch	eck ıf a	pplicable	Please	C Name of organization THE HOPE SCHOOL			D Employer ider	ntification number
┌ Add	dress ch	nange	use IRS				37-0768616	
┌ Na	me cha	nge	label or print or	Doing Business As THE HOPE INSTITUTE FOR CHILDREN ANI	D		E Telephone nu	mber
	tıal retu	_	type. See Specific			VI.5. ((217) 585-5	437
_	minatio		Instruc-	Number and street (or P O box if mail is 15 EAST HAZEL DELL LANE	not delivered to street addre	ess) Room/suite	G Gross receipts	s \$ 29,478,979
			tions.					
	ended			City or town, state or country, and ZIP + SPRINGFIELD, IL 62712	4			
Ар	plication	pending						
				ne and address of Principal Officer		H(a) Is thi	s a group return	for
				H E NYRE PHD ST HAZEL DELL LANE		affilia		┌ Yes ┌ No
				GFIELD, IL 62712		H(b) Are all	affiliates include	d? □ Yes □ No
I Ta	x-exem	pt status	✓ 501(c)	(3) ◄ (insert no)	527	1		See instructions)
	eb site	e: ► WW	W THEHOI	PEINSTITUTE US		_	p Exemption Nur	
К Тур	e of org	janization	Corporat	on trust association other		L Year of Fo	mation 1957 M S	State of legal domicile IL
						<u> </u>	·	
Da	rt I	Sum	maru					
Ρđ		Sum	-	e organization's mission or most sigi	nificant activities			
	*			•		N. A NID EA MII	IEC WITH DEVE	LODMENTAL
2				TUTE FOR CHILDREN AND FAMILI ID MENTAL ILLNESSES BY PROVI				
Ě				CH TO BECOME HEALTHIER, RESE				
Ĕ			RENTS	····, ··			-,	
Governance	2	Check t	his box	ıf the organızatıon dıscontınued ıts o	perations or disposed (of more than 2	5% of its assets	
	3	Number	of voting r	nembers of the governing body (Part	VI, line 1a)		3 _	26
න් ග	4	Number	of indepen	dent voting members of the governir	ng body (Part VI, line 1	b)	. 4	26
ĕ	5			nployees (Part V, line 2a)		,		696
Activities &	6			lunteers (estimate if necessary) .			_	300
æ				ted business revenue from Part VIII			_	0
		_		ness taxable income from Form 990		-	7b	0
	+-				, , , , , , , , , , , , , , , , , , , ,	Prio	or Year	Current Year
	8	Contri	hutions and	grants (Part VIII, line 1h)			5,110,129	5,697,069
활	9			revenue (Part VIII, line 2g)			22,184,268	23,959,775
Revenue	10			ne (Part VIII, column (A), lines 3, 4		'	108,832	56,435
歪	11			art VIII, column (A), lines 5, 6d, 8c	•		111,813	-325,520
	12			dd lines 8 through 11 (must equal Pa		16	111,013	323,320
	12	12)	evenue u	au mes e tmough 11 (must equal re	211 V 111, COIGIIII (71), III		27,515,042	29,387,759
	13	Grants	and simila	r amounts paid (Part IX, column (A)	, lınes 1–3)			0
	14	Benefi	ts paid to o	r for members (Part IX, column (A),	line 4)			0
	15	Saları	es, other co	mpensation, employee benefits (Par	t IX, column (A), lines	5 –		
Expenses		10)					17,504,826	19,538,897
ই	16a	Profes	sional fund	raısıng fees (Part IX, column (A), lın	e 11e)			20,000
ਲੋ	ь	(Total f	undraising ex	penses, Part IX, column (D), line 25 $\frac{521,171}{100}$)			
_	17	Other	expenses (Part IX, column (A), lines 11a–11d,	, 11f-24f)		8,262,730	8,810,255
	18	Total	expenses—	add lines 13–17 (must equal Part I)	K, line 25, column (A))		25,767,556	28,369,152
	19	Reven	ue less exp	enses Subtract line 18 from line 12			1,747,486	1,018,607
88						Beginni	ng of Year	End of Year
9 de 18 de 1	20	Total	assets (Par	t X, line 16)			25,538,598	26,669,916
Net Assets or Fund Balances	21			Part X, line 26)			10,963,097	11,154,719
<u> </u>	22		•	d balances Subtract line 21 from lin	e 20		14,575,501	15,515,197
	rt III		ature Blo				11,070,001	13,313,137
Ра	1 1 11			ημιγ, I declare that I have examined this re	turn including accompanium	r schodulos and s	tataments and to th	a host of my knowledge
				correct, and complete Declaration of prepare				
Plea	ise	****	**			2010-	02-23	
Sigr		Sign	ature of office	r		Date		
Her	е	JOSE	PH E NYRE P	HD PRESIDENT & CEO				
			or print nam					
		Preparer	's L		Date	Check If	Preparer's PTIN (See Gen Inst)
Paid		signature				self- empolyed •		
	arer's	Firm's no	me (or yours	SIKICH LLP		p31,00 r		
Use		ıf self-er	nployed),	P			EIN 🕨	
	,	address,	and ZIP + 4	3201 WEST WHITE OAKS DRIVE SUITE	10		Phone no 🕨 (21	7) 793-3363
				SPRINGFIELD, IL 62704			<u> </u>	<u> </u>
May	the IR	S discus	s this retu	rn with the preparer shown above? (S	See instructions)			✓ Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission THE HOPE INSTITUTE FOR CHILDREN AND FAMILIES S PROVIDING HOMES IN WHICH TO GROW, SCHOOLS IN TRAINING FOR PROVIDERS AND PARENTS			
2	Did the organization undertake any signific the prior Form 990 or 990-EZ? If "Yes," describe these new services on So		year which were not listed on	⊤Yes ▼ No
3	Did the organization cease conducting or m services?			「Yes ▽ No
4	Describe the exempt purpose achievement Section 501(c)(3) and (4) organizations an others, the total expenses, and revenue, if	s for each of the organization's ind 4947(a)(1) trusts are require	d to report the amount of grants an	
4a	(Code) (Expenses \$ THE HOPE CENTER FOR RESIDENTIAL SERVICES - : CLOCK CARE AND SPECIALIZED ASSISTANCE FOR C CAMPUS ON THE SHORE OF LAKE SPRINGFIELD A LEVEL OF SUPPORT DURING FY 2009, THE AVERAC	CHILDREN WITH DEVELOPMENTAL DISA VARIETY OF RESIDENTIAL PROGRAMS A	TER FOR RESIDENTIAL SERVICES PROVIDE BILITIES CHILDREN RESIDE ON HOPE'S BE ALLOW HOPE TO MATCH EACH YOUTH'S UN	AUTIFUL 25 ACRE WOODED
4b	(Code) (Expenses \$ THE HOPE CENTER FOR RESIDENTIAL SERVICES - GENERAL AND SPECIALIZED ASSISTANCE FOR CHILDRE AREA A VARIETY OF RESIDENTIAL PROGRAMS ALLOW THE AVERAGE CENSUS FOR THIS RESIDENTIAL PROGRAMS ALLOW THE AVERAGE CENSUS FOR THE AVERAGE CENSUS	EN WITH DEVELOPMENTAL DISABILITIES DW HOPE TO MATCH EACH YOUTH'S UN	R RESIDENTIAL SERVICES PROVIDES THE CHILDREN RESIDE IN ONE OF 10 GROUP	HOMES IN THE SPRINGFIELD
4 c	(Code) (Expenses \$ THE HOPE SCHOOL LEARNING CENTER DEDICATE! OFFERING DAY AND RESIDENTIAL STUDENTS THE E AVERAGE DAILY CENSUS FOR EDUCATIONAL PROGE THE STUDENTS A VIDEO OBSERVATION SYSTEM AL	BEST POSSIBLE ENVIRONMENT FOR LEAR RAMS AT HOPE WAS 156 EACH CLASSE	NG CENTER IS A 40,000 SQUARE FOOT STA RRNING, SO THAT EACH STUDENT MAY OBT ROOM AT HOPE HAS ITS OWN SELF-CONTA	TAIN THE MAXIMUM BENEFIT INED OUTDOOR PLAY AREA FOR
4d	(Code) (Expenses \$ Other program services (Describe in Sch	5,801,338 including grants of	\$) (Revenue \$	6,389,831)
-ru		uding grants of \$) (Revenue \$)
4e	Total program service expenses \$	25,283,687 Must equal Pa	art IX, Line 25, column (B).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Finite the number reported in Box 3 of Form 10.98, Annual Summary and Transmitted 1	Pai	t V Statements Regarding Other IRS Filings and Tax Complian	ce				
so of U.S. Information Returns. Enter-0- if not applicable a before the number of Forms W-2G included in line 1a. Enter-0- if not applicable a before the number of Forms W-2G included in line 1a. Enter-0- if not applicable a before the number of employees reported on Form W-3, Frameworks of reportable payment to vendors and reportable gamma (gammbing) warmang to appreximents of the property of t						Yes	No
b Enter the number of Forms W-26 included in line 1a. Enter-0-intot applicable c. Due the organization comply with backup withholding rules for reportable payments to evenders and reportable gamming (gambling) winnings to prize winners? 2. Enter the number of employees reported on Form W-3, Transmittel of Wage and Tax Steenwests flied for the calendar year ending with or within the year covered by this return. 5. Section 50 It less on one supported in 2a, did the organization file all required federal employment tax returns? 5. Wester the sum of lines 1 and 2a is greater than 250, you may be regioned to efficit the section. 5. Wester the sum of lines 1 and 2a is greater than 250, you may be regioned to efficit the section. 5. Wester the sum of lines 1 and 2a is greater than 250, you may be regioned to efficit the section. 5. Wester the sum of lines 1 and 2a is greater than 250, you may be regioned to efficit the section. 5. Wester the sum of lines 1 and 2a is greater than 250, you may be regioned to efficit the section. 5. Wester the sum of lines 1 and 2a is greater than 250, you may be regioned to efficit the section. 5. Wester the sum of the foreign country section as a sum of the section o	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
b Enter the number of Forms W-20 included in line 1a Enter-9- find applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming cambing) withing the organization from W-3, Transmitted of Wage and Tax Statements tile for the calcindar year ending with or writhin the year overeid by this 2a 696 b If at least one is reported in 2a, and the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2 as is general than 250, you may be required to e-file this return. 3b If the organization have unlessed business gross income of \$1.000 or more duming the year covered by this service. b If Year, has it filed a Form 990-T for this year? If Wo, "provide an explanation in Schedule O. 3b. 17 year," has it filed a Form 990-T for this year? If Wo, "provide an explanation in Schedule O. 3b. 17 year," has it filed a Form 990-T for this year? If Wo, "provide an explanation in Schedule O. 3b. 17 year," has it filed a Form 990-T for this year? If Wo, "provide an explanation in Schedule O. 3b. 17 year," has it filed a Form 990-T for this year? If Wo, "provide an explanation in Schedule O. 3b. 17 year," has it filed a Form 990-T for this year? If Wo, "provide an explanation in Schedule O. 3b. 17 year, and the calendar year, do the organization have an interest in, or a signature or other authority over, in handle and the year is a bank account, securities account, or other handle of year, and the programation and the schedule of year, and the schedule of explanation in party to a prohibited that shelter transaction at any time duming the lax year? 5b If Year, it is an of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Year, it is an of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If year, it is a first property or year year. 5c If year, it is a first provide or year year. 5c If year, it is a first provide or year year.		of U.S. Information Returns. Enter -0- if not applicable					
c Did the organization comply with backup withholding rules for reportable payments to venders and reportable gamming (gambling) winnings to prize winners? 2 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. 5 Enter the number of employees reported on 12a, and the organization file all required federal employment tax returns? 6 The state less one is reported in 2a, and the organization file all required federal employment tax returns? 6 The state of the sum of hims Jainal 22a greater than 120, you may be required to effect this return. 7 If Yes, "has it filed a form 990-1 for this year IT No," provide an explanation in Schedule D. 8 If Yes, "has the filed a Form 990-1 for this year IT No," provide an explanation in Schedule D. 9 If Yes, "enter the name of the foreign country can be sufficient to the second of th			1a	68			
sparming (gambling) winnings to prize winners? 2	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
The first the number of employees reported on Form W-3. Transmitted Mage and Tax Statements field for the calendary year ending with or within the year covered by the 2a south of the south of the south of these sections of the south of the south of these sections of the south of the south of these sections of the south of	С		to ven	dors and reportable	_		
