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Check if Schedule O contains a response to any question in this Part III . . . . . ☐

HOPE FOR NEW YORK'S MISSION IS TO PROVIDE VOLUNTEER AND FINANCIAL RESOURCES TO ORGANIZATIONS SERVING THE POOR AND MARGINALIZED OF NEW YORK CITY

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

If "Yes," describe these changes on Schedule O



















<b>4a</b>	(Code	) (Expenses \$	1,836,450	including grants of \$	1,163,416 ) (Revenue \$	)
HOPE FOR NEW YORK ENCOURAGES INDIVIDUALS TO PROVIDE AID AND COMPASSION TO THE POOR AND NEEDY OF NEW YORK, AND EMPOWERS AND SUPPORTS EXISTING ORGANIZATIONS TO EFFECT POSITIVE AND PERMANENT CHANGE IN VARIOUS NEIGHBORHOODS AND COMMUNITIES OF THE CITY						

[illegible][illegible]

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 1,836,450</b>
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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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . . . .	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .	16	No
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? <i>If "Yes," complete Schedule G, Part I.</i> 	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . . 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . . 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

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> . . . . .	21	Yes	
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> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	25a		No
b	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> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
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> . . . . .	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
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> . . . . .	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V		Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V				<input type="checkbox"/>	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	4	1c	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	0	2b	
b. 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 (see instructions).					
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? .					
b. If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? .	4a			No
b. If "Yes," enter the name of the foreign country: _____ See instructions for 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? .	5a			No
b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .		5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .	6a			No
b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .		7a			No
b. If "Yes," did the organization notify the donor of the value of the goods or services provided? .		7b			
c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .		7c			No
d. If "Yes," indicate the number of Forms 8282 filed during the year.		7d			
e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e			No
f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .		7f			No
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .		7g			No
h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		7h			No
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? .				8	
9 Sponsoring organizations maintaining donor advised funds.					
a. Did the organization make any taxable distributions under section 4966? .		9a			
b. Did the organization make a distribution to a donor, donor advisor, or related person? .		9b			
10 Section 501(c)(7) organizations. Enter					
a. Initiation fees and capital contributions included on Part VIII, line 12.		10a			
b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b			
11 Section 501(c)(12) organizations. Enter					
a. Gross income from members or shareholders.		11a			
b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a	
b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a. Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		13a			
b. Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b			
c. Enter the aggregate amount of reserves on hand.		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year? .				14a	No
b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	JERRY B FILLHART 1359 BROADWAY SUITE 410 NEW YORK, NY 10018 (917) 206-1448

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) UN MI ELISE CHONG EXECUTIVE DI	45 00	X		X				131,095	0	17,111
(2) DAN BITAR CHAIRMAN	5 00	X		X				0	0	0
(3) JEFF EBERWEIN FROM JULY 1 2011 DIRECTOR	2 00	X						0	0	0
(4) KATHERINE J CHOU MD DIRECTOR	2 00	X						0	0	0
(5) KAREN DEALEY UNTIL JUNE 30 2012 DIRECTOR	2 00	X						0	0	0
(6) CAROL HERRING DIRECTOR	2 00	X						0	0	0
(7) IN SEON HWANG VICE CHAIRMA	5 00	X		X				0	0	0
(8) HEE-JUNG MOON ESQ DIRECTOR	2 00	X						0	0	0
(9) SCOTT STRICKMAN SECRETARY	5 00	X		X				0	0	0
(10) STEPHANIE CHANG DIRECTOR	2 00	X						0	0	0
(11) PAUL HORROCKS TREASURER	5 00	X		X				0	0	0
(12) MEREDITH MCGINN DIRECTOR	2 00	X						0	0	0
(13) DOUG MONTICCIOLO DIRECTOR	2 00	X						0	0	0
(14) ROCHELLE YU DIRECTOR	2 00	X						0	0	0
(15) NEAL WINTERHOF FROM JULY 1 2011 DIRECTOR	2 00	X						0	0	0



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	131,095		17,111

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

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	No
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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	5,098			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	1,332,031			
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	890,087			
	g	Noncash contributions included in lines 1a-1f \$ 12,563					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue	2a		Business Code				
	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) . . . . .		2,848		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
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 \$ 1,332,031 of contributions reported on line 1c) See Part IV, line 18 . . . . .		26,119			
b		Less direct expenses . . . . .	24,376				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
b		Less direct expenses . . . . .					
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances .					
b		Less cost of goods sold . . . . .					
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue			Business Code	2,744			2,744
11a	MISCELLANEOUS INCOME						
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .			2,234,551			7,335

