



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See specific instructions. OPERATION HOPE, INC. 707 WILSHIRE BLVD. #3030 LOS ANGELES, CA 90017	D Employer Identification Number 95-4378084
		E Telephone number (213) 891-2901
F Name and address of principal officer: JOHN BRYANT SAME AS C ABOVE		G Gross receipts \$ 12,851,621.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) 4947(a)(1) or 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' attach a list (see instructions)
J Website: HTTP://WWW.OPERATIONHOPE.ORG/		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation 1992 M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OPERATION HOPE, INC. (HOPE) IS A NON-PROFIT, PUBLIC BENEFIT ORGANIZATION FOUNDED IN LOS ANGELES IN APRIL, 1992. HOPE IS AMERICA'S LEADING PROVIDER OF ECONOMIC TOOLS AND SERVICES. HOPE SEEKS TO BRING TRUE AND SUSTAINING "HOPE" TO THOSE LIVING IN UNDER-SERVED AREAS OF AMERICA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	33
	4	Number of independent voting members of the governing body (Part VI, line 1b)	33
	5	Total number of employees (Part V, line 2a)	132
Revenue	6	Total number of volunteers (estimate if necessary)	3,000
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Expenses			
Net Assets or Fund Balances			

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer: WILLIAM WALBRECHER Type or print name and title	Date: 11/15/10 PRESIDENT & COO
Paid Preparer's Use Only	Preparer's signature: Firm's name (or yours if self-employed): HUTCHINSON AND BLOODGOOD, LLP address and ZIP + 4: 101 N. BRAND BLVD STE 1600 GLENDALE, CA 91203	Date: 11/15/10 Check if self-employed: <input type="checkbox"/> Preparer's identifying number (see instructions): N/A EIN: N/A Phone no: (818) 637-5000

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

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09 Form 990 (2009)

917 10

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 3,295,563. including grants of \$ _____) (Revenue \$ _____)

HOPE COALITION AMERICA (HCA) IS HOPE'S EMERGENCY RESPONSE AND PREPAREDNESS DIVISION. HCA IS PART OF A STRONG NETWORK OF FIRST RESPONDERS TO DISASTERS IN THE UNITED STATES WHO ADDRESS IMMEDIATE HEALTH, SAFETY, AND INFRASTRUCTURE NEEDS. HCA MOBILIZES IN TIMES OF PRESIDENTIAL DECLARED NATURAL DISASTERS LIKE HURRICANE KATRINA, AND AT TIMES OF MAN-MADE DISASTERS SUCH AS THE CURRENT MORTGAGE CRISIS. THROUGH OUR DATABASE OF PROFESSIONAL HOPE CORPS VOLUNTEER'S HCA IS ABLE TO PROVIDE EMERGENCY CASE MANAGEMENT TO CLIENTS FACING CRISIS. HCA ALSO PROVIDES LOAN MODIFICATION ASSISTANCE TO HOME OWNERS IN CRISIS. TO DATE HCA HAS ASSISTED OVER 100,000 DISASTER VICTIMS AND MODIFIED OVER \$360 MILLION LOANS TO OVER 1,000 HOME OWNERS IN CRISIS.

4b (Code _____) (Expenses \$ 3,062,575. including grants of \$ _____) (Revenue \$ 15,823.)

SEE SCHEDULE O

4c (Code _____) (Expenses \$ 808,137. including grants of \$ _____) (Revenue \$ _____)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

SEE SCHEDULE O

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 7,166,275.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
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		
6 Did the organization maintain any donor advised funds or any similar funds or 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	X	
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? If 'Yes,' complete Schedule F, Part II		X
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? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	X	
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
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? <i>If 'Yes,' complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
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, securities account, or other financial account)?	X	
4b	If 'Yes,' enter the name of the foreign country SOUTH AFRICA 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from other members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	33	
b Enter the number of voting members that are independent	33	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	X	
b Other officers of key employees of the organization SEE SCHEDULE O	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 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 ☒ Another's website ☒ Upon request

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 SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► ROCHELLE ZAWODNY 707 WILSHIRE BLVD. LOS ANGELES CA 90017 (213) 891-2905