Statements field for the calendar year ending with or within the year covered by this return. 13	_		; ·		1c		
b Ist least tons is reported in 2a, did the organization to all required federal employment tax returns? Note: If the sum of iness Le and 2 are greater than 250, you may be required to e-file this return. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this eticlin. If the sum of iness Le and 2 are greater than 250, you may be required to e-file this return. By the sum of the sum of the sum of the foreign country such as a bank account, security or other authority over, a financial account in a freegn country (such as a bank account, security or other financial account in a freegn country (such as a bank account, or other financial account in a freegn country (such as a bank account, or other financial Accounts. By the organization aparty to a prohibited tax sheller transaction of foreign Bank and financial Accounts. By the organization aparty to a prohibited tax sheller transaction of it is shelter transaction? If it is shelter Transaction? By the organization of the organization file Form 8886-1, Disclosure by Tax-Exempt Entity Regarding Prohibited face in the second of the second o	2a	Statements filed for the calendar year ending with or within the year covered by this		696			
Note: If the sum of lines I a and 2 is a greater than 250, you may be required to e-fire this return. 3a Dut the organization have unrelated bus insees goes income of \$1,000 or more dumy the year covered by this return? 3b If "Yes," has if field a Form 900-T for this year? If "No," provide an explanation in Schedule 0. 3b If "Yes," has if field a Form 900-T for this year? If "No," provide an explanation or Schedule 0. 3b If "Yes," has if field a Form 900-T for this year? If "No," provide an explanation or Schedule 0. 3c count? 3b If "Yes," that if the a field or great year is a specific over, a financial account in 6 freegn country (such as a bank account, securities account, or other financial account in 6 freegn country (such as a bank account, securities account, or other financial accounts in 6 freegn country (such as a bank account, securities account)? 3c If "Yes," enter the name of the foreign country 3c Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 3c Was the organization of party to a prohibited tax shelter transaction? 3c If "Yes," lost of sh, did the organization that it was or is a party to a prohibited tax shelter transaction? 3c If "Yes," did the organization shelt that we form 8885-T, Discourse by Tax-Evengt Entity Regarding Prohibited Tax Shelter Transaction? 3c If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 3c Organizations that may receive deductible contributions under section 170(c). 3c If Yes, "did the organization include with every solicitation an express statement that such contribution of \$75 or mora? 3c If Yes," did the organization include with every solicitation an express statement that such contributions of \$75 or mora? 3c Organizations that may receive deductible contributions under section 170(c). 3c If Yes, "did the organization include with every solicitation and express provides? 3c If Yes, "Indicate the numb	h						
b If Yes, has it field a Form 990. T for this year? If Wa "provide an explanation in Schedule 0. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a financial account; in a foreign country (such as a bank account; secuntias account, or other financial accountry). b If Yes," enter the name of the foreign country (such as a bank account; secuntias account, or other financial accountry. See the instructions for exceptions and fining requirements for Form 1D F 90-22.1, Report of Foreign Bank and primarial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to Sa or 5b, did the organization file form 886-1, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If "Yes," to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c Did the organization solicit any contributions under section 170(c). 5d Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 5c Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 5d Did the organization, during the year, receive eny funds, directly or indirectly, to pay premiums on a personal benefit contract? 6d Did the organization, during the year, receive eny funds, directly or indirectly, to pay premiums on a personal benefit contract? 6d Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d No 7e For all of the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d For all of the organization and a service of the organization file a Form 8899 are required? 8 Section 501(c					2b	Yes	
As At any time during the calendary year, did the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country (such as a bank account, e-curries account, or other financial account in a foreign country (such as a bank account, e-curries account, or other financial account in a foreign country (such as a bank account, e-curries account, or other financial account in a foreign country (such as a bank account, e-curries account, or other financial account in a foreign country (see the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to 5 a or 5b, did the organization in file form 8865-T, Disclosure by Tax-Exempt Entity Reparding Prohibited Tax Shelter Transactor? 5c So Did the organization solicit any contributions that were not tax deductible? 5c So Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization guiring the vear, or otherwise dispose of tangble personal property for which it was required to file form 8282? 7c Did the organization, during the vear, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization, during the vear, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization, during the vear, pay premiums, directly or indirectly, or a personal benefit contract? 7d Provide the organization make any time during the vear r	3a		ng the	year covered by this	3a		Νο
b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts)? b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," do the organization solicit any contributions that were not tax deductible? 6a In No b If "Yes," did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization solicit any contributions under section 170(c). a Did the organization provide goods or services in exchange for any quit pro quo contribution of \$75 or mare? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization provide goods or services in exchange for any quit pro quo contribution of \$75 or mare? d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes 4if Yes," did the organization of the schange, or otherwise dispose of tangible personal property for which it was required to file form \$282? 7b If Yes," indicate the number of Forms \$282 filed during the year 2 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7c No 9 For all contributions of qualified intellectual property, did the organization file a Form 1098-C as required? 8 Section \$51(c)(2) and other sponsoring organization, and fund maintained by a sponsoring organization, have excess business holding at any time during the year; 9 Section \$51(c)(2) organizations make a distribution to a donor, donor advised funds. 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Initiation fees an	ь		hedule	0	3b		
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Tax Shelter Transaction?	b	Did any taxable party notify the organization that it was or is a party to a prohibited	d tax sl	nelter transaction?	5b		Νο
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7							N.o.
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a Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? b If Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$2.82? d If "Yes," indicate the number of Forms \$2.82 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization of qualified intellectual property, did the organization file Form 8899 as required? 7 No g For all contributions of qualified intellectual property, did the organization file Form 1098-C as required? 8 Section \$501(c)(3) and other sponsoring organizations maintaining donor advised funds and section \$509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds a Did the organization make any taxable distributions under section 4966? 9 Section \$501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section \$501(c)(12) organizations. Enter a Gross income from embers or shareholders 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the				· · · · · ·	6b		
more?	7	Organizations that may receive deductible contributions under section 170(c).					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	а		ntrıbut	ion of \$75 or	7a	Yes	
file Form 8282?	b	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b	Yes	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	С		erty for	which it was required to			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		 1		7c		No
benefit contract?	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	e			niums on a personal	7e		Νο
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonalb	enefit contract?	7f		Νο
section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
8 Section \$501(c)(3) and other sponsoring organizations maintaining donor advised funds and section \$509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section \$501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section \$501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section \$501(c)(12) organizations Enter a Gross income from members or shareholders 12 Section \$501(c)(12) organizations Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section \$4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 If "Yes," enter the amount of tax-exempt interest received or accrued during the	h		file a F	orm 1098-C as	71		
supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	R	•	and co	ction 509(2)(3)	711		
Did the organization make any taxable distributions under section 4966?	•	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
Did the organization make any taxable distributions under section 4966?	9						
Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations Enter a Gross income from members or shareholders	а	Did the organization make any taxable distributions under section 4966?			9a		
a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations Enter a Gross income from members or shareholders	b				9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations Enter a Gross income from members or shareholders	10	Section 501(c)(7) organizations. Enter					
facilities 11 Section 501(c)(12) organizations Enter a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a Gross income from members or shareholders	Ь		10b				
a Gross income from members or shareholders	11	Section 501(c)(12) organizations Enter					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	а		 11a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the	b	· · · · · · · · · · · · · · · · · · ·	,				
126	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
jeui i i i i	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

							Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the	cırcums	tances,			
1a	Enter the number of voting members of the governing body	1a			26			
Ь	Enter the number of voting members that are independent	1b			26			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			•	•	2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	•				3		Νο
4	Did the organization make any significant changes to its organizational documents sfiled? \cdot	ince	the prior	Form 9	90 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's as	sets?		5		Νο
6	Does the organization have members or stockholders?					6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				s of the	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rotherp	persons	·	7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertake	en durin	g the			
а	the governing body?					8a	Yes	
b	each committee with authority to act on behalf of the governing body?					8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			•		9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			-		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,		be read	hed at	11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed CT, FL, IN, KY, MD, MA, MI, NH, NJ, NY, NC, ND, OH, OR, PA, TN, WA, WI, AR, GA, IL, KS, MN, MS, MO, OK, SD, VA, WV
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE HOPE SCHOOL - JOSEPH E NYRE PHD 15 EAST HAZEL DELL LANE SPRINGFIELD, IL 62712 (217) 585-5437

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

The check this box in the organization and i		Posit	(C) chec	:k al			Reportable compensation from the organization (W-	(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Software ID: Software Version:

EIN: 37-0768616

Name: THE HOPE SCHOOL

Form 990, Part VII - Section Aaa

Porm 990, Part VII - Section Ada			(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
GINNY CONLEE , CHAIR	1 00	Х						0	0	0
The HONORABLE Steven , Nardulli, Vice Chair	1 00	Х						0	0	0
DON W TEMPLEMANCPA , TREASURER	1 00	Х						0	0	0
JOHN J JORDAN , SECRETARY	1 00	Х						0	0	0
MICHAEL AYERS PHD , Member	1 00	Х						0	0	0
MISSY BROEKER , member	1 00	Х						0	0	0
JULIE CELLINI , member	1 00	Х						0	0	0
ROBERT CLARKE , member	1 00	Х						0	0	0
NANCY DEMARCO, member	1 00	Х						0	0	0
BUTCH ELZEA , member	1 00	Х						0	0	0
SUSAN ENLOW, member	1 00	Х						0	0	0
NEIL FLYNN , member	1 00	Х						0	0	0
JAMES KAUFMANN , member	1 00	Х						0	0	0
ROBERT KJELLANDER , member	1 00	X						0	0	0
SIDNEY M MARDER , member	1 00	Х						0	0	0
RICHARD RAKERS , member	1 00	Х						0	0	0
JAMES W REED JR , member	1 00	Х						0	0	0
JOSHUA RENKEN DDS , member	1 00	Х						0	0	0
RICHARD D RINGEISENPHD , member	1 00	Х						0	0	0
SHARON SANDER , member	1 00	Х						0	0	0
EDWARD L SCHAINKER , member	1 00	Х						0	0	0
GREGORY A SCOTT , member	1 00	Х						0	0	0
LEIGH STEINER PHD , member	1 00	Х						0	0	0
HELEN TOLAN , member	1 00	Х						0	0	0
JOSEPH TOWNSEND MD , member	1 00	X						0	0	0
JEAN WILKINS , member	1 00	Х						0	0	0
JOSEPH E NYRE PHD , PRESIDENT & CEO	70 00				х			318,310	0	26,365
ALLEN BOESDORFER , CFO	40 00				Х			137,138	0	0
JUDITH BUKOWSKI , CHIEF OPERATING OFFICER	70 00					Х		151,777	0	4,553
TOM LECLAIR, FUNDRAISING EXECUTIVE	50 00					Х		123,058	0	3,692