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)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,163,416	1,163,416		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	154,221	115,666	23,133	15,422
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	359,038	282,037	74,221	2,780
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	72,346	66,476	5,603	267
10	Payroll taxes . . . . .	42,860	32,937	8,611	1,312
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	1,750	475	1,275	
c	Accounting . . . . .	13,150		13,150	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	17,249	14,596	1,592	1,061
12	Advertising and promotion . . . . .	13,929	684		13,245
13	Office expenses . . . . .	34,513	14,686	2,429	17,398
14	Information technology . . . . .	11,380	7,009		4,371
15	Royalties . . . . .				
16	Occupancy . . . . .	48,531	38,388	8,615	1,528
17	Travel . . . . .	2,474	2,464		10
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	4,901	4,901		
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	3,905	2,693	590	622
23	Insurance . . . . .	8,184	6,547	1,637	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	AFFILIATE DEVELOPMENT	45,974	45,974		
b	VOLUNTEER EXPENSES	25,543	25,543		
c	BANK CHARGES	18,605	172	475	17,958
d	HOSPITALITY AND MEALS	7,949	7,949		
e					
f	All other expenses	3,837	3,837		
25	Total functional expenses. Add lines 1 through 24f	2,053,755	1,836,450	141,331	75,974
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	2,355,544
	2	Savings and temporary cash investments . . . . .			2,884,259	2	745,542
	3	Pledges and grants receivable, net . . . . .				3	27,348
	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	
	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 . . . . .			8,159	9	17,398
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	34,082			
	b	Less: accumulated depreciation . . . . .	10b	30,242	7,745	10c	3,840
	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 . . . . .				15	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			2,900,163	16	3,149,672	
Liabilities	17	Accounts payable and accrued expenses . . . . .			16,132	17	32,145
	18	Grants payable . . . . .			13,300	18	66,000
	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 . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			29,432	26	98,145
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 . . . . .			2,859,996	27	3,043,417
	28	Temporarily restricted net assets . . . . .			10,735	28	8,110
	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 or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			2,870,731	33	3,051,527
34	Total liabilities and net assets/fund balances . . . . .			2,900,163	34	3,149,672	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,234,551
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,053,755
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	180,796
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,870,731
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	3,051,527

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 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	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?		No
<b>b</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		

SCHEDULE A  
(Form 990 or 990EZ)

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

2011

Open to Public  
Inspection

Name of the organization HOPE FOR NEW YORK	Employer identification number 13-3713484
---	--

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 **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

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 Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 it 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 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?

h

☐

Provide the following information about the supported organization(s)

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

(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 IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,629,448	1,699,255	2,313,949	2,376,605	2,227,216	10,246,473
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,629,448	1,699,255	2,313,949	2,376,605	2,227,216	10,246,473
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)						1,725,772
6 Public Support. Subtract line 5 from line 4						8,520,701

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,629,448	1,699,255	2,313,949	2,376,605	2,227,216	10,246,473
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,155	22,406	9,746	7,637	2,848	79,792
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	3,886	3,152	2,532	1,791	2,744	14,105
11 Total support (Add lines 7 through 10)						10,340,370

12 Gross receipts from related activities, etc (See instructions )

12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	82 400 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	86 600 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the 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

17a 10%-facts-and-circumstances test—2011. 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

b 10%-facts-and-circumstances test—2010. 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

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

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 lines 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 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public  
Inspection

**Name of the organization**  
HOPE FOR NEW YORK

**Employer identification number**  
  
13-3713484

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? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 easements 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 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 the 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

	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 the 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	Investment earnings or 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 . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		24,817	20,977	3,840
e Other . . . . .		9,265	9,265	
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				3,840



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)	12,234,551
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,053,755
3	Excess or (deficit) for the year Subtract line 2 from line 1	180,796
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 - 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	180,796

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	12,234,551
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	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	32,234,551
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	52,234,551

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	12,053,755
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	32,053,755
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	52,053,755

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, 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.

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	HFNYS CURRENT ACCOUNTING POLICY IS TO DISCLOSE LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR IS IT AWARE OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX.