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**

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY R CHRISMAN VICE CHAIRMAN	0.5	X						0.	0.	0.
CRAIG DERROY BOARD MEMBER	0.5	X						0.	0.	0.
GEORGE W. HALIGOWSKI BOARD MEMBER	0.5	X						0.	0.	0.
WILLIAM HANNA BOARD MEMBER	0.5	X						0.	0.	0.
PAUL H. IRVING BOARD MEMBER	0.5	X						0.	0.	0.
DON J. MCGRATH BOARD MEMBER	0.5	X						0.	0.	0.
GREGORY A. MITCHELL BOARD MEMBER	0.5	X						0.	0.	0.
LYNN PIKE BOARD MEMBER	0.5	X						0.	0.	0.
JOHN ROBINSON BOARD MEMBER	0.5	X						0.	0.	0.
JOHN BLENKE BOARD MEMBER	0.3	X						0.	0.	0.
ROBERT BURTON BOARD MEMBER	0.3	X						0.	0.	0.
JEFF FENDLER BOARD MEMBER	0.3	X						0.	0.	0.
ARLEN W. GELBARD BOARD MEMBER	0.3	X						0.	0.	0.
PIERRE HABIS BOARD MEMBER	0.3	X						0.	0.	0.
RICHARD C. HARTNACK BOARD MEMBER	0.3	X						0.	0.	0.
ROBERTO R. HERENCIA BOARD MEMBER	0.3	X						0.	0.	0.
JOY K. HOFFMANN BOARD MEMBER	0.3	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRADLEY KIME BOARD MEMBER	0.3	X						0.	0.	0.
KRAIG T. KITCHIN BOARD MEMBER	0.3	X						0.	0.	0.
BRIAN LONGE BOARD MEMBER	0.3	X						0.	0.	0.
ROD MCGREW COMM CHIEF	0.3	X						0.	0.	0.
FRANK MCMAHON BOARD MEMBER	0.3	X						0.	0.	0.
IRVING A. MILLER BOARD MEMBER	0.3	X						0.	0.	0.
WALTER J. MIX BOARD MEMBER	0.3	X						0.	0.	0.
DAVID W. MOONEY BOARD MEMBER	0.3	X						0.	0.	0.
CELIE NIEHAUS BOARD MEMBER	0.3	X						0.	0.	0.
DAVID SIMON BOARD MEMBER	0.3	X						0.	0.	0.
MICHAEL P. SMITH BOARD MEMBER	0.3	X						0.	0.	0.
MARY LEE WIDENER BOARD MEMBER	0.3	X						0.	0.	0.
ANDREW YOUNG III BOARD MEMBER	0.3	X						0.	0.	0.
1b Total								1,187,429.	0.	48,063.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

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

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 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 individual

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

Section B. Independent Contractors

1 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
BALDWIN HILLS INVESTORS, LTD C/O FORSAT 141 ELCAMINO, SUITE203 BEVERL	LANDLORD HOPE CENTER	137,316.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 2,076,955.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 10,634,379.					
	g Noncash contribns included in lns 1a-1f	\$					
h Total. Add lines 1a-1f			12,711,334.				
PROGRAM SERVICE REVENUE	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		24,218.			24,218.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		86,699.					
		b Less rental expenses					
		c Rental income or (loss)	86,699.				
	d Net rental income or (loss)		86,699.			86,699.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses	b				
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a CYBER CAFE		15,823.			15,823.		
b SEMINAR FEES		8,993.			8,993.		
c COMMISSIONS		2,380.			2,380.		
d All other revenue		2,174.	568.		1,606.		
e Total. Add lines 11a-11d			29,370.				
12 Total revenue. See instructions			12,851,621.	568.	0.	139,719.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
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	1,187,429.	730,269.	308,732.	148,428.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	4,144,717.	2,939,171.	815,272.	390,274.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	43,443.	32,862.	10,004.	577.
9 Other employee benefits	482,760.	337,146.	94,695.	50,919.
10 Payroll taxes	431,264.	305,259.	87,900.	38,105.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	275,660.	98,355.	160,025.	17,280.
13 Office expenses	163,158.	55,326.	72,570.	35,262.
14 Information technology				
15 Royalties				
16 Occupancy	1,069,739.	874,841.	173,390.	21,508.
17 Travel	607,226.	307,317.	48,555.	251,354.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	50,498.		50,498.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	553,059.	199,997.	353,062.	
23 Insurance	97,474.	61,799.	25,496.	10,179.
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.)				
a PROFESSIONAL FEES	703,902.	209,217.	461,355.	33,330.
b COMMUNICATIONS	305,017.	208,970.	49,221.	46,826.
c OTHER	263,752.	202,235.	27,115.	34,402.
d PROGRAM & EVENT EXPENSES	184,683.	168,178.	16,441.	64.
e POSTAGE AND SHIPPING	167,978.	59,447.	90,529.	18,002.
f All other expenses	637,434.	375,886.	183,775.	77,773.
25 Total functional expenses. Add lines 1 through 24f	11,369,193.	7,166,275.	3,028,635.	1,174,283.
26 Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	275,898.	2	3,150,203.
	3 Pledges and grants receivable, net	3,058,553.	3	1,739,818.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	50,000.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	140,307.	9	134,273.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,206,775.		
	b Less accumulated depreciation	10b 1,951,677.	1,758,765.	10c 1,255,098.
	11 Investments — publicly-traded securities		11	
	12 Investments — other securities See Part IV, line 11		12	
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	913,178.	15	535,327.
16 Total assets Add lines 1 through 15 (must equal line 34)	6,146,701.	16	6,864,719.	
LIABILITIES	17 Accounts payable and accrued expenses	706,976.	17	557,094.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	500,000.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	196,101.	25	81,573.
	26 Total liabilities. Add lines 17 through 25	1,403,077.	26	638,667.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.		
27 Unrestricted net assets		-1,018,638.	27	2,995,852.
28 Temporarily restricted net assets		5,762,262.	28	3,230,200.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, and equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		4,743,624.	33	6,226,052.
34 Total liabilities and net assets/fund balances		6,146,701.	34	6,864,719.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a 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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