Form 990, Part VII - Section Aaa

Torin 550/ Fart VII Geetion Add										1	
		(C) Position (check all that apply)							(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
DELORES SHOWALTER , CHIEF HUMAN RESOURCES OF	50 00					Х		117,914	0	3,537	
LORI VALLELUNGA , SENIOR VICE PRESIDENT	60 00					х		107,063	0	6,248	
GEORGIA WINSON , DIRECTOR OF TAP OPERATIO	60 00					х		100,980	0	3,029	

Part VII Continued

						all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
								-		
1b Total							•	1,056,240	C	47,424
2 Total number of individuals (including	those in 1	a) who r	ecer	ved	mor	e thar	1 \$ 1	00,000 ın reportabl	е	

compensation from the organization►7

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HINSHAW & CULBERTSON LLP 400 S 9th STREET STE 200 SPRINGFIELD, IL 62701	LEGAL SERVICES	100,556
Total number of independent contractors (including those in 1) who received meaning the second of the second		

VIII							
				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a			Revenue		312, 313, 61 314
Contributions, gifts, grants and other similar amounts	ь	Membership dues					
gra	С	1b Fundraising events	150,092				
îts,		1c	·				
<u>=</u> ,=	d	Related organizations 1d					
Sign Eigh	е	Government grants (contributions) 1e	5,142,964	ļ			[
美声	f	All other contributions, gifts, grants, and similar amounts not included above	404,013				
£ ₽	_	1f Noncash contributions included in					
Š Ž	g	lines 1a-1f \$62,206					
Ų .v	h	Total (Add lines 1a-1f)		5,697,069			
			Business Code				
nue	2a	CAMPUS RESIDENTIAL	623,990	8,568,142	8,568,142		
Program Serwce Revenue	b	SPRINGFIELD EDUCATION	611,600	7,390,862	7,390,862		
H ex	c	GROUP HOME RESIDENTIAL	623,990	6,753,904	6,753,904		
7. Y.	d	CHICAGO EDUCATION	611,600	828,424	828,424		
<i>ĭ</i> š	e	NOLL PAVILION INITIATI	621,400	418,443	418,443		
gran	f	All other program service revenue					
Š	g	Total. Add lines 2a-2f					
		▶ \$ 23,959,775					
	3	Investment income (including divi	dends, interest	56,435			56,435
		other similar amounts)	· · · · · .	30,433			30,433
	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
		sales expenses					
	c d	Gain or (loss)					
	_ u	Net gain or (loss)	. ▶				
	8a	Gross income from fundraising events (not including					
۸.		\$ 44,795					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
⊕ }		Attach Schedule G If total exceeds					
č		\$15,000 a	150,092				
E E	Ь	Less direct expensesb	· · · · · · · · · · · · · · · · · · ·	-46,425	-46,425		
5	С	Net income or (loss) from fundrais	ing events	-40,423	-40,423		
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000					
	ь	Less direct expensesb					
	с	Net income or (loss) from gaming a	activities				
	10a	Gross sales of inventory, less	F				
		returns and allowances .					
	_	а					
	Ь	Less cost of goods sold b	Inventory b				
	С	Net income or (loss) from sales of Miscellaneous Revenue	Inventory Business Code				
	11a	OTHER	900,099	166,956	166,956		
	ь	CHANGE IN FOUNDATION A	900,099	-90,909			-90,909
	С	REALIZED INVESTMENT LO	523,000	-355,142			-355,142
		All other revenue					
	d e	Total. Add lines 11a-11d	·				
			\$ -279,095		2		
	12	Total Revenue. Add lines 1h, 2g, 3 8c,	, 4, 5, 6d, 7d,	29,387,759	24,080,306	0	-389,616
]	9c, 10c, and 11e	. ▶				

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

•					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a CAMPUS RESIDENTIAL	623,990	8,568,142	8,568,142		
b SPRINGFIELD EDUCATION	611,600	7,390,862	7,390,862		
c GROUP HOME RESIDENTIAL	623,990	6,753,904	6,753,904		
d CHICAGO EDUCATION	611,600	828,424	828,424		
e NOLL PAVILION INITIATI	621,400	418,443	418,443		

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalists of the section 501(c)(3) and 501(c)(4) orgalists of the section 501(c)(4) organizations must complete column (A) but are not re) <u>.</u>
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		<u> </u>
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	938,604	216,376	597,016	125,212
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	15,298,828	14,625,375		19,590
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	411,562	376,395	31,723	3,444
9	Other employee benefits	1,685,706	1,641,432	44,274	
10	Payroll taxes	1,204,197	1,000,597	177,678	25,922
11	Fees for services (non-employees)				
а	Management				
b	Legal	141,293		141,293	
С	Accounting	220,651		220,651	
d	Lobbying	8,250		8,250	
e	Professional fundraising See Part IV, line 17	20,000			20,000
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,292,686	909,564	148,997	234,125
14	Information technology	52,290		52,290	
15	Royalties				
16	Occupancy	1,043,353	1,011,187	32,166	
17	Travel	106,646	65,821	30,702	10,123
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	52,453	28,229	23,603	621
20	Interest	405,180	404,557	623	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	748,819	665,896	82,923	
23	Insurance	120,512	50,685	69,827	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	AUTISM GRANT PASS THROU	3,124,666	3,124,666		
ь	MISCELLA NEO US CONTRACTU	888,517	761,135	63,907	63,475
С	TRANSPORTATION COSTS	234,537	230,301	4,236	
d	DUES, SUBSCRIPTIONS, LI	59,248	4,249	45,643	9,356
e	BAD DEBTS	32,307		32,307	
f	All other expenses	278,847	167,222	102,322	9,303
25	Total functional expenses. Add lines 1 through 24f	28,369,152	25,283,687	2,564,294	521,171
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			3,045		1,765,967
	2	Savings and temporary cash investments			2,679,483	2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		2,592,409	4	6,299,073	
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S			6		
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use				8	
\$	9	Prepaid expenses and deferred charges			407,811	9	365,502
Assets	10a	Land, buildings, and equipment cost basis	10a	21,733,177			
•	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10Ь	8,614,873	13,372,979	10c	13,118,304
	11	Investments—publicly traded securities			2,592,763	11	1,692,119
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Section 11 $		13			
	14	Intangible assets	48,893	14	45,027		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	3,841,215	15	3,383,924		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			25,538,598	16	26,669,916
	17	Accounts payable and accrued expenses .	2,017,535	17	2,413,596		
	18	Grants payable		18			
	19	Deferred revenue	210,657	19	382,792		
	20	Tax-exempt bond liabilities				20	
<u>ĕ</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		•		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ï		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	•	8,668,147	23	8,276,608	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			66,758	25	81,723
	26	Total liabilities. Add lines 17 through 25			10,963,097	26	11,154,719
У		Organizations that follow SFAS 117, check here ► 🔽 and comp through 29, and lines 33 and 34.	let e lii	nes 27			
Balance	27	Unrestricted net assets			13,953,829	27	14,794,885
Bal	28	Temporarily restricted net assets			114,806	28	213,446
뒫	29	Permanently restricted net assets		506,866	29	506,866	
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	d com	olete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
₩	33	Total net assets or fund balances			14,575,501	33	15,515,197
_	34	Total liabilities and net assets/fund balances			25,538,598	34	26,669,916
Pa	rt XI	Financial Statements and Reporting					