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
HOPE FOR NEW YORK

Employer identification number  
13-3713484

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			FALL BENEFIT	SPRING BENEFIT	1	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . . .	1,187,655	114,254	56,241	1,358,150	
	2	Less Charitable contributions . . . . .	1,171,167	105,757	55,107	1,332,031	
3	Gross income (line 1 minus line 2) . . . . .	16,488	8,497	1,134	26,119		
Direct Expenses	4	Cash prizes . . . . .					
	5	Non-cash prizes . . . . .					
	6	Rent/facility costs . . . . .	1,200	3,000		4,200	
	7	Food and beverages . . . . .	13,701	3,709		17,410	
	8	Entertainment . . . . .	800	540		1,340	
	9	Other direct expenses . . . . .	292		1,134	1,426	
	10	Direct expense summary Add lines 4 through 9 in column (d). . . . . ►					( 24,376 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ►					1,743

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
HOPE FOR NEW YORK

Employer identification number  
13-3713484

Part I

General Information on Grants and Assistance

- 1

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

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

30

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III

Grants and Other Assistance to Individuals in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information.

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	HFNY'S GOAL IS TO ASSIST AND HELP EACH OF THE GRANTEES MEET AND EXCEED THEIR OBJECTIVES AND GOALS IN ORDER TO ACCOMPLISH THIS, HFNY EXPECTS ALL GRANTEES TO COMPLETE AND MEET GRANT GUIDELINE TIMELINES AND REQUIREMENTS GRANTEES ARE REQUIRED TO SUBMIT AN INTERIM AND FINAL GRANT REPORT TO HFNY EVALUATING THE USE AND EFFECTIVENESS OF THE FUNDS BASED UPON THE CRITERIA PROVIDED IN THE ORIGINAL PROPOSAL IN ADDITION, THE HFNY AFFILIATE MANAGERS AND VOLUNTEER COORDINATORS FOLLOW-UP WITH GRANTEES ON AN AVERAGE OF 3 TO 4 TIMES PER MONTH, AND HFNY STAFF CONDUCT ON-SITE VISITS ON AN AVERAGE OF ONCE PER QUARTER, WITH EACH GRANTEE
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	ALL ANGELS' CHURCH, INC FUNDS TO SUSTAIN AND ENHANCE THREE KEY PROGRAMS (SUNDAY EVENING PROGRAMS, PATHWAYS, AND OUR PLACE A WELLNESS CAF), WHICH SUPPORT INDIVIDUALS STRUGGLING WITH HOMELESSNESS, ADDICTION, AND MENTAL HEALTH CHALLENGES BOWERY MISSION - THIS GRANT ASSISTS THE BOWERY MISSIONS COMPASSIONATE CARE ACTIVITIES AND MEN IN RECOVERY BY PROVIDING FOR FOOD, KITCHEN AND CAREER CENTER SUPPLIES, AND EXPENSES FOR AN OUTREACH PROGRAM SERVING THE HOMELESS IN OTHER AREAS OF NEW YORK CITY IT ALSO HELPS IMPLEMENT "EFFORTS TO OUTCOMES", AN INDUSTRY LEADING OUTCOMES MANAGEMENT PROGRAM BOWERY MISSION MEDICAL SERVICES - THIS GRANT COVERS ALL SUPPLY COSTS FOR BOWERY MEDICAL SERVICES, A VOLUNTEER-INITIATED AND DRIVEN MEDICAL PROGRAM PROVIDING CHRIST-CENTERED, BARRIER-FREE MEDICAL AND OPTOMETRIC CARE TO MORE THAN 500 HOMELESS PATIENTS ANNUALLY BOWERY MISSION TRANSITIONAL CENTER - FUNDS THE COMMENSURATE PORTION OF THE MONTHLY LICENSE FEE FOR EFFORTS TO OUTCOMES (ETO) PERFORMANCE MANAGEMENT SOFTWARE AT THE TRANSITIONAL CENTER ETO WILL HELP THE CENTER MEASURE PROGRESS TOWARDS ACHIEVING ITS DEFINED OUTCOMES, STRENGTHEN AND BETTER MONITOR THE QUALITY OF THE