BAA

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	8,727,511.	9,373,660.	10703743.	5,432,848.	12711334.	46,949,096.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	8,727,511.	9,373,660.	10703743.	5,432,848.	12711334.	46,949,096.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,134,579.
6 Public support. Subtract line 5 from line 4						32,814,517.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8,727,511.	9,373,660.	10703743.	5,432,848.	12711334.	46,949,096.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	803.	30.	3.	1,057.	24,195.	26,088.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	34,513.	24,205.	31,214.	167,256.	116,069.	373,257.
11 Total support. Add lines 7 through 10						47,348,441.
12 Gross receipts from related activities, etc. (see instructions)	12					0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	69.3 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	80.5 %
16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests — 2009.** 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. ☐

b **33-1/3 support tests — 2008.** If the organization did not check a box on line 14 or 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. ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service
Name of the organization**Supplemental Financial Statements**

- Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

2009**Open to Public
Inspection**

OPERATION HOPE, INC.

Employer identification number

95-4378084

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		1,380,671.	514,821.	865,850.
d Equipment		1,761,739.	1,405,535.	356,204.
e Other		64,365.	31,321.	33,044.
Total. Add lines 1a through 1e (Column (d) must equal Form 990 Part X column (B), line 10(c).)				1,255,098.

BAA

Schedule D (Form 990) 2009

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
IN-KIND CONTRIBUTION RECEIVABLE	535,327.
Total (Column (b) must equal Form 990, Part X, col (B), line 15)	535,327.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
OBLIGATIONS UNDER CAPITAL LEASES	81,573.
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	81,573.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	12,851,621.
2	Total expenses (Form 990, Part IX, column (A), line 25)	11,369,193.
3	Excess or (deficit) for the year Subtract line 2 from line 1	1,482,428.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	1,482,428.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	15,437,648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	2,586,027.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,586,027.
3	Subtract line 2e from line 1	3	12,851,621.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,851,621.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,955,220.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	2,586,027.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,586,027.
3	Subtract line 2e from line 1	3	11,369,193.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	11,369,193.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information *(continued)*

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► **Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.**
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545 0047

2009

**Open to Public
Inspection**

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
GAUTANG PROVINCE	1	1	FINANCIAL LITERACY	BOOF PROGRAMS IN SCHOOLS	78,251
WESTERN CAPE PROVINCE	1	1	FINANCIAL LITERACY	BOOF PROGRAMS IN SCHOOLS	30,290
Totals	2	2			108,541.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (2009)

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

Area with horizontal dashed lines for supplemental information.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items **PART III**

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

1b X

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?

4a X

- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b X

- c** Participate in, or receive payment from, an equity-based compensation arrangement?

4c X

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?

5a X

- b** Any related organization?

5b X

If 'Yes' to line 5a or 5b, describe in Part III

PART III

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?

6a X

- b** Any related organization?

6b X

If 'Yes' to line 6a or 6b, describe in Part III

- 7** For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

7 X

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

8 X

- If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9 X

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is 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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

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.

PART J, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS

HOPE'S POLICY IN REGARDS TO TRAVEL OF CEO:

PER THE EMPLOYMENT AGREEMENT THE POLICY IS TO REIMBURSE HIM FOR ANY TRAVEL AND OTHER EXPENSES REASONABLY AND

NECESSARILY INCURRED BY EMPLOYEE IN THE PERFORMANCE OF EMPLOYEE'S DUTIES INCLUDING THE REASONABLE COST OF A

SPOUSE OR OTHER COMPANION WHERE THE INCLUSION OF SPOUSE OR OTHER COMPANION IS NECESSARY AND APPROPRIATE TO

THE BUSINESS FUNCTION RELATING TO SUCH TRAVEL AND IN THE BEST INTERESTS OF OPERATION HOPE.

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.

PART I. LINE 5 - COMPENSATION CONTINGENT ON REVENUES OR RELATED ORGANIZATION

IN ADDITION TO THE BASIC COMPENSATION, THE CEO MAY RECEIVE BONUS COMPENSATION TO NOT EXCEED 60% OF THE PREVAILING BASE COMPENSATION. THE BONUS WOULD BE EQUAL TO 20% OF THEN PREVAILING BASE COMPENSATION IF OPERATION HOPE INC'S ACTUAL TOTAL REVENUES FOR A CALENDAR YEAR EQUAL OR EXCEED THE PROJECTIONS SET FORTH IN AN OPERATION PLAN APPROVED BY THE BOARD OF DIRECTORS FOR SUCH YEAR AND ONLY IF OPERATION HOPE, INC'S CURRENT RATIO FOR SUCH YEAR IS EQUAL TO OR GREATER THAN 1:1. THESE AMOUNTS ARE CALCULATED IN ACCORDANCE WITH GAAP.