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493060003550

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

ГНЕ Н	OPE SC	CHOOL							•			
									-076861			
	rt I			harity Status (to be co					Instruct	ions)		
The d	organı:			ation because it is (Please								
1	<u> </u>			nurches, or association of ch			Section :	170(b)(1)((A)(i).			
2	Г	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Г	A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	tion 170(b)(1)(A)(i	i ii). (Attac	h Schedul	le H)	
4	Г	A medical i	research organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	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	Г	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	✓	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental ι	ınıt or fror	n the gene	eral publi	с
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ns, membe	ership fees	s, and gro	ss
		receipts fro	m activities rel	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (less sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ection 509((a)(4). (S	ee instruc	tions)	
11	Γ	-	•	and operated exclusively fo		, ,			,	•		
				orted organizations describe						Section 5	09(a)(3)	.Check
				type of supporting organiza		- Function			n d	□ Type	III - Ot	her
e	Г	•		rtify that the organization is			-	_		' ''		
	•	•	- '	agers and other than one or			•			•		
_		section 50										
f		the organ		d a written determination fro	m the IRS	that it is	a Type I,	lypello	r I ype III	supportir	ng organi:	zation,
g				as the organization accepted	d anv gift	or contrib	ution from	anv of the	<u> </u>			'
3		following pe			, 5			,				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th person:	s describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governı	ng body of the the supported	d organıza	tion?				11g	(i)	<u> </u>
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) a	bove?				11g(iii)	
h		Provide the	following inforr	mation about the organizatio	ns the org	ganızatıon	supports					
					ı				ı		T	
	. ,	ame of	(ii) EIN	(iii) Type of organization		sthe	1	you notify		Is the	1 '	nount of
		oorted nization		(described on lines 1 - 9 above or IRC section		ation in listed in		anızatıon i) of your		zation in organized	Supp	ort?
	(See Instructions)) your governing support? in the U.S.?											
		document?										
					Yes	No	Yes	No	Yes	No		

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu tile box o	11 lille 3, 7, 01	o or Part 1.)				
	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	2 247 424	2.450.224	2 640 567	E 440 430		F 607 060	40.024.522
	membership fees received (Do not	2,317,424	3,159,334	2,640,567	5,110,129		5,697,069	18,924,523
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on its behalf							
_	The value of services or facilities							
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	2,317,424	3,159,334	2,640,567	5,110,129		5,697,069	18,924,523
5	The portion of total contribution by each	2,017,121	3,203,00	2,010,001	0,110,115			
3	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							10.024.522
	4							18,924,523
To	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	2,317,424	93,764	2,640,567	5,110,129		5,697,069	18,924,523
8	Gross income from interest, dividends,							
•	payments received on securities loans,	20 520	02.764	02.221	100.022		FC 435	202.004
	rents, royalties and income from similar	30,529	93,764	93,321	108,832		56,435	382,881
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in	55,314	85,677	108,287	143,237		166,956	559,471
	Part IV)							
11	Total Support (Add lines 7 through 10)							19,866,875
12	Gross receipts from related activities, etc	(See instruction	s)			12		102,842,664
13	First Five Years. If the Form 990 is for the	organization's fir	st. second, third	d. fourth, or fifth	tax vear as a 5	01(c)(3)	
	organization, check this box and stop here	3	, ,	, ,	,	. , ,		▶ ┌
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		95.260 %
15	Public Support Percentage for 2007 Sched	ule A . Part IV - A	. line 26f			15		95.300 %
	33 1/3% Test - 2008. If the organization did				1/20/		<u> </u>	
тоа	and stop here. The organization qualifies as				1/3% or more,	спеск	this box	▶ ▽
h	33 1/3% Test - 2007. If the organization di		-		5 is 33 1/30% o	r more	chack th	•
	box and stop here. The organization qualified			,	.5 13 55 1/570 0	1 111016	, check thi	.` ▶□
17a	10% Facts and Circumstances Test - 2008.				3 16a or 16h a	and line	o 14 is 1∩	
	more, and if the organization meets the "fac	-						
	organization meets the "facts and circumst							▶ □
ь	10% Facts and Circumstances Test - 2007.							,
_	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							
18	Private Foundation. If the organization did							•
	instructions							▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
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 30 June, 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						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

◆ Section 501(c)(4), (5), or (6) organi	zations complete Part III	• ,		
Name of the organization THE HOPE SCHOOL			Employer iden	itification number
THE HOLE SCHOOL			37-0768616	
Part I-A To be completed borganizations. (Se	y all organizations exempt e the instructions for Schedule		n 501(c) and section	527
1 Provide a description of the or	ganızatıon's dırect and ındırect polıt	tical campaign act	civities in Part IV	
2 Political expenditures				\$
3 Volunteer hours				
Part I-B To be completed be for Schedule C for d	oy all organizations exempt etails.)	under section	501(c)(3). (See the	instructions
1 Enter the amount of any excise	e tax incurred by the organization ui	nder section 4955	;	\$
2 Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955	\$
3 If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	-7	┌ Yes ┌ No
4a Was a correction made?				┌ Yes ┌ No
b If "Yes," describe in Part IV				
Part I-C To be completed by (See the instructions	y all organizations exempt for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)(3).
1 Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activities	\$
2 Enter the amount of the filing of 527 exempt funtion activities	rganızatıon's ınternal funds contrıb	uted to other orga	nizations for section	\$
Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	es 1 and 2 and ent	er here and on Form	\$
4 Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
were made Enter the amount political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly delivere action committee (PAC) If addition	paid from the filing d to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
For Domonical Doduction Act Notice	see the instructions for Form 990	Cat No 5	00046 S-b-d-d- 64	Form 000 or 000 F7\ 300

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line	es 1a and 1b)					
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Pa	rt II-B		by organizations exempt und				led		age 3 1
		5768 (election un	der section 501(h)). (See the	instructions for Schedule C for		ls.) a)	T	(b)	
					Yes	No		A mou	nt
1	During th	ne year, did the filing org	anization attempt to influence foreign,	national, state or local					
	_		t to influence public opinion on a legis	lative matter or					
а	Voluntee	ım, through the use of			Yes	1			
b			le compensation in expenses reported	on lines of through 1)?	Yes				
c		vertisements?	re compensation in expenses reported	on mes c imodgii i).	163	No			
d		to members, legislators	or the public?	-	Yes	110			500
e		ons, or published or broa		-		No			
f		o other organizations for				No			
g		-	heir staffs, government officials, or a le	egislative body?	Yes				7,750
h			rs, conventions, speeches, lectures, o	- · · · · · · · · · · · · · · · · · · ·		No			
i		tıvıtıes If"Yes," descri				No			
j		es 1c through							8,250
-	11	-					_		
2a			the organization to be not described i	n section 501(c)(3)?		Νo			
		·	tax incurred under section 4912						
			tax incurred by organization managers						
			a section 4912 tax, did it file Form 47					_	
Par	t III-A		by all organizations exempt u		ction	501(c)(5	6), or	
		Section 501(c)(b)	. (See the instructions for Schedi	die C for details.)				Yes	No
1	Were sub	stantially all (90% or m	nore) dues received nondeductible by	members?		ſ	1	1.05	
2		, ,	n-house lobbying expenditures of \$2,0			F	2		
3		- ·	ryover lobbying and political expendit			Ī	3		
ar			by all organizations exempt (ction	501(c)(5), or	
		section 501(c)(6)	if BOTH Part III-A, questions	1 and 2 are answered "No"					
			wered "Yes." (See the instruction	ons for Schedule C for details.)					
1	•	sessments and similar a			<u> </u>	1 \$			
2			obbying and political expenditures (do o <i>527(f) tax was paid).</i>	not include amounts of political					
а	Current \		, ,			2a \$			
b	Carryove	er from last year				2b\$			
c	Total					2c \$			
3	Aggregat	te amount reported in se	ection 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues		3 \$			
4	Ifnotices	s were sent and the amo	unt on line 2c exceeds the amount on	line 3, what portion of the excess	Ī				
			arryover to the reasonable estimate of	nondeductible lobbying and politica		4 #			
_	•	ure next year?	nalitical avnandituras (line 2 e total mi	nua 3 and 4)	<u> </u>	4 \$ 5 \$			
5			political expenditures (line 2c total mi	nus 3 and 4)		5 \$			
	art IV	Supplemental Inf							
		s part to provide the des te this part for any addit	criptions required for Part I-A, line 1, nonal information	Part I-B, line 4, Part I-C, line 5, and	Part II	I-B, line	e 1:		
		Ident if ier	Ret urn Reference	Explanat	ion				