RELATIONSHIP BETWEEN COUNSELOR AND RESIDENT, AND LEARN FROM ITS PROGRAM ACTIVITY, TRANSLATING INFORMATION INTO KNOWLEDGE TO INFORM PROGRAM COURSE CORRECTIONS AND BETTER SERVE HOMELESS MEN BOWERY MISSION WOMEN'S CENTER FUNDS TO ASSIST FORMERLY HOMELESS WOMEN LIVING AT THE BOWERY MISSION WOMENS CENTER TO REBUILD THEIR LIVES BY FUNDING FOOD, KITCHEN SUPPLIES AND PROGRAM EXPENSES AT THE CURRENT AND NEW RESIDENTIAL LOCATIONS IT WILL ALSO HELP IMPLEMENT EFFORTS TO OUTCOMES, AN INDUSTRY LEADING OUTCOMES MANAGEMENT PROGRAM BROOKLYN ARAB-AMERICAN FRIENDSHIP CENTER FUNDS TO HELP WITH PROGRAM EXPENSES ASSOCIATED WITH ENGLISH AS A SECOND LANGUAGE AND COMPUTER SKILL CLASSES BROOKLYN JUBILEE - FUNDING FOR PROGRAM ACTIVITIES, INCLUDING FREE LEGAL SERVICES OFFERED AT MULTIPLE LOCATIONS AROUND BROOKLYN, AS WELL AS WORKSHOPS TO PROMOTE HEALTHY COOKING AND EATING CHINESE CHRISTIAN HERALD CRUSADES - THE PURPOSE OF THIS GRANT IS TO PROVIDE FUNDS FOR 6 PROGRAMS SERVING CHINESE IMMIGRANT YOUTH INCLUDING TUTORING, MENTORING AND SPORTS PROGRAMS BOWERY MISSION RESCUE ALLIANCE "DON'T WALK BY" - THIS GRANT SUPPORTS SEVERAL HFNY AFFILIATES AND CHURCHES IN CARRYING OUT THE 5TH ANNUAL DONT WALK BY CAMPAIGN, A VOLUNTEER-INTENSIVE, FAITH-BASED, MANHATTAN-WIDE HOMELESS OUTREACH AND INTAKE THAT SEEKS TO BRING HURTING MEN AND WOMEN OFF THE STREETS WITH THE GOAL OF RESTORING THEM TO LASTING HEALING THROUGH JESUS CHRIST EVANGELICAL CHURCH HIS TOY STORE SITE PROVIDED OVER 800 TOYS TO SERVE LOW-INCOME CHILDREN IN THE BRONX DURING CHRISTMAS FATHER'S HEART MINISTRIES FUNDING FOR FOOD COSTS AND PROGRAM SUPPLIES FOR HUNGER PREVENTION PROGRAMS INCLUDING A SOUP KITCHEN AND FOOD PANTRY, AS WELL AS A NEW AIR CONDITIONER FOR THE DINING SPACE FORT GEORGE PRESBYTERIAN CHURCH - HIS TOY STORE SITE PROVIDED OVER 600 TOYS TO SERVE LOW-INCOME CHILDREN IN WASHINGTON HEIGHTS DURING CHRISTMAS GIFTED HANDS FUNDING TO EXPAND GIFTED HANDS P E T (PREPARE, EMPOWERING, TRAINING) VOCATIONAL TRAINING PROGRAM IN JEWELRY MAKING FROM ONE LOCATION SERVING MOTHERS WITH SMALL CHILDREN TO RESIDENTS OF AN HIV/AIDS HOSPICE IN LOWER MANHATTAN HABITAT FOR HUMANITY NYC GRANT SUPPORTS HABITAT-NYCS WORK AS THEY BUILD AFFORDABLE GREEN HOMES FOR OWNERSHIP BY FAMILIES IN NEED, WHILE ALSO BUILDING COMMUNITY AND REVITALIZING NEIGHBORHOODS IN THE FIVE BOROUGHS HERE'S LIFE INNER CITY GRANT PROVIDES FOR THE DISTRIBUTION OF COMPASSIONATE PRODUCTS (HUMANITARIAN AID) TO INNER CITY CHURCHES SERVING THOSE IN NEED, AS WELL AS TO EQUIP AND TRAIN LEADERS IN THESE CHURCHES TO MOVE PEOPLE IN NEED BEYOND THEIR CURRENT CRISIS TOWARD PERSONAL RESTORATION, INCLUDING CAREER DEVELOPMENT AND RECOVERY PROGRAMMING BOWERY MISSION KIDS WITH A PROMISE - GRANT SUPPORTS THE KIDS WITH A PROMISE LEADERSHIP ACADEMY, A GROUP MENTORING PROGRAM FOR AT-RISK TEENAGERS THIS GRANT WILL FULLY FUND ALL EXPENSES DIRECTLY TIED TO SUPPORTING AND STRENGTHENING THE MENTOR-MENTEE RELATIONSHIP, INCLUDING BACKGROUND CHECKS, SPACE FOR MEETINGS, PROGRAM SUPPLIES, FIELD TRIPS AND RETREATS, FOOD AND THE MONTHLY LICENSE FEE FOR A NEW PERFORMANCE MANAGEMENT SOFTWARE CALLED EFFORTS-TO-OUTCOMES (ETO) LIVING WATERS FELLOWSHIP, INC GRANT TO ASSIST WITH THE FINANCIAL COSTS OF 6 OF THEIR COMMUNITY OUTREACHES INCLUDING