THE CEO MAY EARN AN ADDITIONAL BONUS PAYMENT SO LONG AS THE FOLLOWING CRITERIA ARE MET:

CEO EARNS FIVE PERCENT OF SUPPORT REVENUES DETERMINED IN ACCORDANCE WITH GAAP AND BASED ON THE FINANCIAL

RESULTS OF HOPE, IN EXCESS OF PROJECTED SUPPORT REVENUES INCLUDED IN THE OPERATING PLAN OF OPERATION HOPE

INC. AS APPROVED BY THE BOARD OF DIRECTORS FOR SUCH CALENDAR YEAR.

BAA

Part III	Supplemental Information
----------	--------------------------

[illegible]

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions with Interested Persons**

- Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
JOHN BRYANT										
SHORT TERM PAID BACK IN JANUARY 2010		X	50,000	50,000		X	X		X	
Total				► \$ 50,000.						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

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

Schedule L (Form 990 or 990-EZ) 2009

OPERATION HOPE, INC.

95-4378084

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
OTHER INCOME	116,069.	167,256.	31,214.	24,205.	34,513.
TOTAL	<u>\$ 116,069.</u>	<u>\$ 167,256.</u>	<u>\$ 31,214.</u>	<u>\$ 24,205.</u>	<u>\$ 34,513.</u>

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor- tionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV		
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to other organization(s)	1b	X
c	Gift, grant, or capital contribution from other organization(s)	1c	X
d	Loans or loan guarantees to or for other organization(s)	1d	X
e	Loans or loan guarantees by other organization(s)	1e	X
f	Sale of assets to other organization(s)	1f	X
g	Purchase of assets from other organization(s)	1g	X
h	Exchange of assets	1h	X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n	Sharing of paid employees	1n	X
o	Reimbursement paid to other organization for expenses	1o	X
p	Reimbursement paid by other organization for expenses	1p	X
q	Other transfer of cash or property to other organization(s)	1q	X
r	Other transfer of cash or property from other organization(s)	1r	X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

OPERATION HOPE, INC. (HOPE) IS A NON-PROFIT, PUBLIC BENEFIT ORGANIZATION FOUNDED IN
LOS ANGELES IN APRIL, 1992. HOPE IS AMERICA'S LEADING PROVIDER OF ECONOMIC TOOLS AND
SERVICES. HOPE SEEKS TO BRING TRUE AND SUSTAINING "HOPE" TO THOSE LIVING IN
UNDER-SERVED AREAS OF AMERICA, REMINDING THEM ALWAYS THAT THEY ARE IMPORTANT AND
NECESSARY. HOPE SEEKS TO CREATE SUSTAINABLE CHANGE WITHIN UNDER-SERVED COMMUNITIES
BY CONSISTENTLY PROMOTING OPPORTUNITY, SELF-ESTEEM, SELF LOVE, OPTIMISM AND FUTURE
ASPIRATION. THROUGH A SERIES OF PUBLIC/PRIVATE PARTNERSHIPS AND STRATEGIC ALLIANCES,
HOPE HAS DEVELOPED AND IMPLEMENTED PROGRAMS FOCUSED ON CONNECTING THE MINORITY
COMMUNITY WITH MAINSTREAM, PRIVATE SECTOR RESOURCES, AND EMPOWERING UNDER-SERVED
COMMUNITIES.

AMONG THE PROGRAMS OFFERED BY HOPE ARE FINANCIAL COUNSELING, BUSINESS TECHNICAL
ASSISTANCE AND THE FACILITATION OF FINANCING FOR INDIVIDUALS AND SMALL GROUPS,
PRIMARILY FOR HOMES AND SMALL BUSINESSES.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

THE OPERATION HOPE BANKING CENTER IS A WORKING "ONE STOP" MODEL LOCATION FOR
EMPOWERMENT. THE CENTERS PROVIDE PERSONALIZED SERVICE AND FOCUSED ATTENTION FOR THE
PURPOSE OF CREATING COMMUNITY STAKEHOLDERS. BY CONVERTING RENTERS INTO HOME OWNERS
AND DREAMERS INTO VIABLE BUSINESS OWNERS, INCREASING NET WORTH, AND IMPROVING THE
ECONOMIC QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IN EMERGING MARKETS, HOPE
WORKS TOWARDS ITS OVERALL MISSION OF ERADICATING POVERTY.