Ident if ier	Return Reference	Explanation				
Cabadula C / Farry 200 at 20057) 2009						

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

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For Paperwork Reduction Act Notice, see the Intructions for Form 990

As Filed Data -

DLN: 93493060003550

OMB No 1545-0047

Schedule D (Form 990) 2008

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

nterna	l Revenue Service	answered res, tore	7111 990, Part 14, line 0, 7, 8, 9, 10, 11, 01	12.	Inspecti	on
	me of the organi	izat ion		Employer identific	ation number	
				37-0768616		
Pa			dvised Funds or Other Similar F	unds or Account	s. Complete	e if the
	organiz	zation answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and	other accoun	ts
1	Total number a	t end of year	(4, 5 5 42 5 2 1	(2) (1) (1)		
	Aggregate Con	itributions to (during year)				
	Aggregate Gra	nts from (durıng year)				
	Aggregate valu	ue at end of year				
			sors in writing that the assets held in don organization's exclusive legal control?	oradvised	☐ Yes	┌ No
i	used only for c	<u>-</u> , , , , , , , , , , , , , , , , , , ,	donor advisors in writing that grant funds efit of the donor or donor advisor or other	•	☐ Yes	┌ No
a	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part 1	V, line 7.	
1	Protection Preservati Complete lines	ion of land for public use (e g , recreating of natural habitat ion of open space s 2a–2d if the organization held a quali y of the tax year	· · · · · · · · · · · · · · · · · · ·	historically importartified historic struct	ture	
	on the last day	of the tax year		Held a	t the End of t	he Ye
а	Total number	of conservation easements		2a		
)	Total acreage	e restricted by conservation easement	s	2b		
:	Number of co	nservation easements on a certified hi	storic structure included in (a)	2c		
ŀ	Number of co	nservation easements included in (c) a	acquired after 8/17/06	2d		
	Number of con	servation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization	n during	
	the taxable yea	ar ►				
	Number of stat	tes where property subject to conserva	ation easement is located ►			
	_	nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, viola	ations, and	☐ Yes	┌ No
	Staff or volunte	eer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►		
	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$		
	Does each con	nservation easement reported on line 2	(d) above satisfy the requirements of sec	tion	_	_
	170(h)(4)(B)(ı) and 170(h)(4)(B)(II)?			☐ Yes	No
	balance sheet,		onservation easements in its revenue and he footnote to the organization's financial nents			
al	Comple	ete if the organization answered '	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.			
а	art, historical t	treasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these if	ch in furtherance of p		
b	historical treas	, ·	116, to report in its revenue statement a public exhibition, education, or research i		•	
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$		
	(ii) Assets inc	luded in Form 990, Part X		► \$		
		tion received or held works of art, historics required to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items	or financial gain, prov	ride the	
а	Revenues inclu	uded in Form 990, Part VIII, line 1		F \$		
b	Assets include	ed in Form 990. Part X		b- \$		

Cat No 52283D

Part	100	Organizations Maintaining Co	llections of Art,	His [.]	<u>tori</u>	<u>cal Treası</u>	ires, or Othe	r Similar A	ssets	(con	tınued)
3		g the organization's accession and other s (check all that apply)	records, check any	of th	e foll	owing that ar	e a significant u	ise of its collec	tıon		
а	Γ	Public exhibition		d	Γ	Loan or exc	hange programs				
b	F :	Scholarly research		e	Γ	Other					
с	Γ	Preservation for future generations									
4	Prov Part	ide a description of the organization's co XIV	llections and explain	how	v the y	further the	organization's ex	kempt purpose	ın		
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than to						nılar	┌ Ye:	s [– _{No}
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an am					anızatıon answ	ered "Yes" to	Forn	า 990	0,
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	an or other intermed	ıary	for c	ontributions	or other assets	not	┌ Ye	s [– _{No}
b	If"Y	es," explain why in Part XIV and comple	te the following table								
								Α	nount		
С	Begı	nnıng balance					1 c				
d	Add	itions during the year					1d				
e	Dıst	ributions during the year					1e				
f	Endı	ng balance					1f				
2a	Dıd t	he organization include an amount on Fo	rm 990, Part X, line	21?					┌ Ye	s [_ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	t V	Endowment Funds. Complete									
_	_		(a)Current Year	(b)	Prior Y	rear (c)Tw	o Years Back (d)	Three Years Back	(e) Fo	ır Yea	rs Back
1a		nning of year balance									
Ь		tributions									
С		stment earnings or losses									
d		nts or scholarships									
е		er expenditures for facilities programs									
f		unistrative expenses									
g	End	of year balance									
2	Prov	ı Ide the estimated percentage of the year	end balance held as								
а		d designated or quasi-endowment									
ь		nanent endowment									
c 3a		n endowment 🕨 there endowment funds not in the posses	sion of the organizat	ıon t	hat a	re held and a	administered for	the			
-		nization by	Ston of the organizat	.011	ac a	ire ireia aira t			Y	es	No
	(i) u	nrelated organizations						3a	(i)		
		elated organizations						3a	(ii)	<u>Ļ</u>	
		es" to 3a(11), are the related organizatior	•					3	ь		
4		cribe in Part XIV the intended uses of the									
Par	t VI	Investments—Land, Buildings	, and Equipmen	t. S				T			
		Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciatio	(d)) Book	value
1 a l	and						779,079	ነ			779,079
b	Buildir	ngs					16,474,115	5,777,9	21	10,	696,194
c l	ease	hold improvements					935,159	44,8	18		890,311
d I	quipi	ment					3,544,824	2,792,10)4		752,720
е (Other		<u></u>		<u>L</u>						

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation · year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	15		
Part IX Other Assets. See Form 990, Part X, II (a) Descri			(b) Book value
INTEREST IN NET ASSETS OF THE HOPE SCHOOL FOU			3,383,924
Total. (Column (b) should equal Form 990, Part X, col.(B) line			3,383,924
Part X Other Liabilities. See Form 990, Part X		I	
(a) Description of Liability	(b) A mount		
Federal Income Taxes	01.733		
RESIDENTS ACCOUNTS	81,723		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	81,723		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,387,759
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,369,152
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,018,607
4	Net unrealized gains (losses) on investments	4	-78,911
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-78,911
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	939,696
	Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial		29,400,068
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	12,309
3	Subtract line 2e from line 1	3	29,387,759
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4с	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	29,387,759
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	28,460,372
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
b	Prior year adjustments	1	
C C		-	
d e	Other (Describe in Part XIV)		91,220
3	Subtract line 2e from line 1	3	28,369,152
<i>3</i>	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	28,309,132
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b	-	
h	Other (Describe III Fait AIV)	_	
b	Add lines 4a and 4h	100	l
ь с 5	Add lines 4a and 4b	4c 5	28,369,152