BREAKFASTS, SPORTS, ENGLISH AS A SECOND LANGUAGE PROGRAMS, VOLUNTEER APPRECIATION, AS WELL AS AFTER SCHOOL SNACKS AND FOOD, IN ADDITION TO PHYSICAL IMPROVEMENTS TO LOBBY, KITCHEN, AND DINING ROOM EQUIPMENT MIDTOWN PREGNANCY SUPPORT CENTER GRANT HELPS TO SUPPORT THE TRAINING OF THE MIDTOWN PREGNANCY SUPPORT CENTER VOLUNTEER POOL, BOARD AND STAFF AND TO HELP IN THE FUNDING OF SERVICE EXPANSION PROVIDING HOLISTIC SERVICE TO WOMEN AND COUPLES COPE WITH UNEXPECTED PREGNANCIES MORRIS ACADEMY MENTORS FUNDS SUPPORT MENTEE PARTICIPANTS DEVELOP THE SKILLS THEY NEED TO MAKE GOOD LIFE CHOICES, SUCCEED BOTH PERSONALLY AND PROFESSIONALLY BY PROVIDING PRACTICAL GUIDANCE THEY STRIVE TO DEVELOP STRONG, LONG TERM RELATIONSHIPS AND BONDS OF TRUST IN THE MENTEE/MENTOR RELATIONSHIP NEW SONG COMMUNITY CORPORATION FUNDS HELPS TO SUPPORT AND ENHANCE NEW SONG'S HEALTH AND WELLNESS PROGRAMS THROUGH THE HARLEM CENTER FOR HEALTHY LIVING, PROVIDING EXERCISE CLASSES AND WORKSHOPS, AS WELL AS TO SUSTAIN AND EXPAND AFTERSCHOOL PROGRAMMING FOR YOUTH AT THE NEW SONG LEARNING PARTNERSHIP NEW YORK CITY RELIEF, INC - GRANT PROVIDES DIRECT PROGRAM OPERATIONAL SUPPORT FOR EIGHT WEEKLY RELIEF BUS OUTREACH LOCATIONS IN NEW YORK CITY AS WELL AS SUPPORT FOR A NEW OUTREACH LOCATION TO BEGIN IN 2012-2013 NEW YORK CITY RESCUE MISSION, INC GRANT HELPS FUND THE ORGANIZATIONS FOOD SERVICES PROGRAM IN ORDER TO SUSTAIN A PROGRAM OF PROVIDING A DAILY AVERAGE OF MORE THAN 500 TOTAL EQUIVALENT MEALS OR MORE THAN 180,000 MEALS OPEN HANDS LEGAL SERVICES GRANT FUNDS PROGRAM COSTS RELATED TO PROVIDING FREE LEGAL SERVICES AND TO EXPAND LEGAL SERVICES TO ADDITIONAL ORGANIZATIONS SERVING THE POOR AND ELDERLY OPERATION EXODUS INNER CITY GRANT PROVIDES CONTINUED SUPPORT FOR THE SATURDAY MENTORING PROGRAMS, PARTICULARLY AT THE INWOOD SITE, AS WELL AS NEW FUNDING FOR ACTIVITIES IN PARTNERSHIP WITH YOUNG LIFE RESTORE NYC - GRANT HELPS COVER THE PROGRAM COSTS OF A RESIDENTIAL SAFE HOUSE PROGRAM TO HOUSE AND PROVIDE HOLISTIC SERVICES FOR VICTIMS OF INTERNATIONAL SEX TRAFFICKING RONALD MCDONALD HOUSE NEW YORK FUNDS HELP TO PROVIDE MEALS AT TEMPORARY HOUSING FOR PEDIATRIC CANCER PATIENTS AND THEIR FAMILIES IN A STRONG, SUPPORTIVE AND CARING ENVIRONMENT WHICH ENCOURAGES AND NURTURES THE DEVELOPMENT OF CHILD-TO-CHILD AND PARENT-TO-PARENT SUPPORT SYSTEMS RUSSIAN COMMUNITY LIFE CENTER GRANT FUNDS PROGRAMMING SUCH AS ENGLISH AS A SECOND LANGUAGE, BIBLE STUDIES, AFTERSCHOOL YOUTH PROGRAMS, AND COMMUNITY BUILDING FOR RUSSIAN IMMIGRANT YOUTH AND FAMILIES THE FUNDING PROVIDES FOR THE EXPANSION OF THE RANGE OF IMMIGRANTS SERVED, PROVIDING A GREATER VARIETY OF PROGRAMMING ST PAULS HOUSE GRANT HELPS TO PROVIDE HEALTHY FOOD FOR THE NEEDY IN THE SOUP KITCHEN PROGRAM AND BIBLICAL MATERIALS FOR THEIR YOUTH GROUP TEEN CHALLENGE INC FUNDS TO CONTINUE AND ENHANCE THE ORGANIZATIONS HEALTH & WELLNESS PROGRAM OF PROVIDING HEALTHY FOOD OPTIONS, INCLUDING FRUITS, VEGETABLES, AND HEALTHY MEATS, AS WELL AS DAILY VITAMINS TO THEIR RESIDENT STUDENTS WHILE ENCOURAGING THEM IN REGULAR EXERCISE YOUNG LIFE NYC GRANT HELPS TO PROVIDE HOLISTIC OUTREACH TO YOUNG PEOPLE WITHIN THE (5) BOROUGHS BY PARTNERING WITH OTHER HFNY AFFILIATES WHO HAVE LIMITED PROVISION TO MIDDLE SCHOOL OR HIGH SCHOOL PROGRAMS