THE HOPE CENTER IS ABLE TO ACCOMPLISH THESE OBJECTIVES BY PROVIDING INNOVATIVE
EMPOWERMENT SERVICES THAT CONSIST OF ADULT FINANCIAL LITERACY WORKSHOPS, MONEY
MANAGEMENT, BUDGETING COUNSELING, MORTGAGE AND BUSINESS LENDING COUNSELING,
INVESTMENT AND RETIREMENT PLANNING, HOME BUYER DOWN PAYMENT ASSISTANCE MATCHING

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

GRANTS, SMALL BUSINESS TECHNICAL ASSISTANCE AND POST FUNDING COUNSELING. OPERATION HOPE HAS 10 HOPE CENTER LOCATIONS INCLUSIVE OF A VIRTUAL HOPE CENTER IN POWAY CALIFORNIA. TO DATE THE HOPE BANKING CENTER NETWORK HAS FACILITATED OVER 700,000 FINANCIAL TRANSACTIONS, EDUCATED OVER 60,000 ADULTS ON FINANCIAL LITERACY, PROVIDED "ONE ON ONE" FINANCIAL COUNSELING TO OVER 25,000 INDIVIDUALS, PROVIDED COMPUTER AND INTERNET ACCESS TO OVER 22,000 INDIVIDUALS AND MADE OVER \$645 MILLION IN LOAN COMMITMENTS TO FIRST TIME BUYERS AND BUSINESSES.

PROGRAMS OFFERED:

☒ FINANCIAL LITERACY WORKSHOPS

☐ FORECLOSURE PREVENTION COUNSELING

☒ MONEY MANAGEMENT COUNSELING

☐ HOMEOWNERSHIP COUNSELING

☐ SMALL BUSINESS COUNSELING

☐ LOAN MODIFICATION SERVICES

☒ COMPUTER AND INTERNET ACCESS
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

THE BANKING ON OUR FUTURE (BOOF) PROGRAM IS A GLOBAL DELIVERY SYSTEM FOR FINANCIAL EDUCATION FOR YOUTH AGES 9-18 AT NO COST TO SCHOOL DISTRICTS AND COMMUNITY BASED ORGANIZATIONS WITH A FOCUS ON URBAN, UNDER-SERVED COMMUNITIES. THE PROGRAM CONSISTS OF FIVE MODULES, I. BASICS OF BANKING AND FINANCIAL SERVICES, II. CHECKING & SAVINGS ACCOUNTS, III. THE POWER OF CREDIT, IV. BASIC INVESTMENTS, AND V. DIGNITY THAT ARE TAUGHT BY VOLUNTEER HOPE CORP MEMBERS WHO ARE TRAINED TO BREAK DOWN THEIR KNOWLEDGE OF BANKING AND CREDIT INTO TERMS THAT YOUTH CAN UNDERSTAND AND UTILIZE IMMEDIATELY.

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)

IN ADDITION TO FINANCIAL EDUCATION, THE STUDENTS ARE LEFT WITH A MESSAGE OF
EMPOWERMENT, A MESSAGE OF RESPONSIBILITY, AND MOST IMPORTANT, A MESSAGE OF HOPE.

THE PRIMARY UNIQUE ELEMENT OF BOOF IS THAT IT MAKES YOUNG ADULTS THINK DIFFERENTLY
ABOUT THEMSELVES AND THEIR FUTURE AND UNDERSTAND WHY LEARNING ABOUT DIGNITY AND THE
LANGUAGE OF MONEY CAN HELP THEM DESIGN AND ACHIEVE THEIR DREAMS.

THE BOOF PROGRAM CURRENTLY OPERATES IN 68 UNITED STATES CITIES AND 5 PROVINCES IN
SOUTH AFRICA. IN 2009, 90,285 YOUTH WERE TAUGHT IN 2,963 CLASSROOMS AND A TOTAL OF
2,169 BOOF HOPE CORPS VOLUNTEERS WERE RECRUITED AND TRAINED.

BOOF IS THE RECIPIENT OF THE 11TH JOHN SHERMAN AWARD FOR FINANCIAL EDUCATION GIVEN
BY THE UNITED STATES TREASURY DEPARTMENT IN THE HISTORY OF THE UNITED STATES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

OTHER PROGRAM SERVICES INCLUDE ECONOMIC EDUCATION, SMALL BUSINESS TECHNICAL
ASSISTANCE, HOMEOWNERSHIP COUNSELING AND EMERGENCY FINANCIAL COUNSELING SERVICES

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED BY THE FOLLOWING GROUPS, IN THIS ORDER, FOR APPROVAL.

1. CONTROLLER
2. PRESIDENT AND CAO
3. CEO
4. BOARD OF DIRECTORS

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

HOPE HAS A VOLUNTARY BOARD THAT CONTRIBUTES THEIR TIME TO ADVANCE THE PROGRAMS
THROUGH THEIR TIME, TALENT AND TREASURE. ANY TIME A CONFLICT OF INTEREST ARISES IT

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

IS HANDLED ON A CASE BY CASE BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

REVIEW OF COMPENSATION IS PERFORMED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS FOR THE CEO, PRESIDENT AND COO. CEO HAS A CONTRACT THAT HAS BEEN RENEWED BY THE COMPENSATION COMMITTEE SINCE THE INCEPTION OF THE ORGANIZATION. THE CONTRACT STIPULATES ANNUAL INCREASES BASED ON THE CURRENT CPI. SEVERAL YEARS AGO HOPE DID AN OUTSIDE INDEPENDENT SALARY SURVEY TO CONFIRM RANGE OF SALARIES FOR THE ORGANIZATION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE'

THE COMPENSATION OF THE CORPORATE SECRETARY AND KEY EMPLOYEES IS DECIDED AND APPROVED BY THE CEO AND PRESIDENT. SEVERAL YEARS AGO HOPE DID AN OUTSIDE INDEPENDENT SALARY SURVEY TO CONFIRM RANGE OF SALARIES FOR THE ORGANIZATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE PROVIDED PER REQUESTS FROM INTERESTED PARTIES. FORM 990 IS ACCESSIBLE VIA GUIDESTAR.