Ident if ier	Return Reference	Explanation
Part XII, Line 2d - Other Adjustments		SPECIAL EVENTS EXPENSE 91220
Part XIII, Line 2d - Other Adjustments		SPECIAL EVENTS EXPENSE 91220

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As Filed Data -

DLN: 93493060003550

OMB No 1545-0047

2008

Open to Public Inspection

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization THE HOPE SCHOOL

(Form 990 or 990-EZ)

Employer identification number

37-0768616

990, Part IV, I	art IV, line 1	V. line 17
990), P	i, Part i

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- a 🔽 Mailsolicitations
- Email solicitations
- c 🔽 Phone solicitations
- **d** 🔽 In-person solicitations

- e 🔽 Solicitation of non-government grants
- f 🔽 Solicitation of government grants
- g 🔽 Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?
 - e fundraiser is
- N
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) DId fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	D.D.E.G.E. 14.4.11	Yes	No											
JCR DIRECT	DIRECT MAIL		No	355,852	20,000	335,852								
		+												
Total	1		•			_								

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

CT,FL,IN,KY,MD,MA,MI,NH,NJ,NY,NC,ND,OH,OR,PA,TN,WA,WI,AR,GA,IL,KS,MN,MS,MO,OK,SD,VA,WV

Pai	t II	Fundraising Events. Comp more than \$15,000 on Form					report	ted
			(a) Event #1 STYLE OF HOPE (event type)	(b) Event #2 NIGHT OF HOPE (event type)	(c) O ther Events 1 (total number)	(d) To	tal Eve (a) th	
φ	1	Construction of the construction	44,182	`	· · · · · · · · · · · · · · · · · · ·		19	4,887
Reveilue	2	Gross receipts Less Charitable contributions	36,187	112,608	1,297		15	0,092
	3	Gross revenue (line 1 minus line 2)	7,995	36,800			4	4,795
	4	Cash Prizes						
ses	5	Non-cash Prizes						
Direct Expenses	6	Rent/Facility costs	12,642	49,360)		6	2,002
Δ K	7	Other direct expenses	12,896	16,253	69		2	9,218
ě	8	Direct expense summary Add line	es 4 through 7 ın column	(d)	🛌		9	1,220
	9	Net income summary Combine lin	es 3 and 8 ın column (d)		🕨		-4	6,425
Par	t II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ganızatıon answered ' e 6a.	'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted moi	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
	1	Gross revenue						
Ses	2	Cash prizes						
cben	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u>ā</u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes <u> </u>	Yes	│ Yes			
	7	Direct expense summary Add lines Net gaming income summary Comb			.			
9 a		ter the state(s) in which the organizat	tion operates gaming act	ivities			Yes	No
b		No," Explain	gg			· 9a		
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10a		
11	— Do	es the organization operate gaming a	ctivities with nonmembe	rs?		11		
12	Is	the organization a grantor, beneficiar	y or trustee of a trust or					

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide 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?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	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?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

Software ID: Software Version:

EIN: 37-0768616

Name: THE HOPE SCHOOL

Form 990 Schedule G - Licensed States

Licensed States

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As Filed Data -

DLN: 93493060003550

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization THE HOPE SCHOOL

Employer identification number

37-0768616

Pa	rt I Questions Regarding Compensation	on			
				Yes	Νo
1a		rovided any of the following to or for a person listed in Form II 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 idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "	written policy regarding payment or reimbursement or 'No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv	reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizatorganization's CEO/Executive Director Check all				
	Compensation committee	Written employment contract			
	Independent compensation consultant	✓ Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a supplem	ental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe			N.o.

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown o		2 and/or 1099-MISC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base compensation	(ii) Bonus & (iii) Other compens a compens a compens a		compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
JOSEPH E NYRE PHD ((17,000	15,728	12,825	13,540	344,675	338,454
JUDITH BUKOWSKI ((134,777	17,000			4,553	156,330	159,661
(i)						
(i)						
(i)						
(i)						
(i)						
(i)						
(i)						
(i							
(i)						
(i							
(i							
(i							
(i)						
(i)						

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
 ▶ To be completed by organizations that answered
 "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of	the organization				Er	nploy	er ide	ntifica	tion n	umber																
INE HOFL	SCHOOL				37	7-07 <i>6</i>	861	5																		
Part I	Excess Benefit Transacti	i ons (section 501	(c)(3) and section 50:	1 (c)(4) o																						
	To be completed by organization	ns that answered "Ye	es" on Form 990, Part IV	, line 25a	or 25b	o, or F	orm 9	90-EZ																		
1	(a) Name of disqualified	person	(b) Des	cription of	transa	ction			F	c) Corr																
			` '							Yes	No															
										\longrightarrow																
										\longrightarrow																
									+	-+																
									$\overline{}$	$\overline{}$																
										$\overline{}$																
2 Ent	er the amount of tax imposed on t	he organization man	agers or disqualified per	ons during	the v	ear III	nder		•																	
	tion 4958		-	• • •			 ►	\$																		
3 Ente	er the amount of tax, if any, on line	e 2, above, reimburs	ed by the organization .				•	\$																		
Part II	Loans to and/or From	Interested Pers	sons							-																
	To be completed by organizat			IV, line 26	or Fo	rm 9	90-E	Z, Part	V , lıne	<u> 38a</u>																
		(b) Loan to or				(-)	-	(f																		
(a) N	ame of interested person and	from the	(c)O riginal principal	(d)Balance due		(e) In default?		by bo	1-7		Written ement?															
	purpose	organization?	amount					(2,22,2,100,000,000)		(a)Bararree ade						(a)Bararree ade		(a)Bararree ade		(4,54,4,100,440	(4,24,4,1)	,			comm	
		To From					No	Yes	No	Yes	No															
										—	<u> </u>															
								ļ		—	<u> </u>															
				-				-		┼	<u> </u>															
										+	├──															
								 		+																
otal .		·	> \$	<u> </u>																						
art III			· · · · · · · · · · · · · · · · · · ·																							
	To be completed by organ			90, Part 1	IV, lın	e 27																				
(a	a) Name of interested person	1 , ,	ıp between ınterested pe d the organızatıon	rson	(c) A m	ount o	of gra	nt or ty	pe of a	assistai	nce															
			-																							
		ı									,															

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	aring of zation's nues?
	organization			Yes	No
JOSEPH E NYRE	PRESIDENT/CEO	•	BUSINESS RENTAL OF APARTMENT		No
COURTNEY REED	CONTRACTOR	24,692	GRANT WRITER		No

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SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization **Employer identification number** THE HOPE SCHOOL 37-0768616