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545 0172

2009Attachment
Sequence No **67**

Name(s) shown on return

OPERATION HOPE, INC.

Identifying number

95-4378084

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179*Note: If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	553,059.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	553,059.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

OPERATION HOPE, INC.

95-4378084

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR BONUS/ SP. DEPR	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR	
FORM 990/990-PF																	
FURNITURE AND FIXTURES																	
11	EXEC OFFICE FURN	12/31/99		6,010							6,010	6,010	S/L	7		0	
12	OFFICER FURNITUREPLUMMERS	1/11/01		1,270							1,270	1,270	S/L	7		0	
42	ATMOSPHERE 00C FURNITURE	11/20/06		22,720							22,720	7,032	S/L	7		3,310	
66	ATMOSPHERE - 00C FURNITUR	1/23/07		1,511							1,511	367	S/L	10		151	
67	ATMOSPHERE - CONF ROOM FU	1/23/07		5,844							5,844	1,670	S/L	7		835	
68	OFFICE FURNITURE	4/20/07		4,228							4,228	1,057	S/L	7		604	
69	SUPERIOR CARPET & DESIGN	4/20/07		18,248							18,248	4,562	S/L	7		2,607	
70	SUPERIOR CARPET & DESIGN	4/20/07		2,443							2,443	611	S/L	7		349	
71	SIMPLE LINE FURNITURE	4/30/07		2,090							2,090	523	S/L	7		299	
TOTAL FURNITURE AND FIXTURE				64,364		0	0	0	0	0	64,364	23,102					8,155
IMPROVEMENTS																	
1	LHI LIVINGSTON ASSOC ARC	7/05/02		2,011							2,011	1,533	S/L	5		0	
2	ELRO SIGNS	7/04/05		6,763							6,763	2,366	S/L	10		676	
3	ELRO SIGNS	4/01/05		2,395							2,395	900	S/L	10		240	
4	LEO A DALY COMPANY	12/20/02		833							833	681	S/L	5		0	
5	LEO A DALY COMPANY	12/30/03		27,696							27,696	27,696	S/L	5		0	
6	KFOURY CONST	12/31/04		224,214							224,214	183,109	S/L	5		41,105	
7	ELRO SIGNS	4/01/05		14,320							14,320	5,370	S/L	10		1,432	
8	LEO A DALY	4/01/05		3,558							3,558	1,335	S/L	10		356	
9	THE STAUBACH CO	4/30/05		30,000							30,000	11,000	S/L	10		3,000	
10	KFOURY CONSTRUCTION GROUP	4/30/05		7,353							7,353	2,695	S/L	10		735	
39	BROADWAY-CORP OFFICE EXPA	11/30/06		4,594							4,594	956	S/L	10		459	

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

OPERATION HOPE, INC.

95-4378084

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
40	EQUIPMENT (PHONE, FAX, WI	8/01/06		31,419							31,419	7,593	S/L	10		3,142
41	CORP OFFICE FURNITURE (CA	8/01/06		113,961							113,961	27,540	S/L	10		11,396
46	STANHOPE CO. - CORP OFFI	1/31/07		1,389							1,389	278	S/L	10		139
47	BROADWAY - CORP OFFICE	2/28/07		7,987							7,987	1,465	S/L	10		799
48	STANHOPE CO - CORP OFFI	3/06/07		1,389							1,389	255	S/L	10		139
49	SUPERIOR CARPET - LA BREA	4/12/07		17,543							17,543	3,070	S/L	10		1,754
50	SOUTH PAINTING - LA BREA	4/18/07		2,850							2,850	498	S/L	10		285
51	ELNO SIGNS - LA BREA	8/28/07		2,417							2,417	343	S/L	10		242
52	WESTERN CONST - LA BREA	7/30/07		3,400							3,400	482	S/L	10		340
53	ELRO SIGNS - LA BREA	7/30/07		10,330							10,330	1,463	S/L	10		1,033
54	ACC CONSTRU - HC NY	1/29/07		21,931							21,931	4,386	S/L	10		2,193
55	ACC CONSTRU - HC NY	2/02/07		100,000							100,000	19,167	S/L	10		10,000
56	ACC CONSTRU - HC NY	3/14/07		232,351							232,351	42,598	S/L	10		23,235
57	ACC CONSTRU - HC NY	3/28/07		50,000							50,000	9,166	S/L	10		5,000
58	SPACESMITH - HC NY	3/30/07		22,012							22,012	4,035	S/L	10		2,201
59	ACC CONSTRU HC NY	4/19/07		30,119							30,119	5,412	S/L	10		3,012
60	LOCKS IN THE CITY	4/19/07		4,652							4,652	814	S/L	10		465
61	ACC CONSTRU - HC NY	5/31/07		32,624							32,624	5,437	S/L	10		3,262
62	SPACESMITH HC NY	6/30/07		948							948	150	S/L	10		95
63	ELRO SIGNS HC NY	8/31/07		26,000							26,000	3,683	S/L	10		2,600
64	ACC CONSTRUCTION - HC NY	12/06/07		15,000							15,000	1,625	S/L	10		1,500
65	ACC CONSTRUCTION HC NY	3/02/07		228,025							228,025	41,805	S/L	10		22,803
87	BAYTREE LEASING(NORTEL)	2/01/07		24,009							24,009	4,602	S/L	10		2,401
88	HC NY FURNI (CA NAT BK)	4/07/07		19,900							19,900	3,483	S/L	10		1,990
89	HC LA BREA (PHONESYSTEM)	11/01/07		5,796							5,796	1,422	S/L	5		1,449
90	HC WATTS (PHONE SYSTEM)	11/01/07	6/30/09	5,697							5,697	2,057	S/L	3		3,640
93	ELRO SIGNS - LHI LA BREA	12/30/08		1,191							1,191		S/L	10		119

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

OPERATION HOPE, INC.

95-4378084

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
94	LHI - HC NY	6/30/08		23,094							23,094	1,155	S/L	10		2,309
100	LHI - HC LA BREA RETAINER	2/25/09		1,000							1,000		S/L	10		83
101	LHI - HC LA BREA HANDICAP	10/15/09		3,101							3,101		S/L	10		78
102	LHI - HC NY	VARIOUS		17,378							17,378		S/L	10		869
103	LEASE RIGHTS - HC NAT	4/01/09		5,116							5,116		S/L	3		1,279
104	LEASE RIGHTS - HC LA BREA	4/01/09		5,796							5,796		S/L	3		1,449
<hr/>																
	TOTAL IMPROVEMENTS			1,392,162		0	0	0	0	0	1,392,162	431,625				159,304
<hr/>																
MACHINERY AND EQUIPMENT																
13	COMPUTER	12/31/01		30,097							30,097	30,097	S/L	5		0
14	COMPUTER-PRINTER	12/31/02		6,740							6,740	6,740	S/L	5		0
15	COMPUTERS	5/29/03		1,224							1,224	1,224	S/L	5		0
16	COMPUTERS	12/31/04		376,593							376,593	376,593	S/L	3		0
17	DELL COMPUTERS	4/30/05		9,400							9,400	6,893	S/L	5		1,880
18	DELL COMPUTERS BOOF DC	8/20/05		3,532							3,532	2,353	S/L	5		706
19	DELL SERVER FOR HCA	10/04/05		3,675							3,675	2,389	S/L	5		735
20	DELL NETWORK SERVERS & UP	11/01/05		31,583							31,583	20,004	S/L	5		6,317
21	DELL 6879450228000081	11/01/05		4,100							4,100	2,597	S/L	5		820
22	DELL ACT 5016195114003	12/01/05		5,706							5,706	3,518	S/L	5		1,141
23	DELL ACT 5016195114004	12/01/05		4,517							4,517	2,784	S/L	5		903
24	DELL ORDER 116486459	12/01/05		540							540	333	S/L	5		108
25	DELL ORDER 602223994	12/01/05		4,632							4,632	2,855	S/L	5		926
26	DELL ORDER 602224075	12/01/05		1,695							1,695	1,045	S/L	5		339
27	DELL ORDER 667174660	12/01/05		4,083							4,083	2,519	S/L	5		817
28	MICROSOFT INKIND SOFTWARE	12/01/05		152,895							152,895	94,285	S/L	5		30,579
29	EDA05 1625-702-05	12/31/03		1,692							1,692	1,692	S/L	5		0

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

OPERATION HOPE, INC.