Pa	rt I Types of Pr	operty			<u>.</u>				
			(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermi	nıng	
_			applicable		1 g				
	Art—Works of art .								
	Art—Historical treasu								
_	Art—Fractional interes								
4	Books and publications								
	Clothing and househol								
	Cars and other vehicle								
	Boats and planes								
	Intellectual property								
	Securities—Publicly tr								
	Securities—Closely he								
	Securities—Partnershi or trust interests .								
	Securities—Miscellane								
13	Qualified conservation contribution (historic structures)								
14	Qualified conservation contribution (other)	ı							
15	Real estate—Resident	ıal .							
16	Real estate—Commerc	cial							
17	Real estate—Other .								
18	Collectibles								
19	Food inventory								
20	Drugs and medical sup	oplies .							
21	Taxıdermy								
22	Historical artifacts .								
23	Scientific specimens								
24	Archeological artifacts								
	AUCT Other (describe <u>ITEM</u>		х	225	0				
	Other (describe 'ERTISING)		×	1	22,320	COST TO CONTRI	зитоі	R	
	Other (describe								
	SSITE			_					
	ELOPMENT)		X	1		ESTIMATED FAIR			
	Other (describe ALL O		X	33	,	ESTIMATED FAIR I	МАККІ	EIVA	LUE
29	which the organization			anization during the tax yea 33, <i>Part IV, Done</i> e •	ar for contributions for	29			
								Yes	No
30a	During the year, did the hold for at	he organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	least three years from	the date	of the initial	contribution, and which is	not required to be used for (exempt purposes			
	for the entire holding	period? .					30a		No
b	If "Yes", describe the	arrangem	ent in Part I	II					
31	_	_			review of any non-standard		31		No
32a	Does the organization contributions?	hire or us	e third parti	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
ь	If "Yes", describe in F	Part II							
33	If the organization did checked, describe in		revenues ı	n Column (c) for a type of p	roperty for which Column (a	a) IS			

Schedule M (Form 990) 2008 Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation Non Reporting of Revenue Part I, Line 33 AUCTION ITEMS SOLD AT FUNDRAISERS ARE NOT VALUED PER BOOKS BECAUSE THE FULL AMOUNT OF THE AUCTION PRICE IS COUNTED AS A CONTRIBUTION AT THE POINT OF SALE VALUE IS EFFECTIVELY INCLUDED IN CONTRIBUTIONS ON LINE 1C OF PART VIII

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

 \blacktriangleright Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization THE HOPE SCHOOL

Employer identification number

37-0768616

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	CHICAGO EDUCATIONAL PROGRAMS, TO FULFILL THE AIM OF REACHING STUDENTS BEFORE THEY NEED RESIDENTIAL SERVICES, THE HOPE INSTITUTE FOR CHILDREN AND FAMILIES IS PARTNERING WITH CHICAGO PUBLIC SCHOOLS IN A NUMBER OF AREAS IN FY 2009, HOPE OPERATED A SATELLITE PROGRAM FOR HIGH SCHOOLS ON A NEW PROGRAM FOR HIGH SCHOOLS OF A SATELLITE PROGRAM FOR HIGH SCHOOLS ON A NEW PROGRAM SUPPORTED THE LEARNING GOALS OF 35 STUDENTS A LARGE PART OF THE FISCAL YEAR WAS ALSO SPENT PREPARING FOR THE SEPTEMBER, 2009 OPENING OF THE HOPE INSTITUTE LEARNING ACADEMY. A GENERAL EDUCATION ELEMENTARY SCHOOL OPERATED UNDER CONTRACT TO THE CHICAGO PUBLIC SCHOOLS HILA'S "RESPONSIBLE INCLUSION" FOCUS WILL ALLOW STUDENTS WITH AUTISM TO ATTEND THE SAME SCHOOL AS THEIR BROTHERS AND SISTERS WITHOUT THE DISCREEF FIRST-YEAR PROJECTIONS FOR THE SCHOOL CALLED FOR A STUDENT SOUTH 90 OF 250 NOLL MEDICAL PAVILION NOLL MEDICAL PAVILION NOLL MEDICAL PAVILION REPRESENTS A BOLD STEP TO PROVIDE A NEW SOURCE OF HOPE TO FAMILES IN CENTRAL AND SOUTHERN ILLINOIS TOGETHER WITH NON-PROFIT PARTINERS, THE HOPE INSTITUTE SHARES A COMMON GOAL OF SERVING FAMILES OF CHILDREN WITH DEVELOPMENTAL DISABILITIES OR MENTAL ILLNESS NOLL MEDICAL PAVILION IS A UNIQUE AND INNOVATIVE ENDEAVOR TO BRING PRIMARY CARE AND SPECIALIST PROVIDERS TOGETHER, UNDER ONE ROOF, IN A "MEDICAL HOME MODEL OFTEN CHILDREN THE CHILDREN FROM ACCESS TO THESE ESSENTIAL SERVICES FREQUENTLY, THEIR FAMILIES MUST TRAVEL CONSIDERABLE DISTANCES TO OBTAIN THE CARE THEIR CHILDREN NEED NOLL MEDICAL PAVILION OFFERS HIGH QUALITY, COMPREHENSIVE CARE IN ONE CONVENIENT, CENTRALIZED LOCATION IN FY 2009, NOLL MEDICAL PAVILION FROM PROFITS, EDICATORS, HEAD AND MENTAL ILLINESS SHOUL MEDICAL PAVILION OFFERS HIGH QUALITY, COMPREHENSIVE CARE IN ONE CONVENIENT, CENTRALIZED LOCATION IN FY 2009, NOLL MEDICAL PAVILION PROFITS, EDUCATORS, HEALTH CARE THEIR CHILDREN FROM ACROSS THE REGION THE AUTISM PROGRAM OF ILLINOIS (TAP) TAP IS THE LARGEST STATEWIDE AUTISM SERVICES NETWORK IN THE AUTISM PROGRAM OF ILLINOIS FAMILES AND 13 HE ADDITIO

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATIONS FINANCE COMMITTEE OF THE GOVERNING BODY FOR THEIR REVIEW PRIOR TO FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION MONITORS THE POLICY ON AN ANNUAL BASIS BY REQUIRING A WRITTEN STATEMENT FROM ALL BOARD MEMBERS IDENTIFYING ANY POTENTIAL CONFLICTS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE PROCESS FOR DETERMINING COMPENSATION FOR THE ORGANIZATIONS CEO AND TOP MANAGEMENT INCLUDED A REVIEW BY THE COMPENSATION COMMITTEE, REVIEWING FORM 990 FROM OTHER ORGANIZATIONS, AND A COMPENSATION SURVEY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

DLN: 93493060003550

OMB No 1545-0047 2008

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number** THE HOPE SCHOOL 37-0768616 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity THE HOPE SCHOOL FOUNDATION FUNDRAISING ΙL 501(C)(3)

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Dart V	Transactions with Related Organizations
Part V	i ransactions with Related Organizations

Pa	t V Transactions with Related Organizations							
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 D	ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactıo	ons with one or more related organizations listed in Parts II-	IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled en	ntity		1a		No		
b	Gift, grant, or capital contribution to other organization(s)			1b		No		
c	Gift, grant, or capital contribution from other organization(s)			1c	Yes			
d	Loans or loan guarantees to or for other organization(s)			1d		No		
e	Loans or loan guarantees by other organization(s)			1e		No		
f	Sale of assets to other organization(s)			1f		No		
g	Purchase of assets from other organization(s)			1g		No		
h	Exchange of assets			1h		No		
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No		
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No		
k	k Performance of services or membership or fundraising solicitations for other organization(s)							
ı	I Performance of services or membership or fundraising solicitations by other organization(s)							
m	Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes			
n	Sharing of paid employees			1n	Yes			
0	Reimbursement paid to other organization for expenses			10		No		
р	Reimbursement paid by other organization for expenses			1р	Yes			
q	O ther transfer of cash or property to other organization(s)			1q		No		
r	O ther transfer of cash or property from other organization(s)			1r		No		
2	If the answer to any of the above is "Yes," see the instructions for information of	on who must complete this line, including covered relationsh (B)	nips and transaction thresholds					
	(A) Name of other organization(s)	Transaction	(C) Amount Involved					
(1)	, ,	type(a-r)						
(-)								
(2)								
(3)								
(4)								
,								
(5)								

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_							
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No						
			•	•		•		Sabadula	D / Form							