95-4378084

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
30	EDA05 1625-703 05	12/31/03		1,692							1,692	1,692	S/L	5		0
31	COMPUTERS	12/31/03		129							129	129	S/L	5		0
32	FRYS ELECTRONICS	5/31/03		3,125							3,125	3,438	S/L	5		0
33	ANDY SOUSA LA NOTEBOOK	10/13/03		1,685							1,685	1,685	S/L	5		0
34	NOTEBOOK	10/16/03		1,562							1,562	1,562	S/L	5		0
35	SCOTT STEELE REPLACEMENT	12/03/03		1,772							1,772	1,772	S/L	5		0
36	COMP-HOWARD KOHN	12/03/03		1,179							1,179	1,179	S/L	5		0
37	COMP-R AMAYA	12/03/03		1,783							1,783	1,783	S/L	5		0
38	COMP-S WILCOX	12/03/03		1,783							1,783	1,783	S/L	5		0
43	DELL ORDER (2 LAPTOPS)	2/28/06		6,188							6,188	3,611	S/L	5		1,238
44	SOL MEDIA PROGRAM DEVELOP	4/04/06		24,680							24,680	13,574	S/L	5		4,936
45	QQUEST	9/19/06		3,885							3,885	1,813	S/L	5		777
72	SOL MEDIA	1/18/07		25,680							25,680	10,272	S/L	5		5,136
73	SOL MEDIA 2ND PHASE	2/28/07		17,880							17,880	7,076	S/L	5		3,576
74	DELL (JB LAPTOP)	10/28/07		3,196							3,196	799	S/L	5		639
75	DELL (STACY LAPTOP)	10/28/07		2,572							2,572	985	S/L	3		857
76	DELL (SERVER)	10/28/07		4,875							4,875	1,868	S/L	3		1,625
77	JOHN BRYANT SONY WORKBOOK	12/17/07		5,245							5,245	1,136	S/L	5		1,049
78	NX TECHNOLOGY WEBSITE DEV	12/31/07		8,500							8,500	1,842	S/L	5		1,700
79	NX TECHNOLOGU ECOMMERCE D	12/31/07		6,500							6,500	1,408	S/L	5		1,300
80	NX TECHNOLOGY DATA MIGRA	12/31/07		1,680							1,680	364	S/L	5		336
81	MICR HARDWARE /SOFT LICENS	12/03/07		844,893							844,893	305,100	S/L	3		288,599
82	NX TECHNOLOGY PHASE II	9/18/07		3,210							3,210	856	S/L	5		642
83	NX TECHNOLOGY PHASE II	9/18/07		3,210							3,210	856	S/L	5		642
84	DELL 20 COMPSUTPS HC NY	10/15/07		27,700							27,700	7,046	S/L	5		5,540
85	UNIT DESIGN (BOOF)	1/12/07		3,800							3,800	1,520	S/L	5		760
86	NX TECHNOLOGY PHASE II	9/18/07		3,210							3,210	856	S/L	5		642

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 5

OPERATION HOPE, INC.

95-4378084

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
91	DELL (JB LAPTOP)	8/31/07		3,539							3,539	1,003	S/L	5		708
92	NX TECHNOLOGY HOME PAGE	10/31/07		3,780							3,780	945	S/L	5		756
95	COMPUTERS/SFTWRE-CORP	6/30/08		16,354							16,354	1,635	S/L	5		3,271
96	COMPUTERS/SFTWRE-HCA	6/30/08		30,035							30,035	3,004	S/L	5		6,007
97	COMPUTERS/SFTWRE-PWY	6/30/08		8,745							8,745	875	S/L	5		1,749
98	COMPUTERS/SFTWRE-BFN	6/30/08		816							816	82	S/L	5		163
99	COMPUTERS/SFTWRE-HGI	6/30/08		12,000							12,000	4,009	S/L	5		2,400
105	COMPUTERS/SFTWRE-CORP	1/01/09		4,703							4,703		S/L	5		941
106	COMPUTERS/SFTWRE-HCA	1/01/09		4,450							4,450		S/L	5		890
107	COMPUTERS/SFTWRE-NAT	1/06/09		4,550							4,550		S/L	5		910
108	COMPUTERS/SFTWRE-NAT	VARIOUS		15,238							15,238		S/L	3		2,540
TOTAL MACHINERY AND EQUIPME																
				1,758,528		0	0	0	0	0	1,758,528	945,479				385,600
TOTAL DEPRECIATION																
				3,215,054		0	0	0	0	0	3,215,054	1,400,206				553,059
GRAND TOTAL DEPRECIATION																
				3,215,054		0	0	0	0	0	3,215,054	1,400,206				553,059
DEPRECIATION ASSETS SOLD																
				5,697		0	0	0	0	0	5,697	2,057				3,640
DEPR REMAINING ASSETS																
				3,209,357		0	0	0	0	0	3,209,357	1,388,149				549,419

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).			
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	OPERATION HOPE, INC.		95-4378084
	Number, street, and room or suite number. If a P.O. box, see instructions		For IRS use only
	HUTCHINSON AND BLOODGOOD, LLP 101 N. BRAND BLVD STE 1600		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	GLENDALE, CA 91203		

Check type of return to be filed (File a separate application for each return)

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ROCHELLE ZAWODNY
Telephone No (213) 891-2905 FAX No _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 11/15, 2010
- 5 For calendar year 2009, or other tax year beginning , 20 , and ending , 20
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension DUE TO CIRCUMSTANCES BEYOND CONTROL OF THE TAXPAYER, THEY RESPECTFULLY REQUEST ADDITIONAL TIME IN WHICH TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Elysebeth Moore Title CPA Date 8/13/2010