Software ID:  
Software Version:  
EIN: 13-3713484  
Name: HOPE FOR NEW YORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL ANGELS' CHURCH INC251 WEST 80TH STREET NEW YORK, NY 10024	13-1656621	3	48,000				REFER TO PART IV
BOWERY MISSION 132 MADISON AVE NEW YORK, NY 10016	13-1617086	3	73,356				REFER TO PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWERY MISSION MEDICAL SERVICES 132 MADISON AVE NEW YORK, NY 10016	13-1617086	3	14,000				REFER TO PART IV
BOWERY MISSION TRANSITIONAL CENTER 132 MADISON AVE NEW YORK, NY 10016	13-1617086	3	7,128	1,582	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWERY MISSION WOMEN'S CENTER 132 MADISON AVE NEW YORK, NY 10016	13-1617086	3	49,160	12,948	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV
BROOKLYN ARAB-AMERICAN FRNDSHP CTR 7722 FIFTH AVE 2ND FLOOR BROOKLYN, NY 11209	41-2126507	3	10,000	342	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN JUBILEE320 7TH AVENUE PMB261 BROOKLYN,NY 11215	14-1965964	3	8,450				REFER TO PART IV
CHINESE CHRISTIAN HERALD CRUSADES48 ALLEN STREET NEW YORK,NY 10002	13-3156738	3	68,500	472	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWERY MISSION RESCUE ALLIANCE DON'T WALK BY132 MADISON AVE NEW YORK,NY 10016	13- 1617086	3	30,000				REFER TO PART IV
EVANGELICAL CHURCH692 UNION AVENUE BRONX,NY 10455		3		7,230	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FATHER'S HEART MINISTRIES545 EAST 11TH STREET NEW YORK, NY 10009	22-3495873	3	100,000	3,231	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV
FORT GEORGE PRESBYTERIAN CHURCH1525 SAINT NICHOLAS AVENUE NEW YORK, NY 10033		3		7,184	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIFTED HANDS 3635 JOHNSON AVE 2M RIVERDALE, NY 10463	20-0532170	3	19,500	69	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV
HABITAT FOR HUMANITY NYC 111 JOHN STREET 23RD FLOOR NEW YORK, NY 10038	11-2857055	3	25,000				REFER TO PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERE'S LIFE INNER CITY37-10 SKILLMAN AVE LONG ISLAND CITY, NY 11101	95- 6006173	3	64,376				REFER TO PART IV
BOWERY MISSION KIDS WITH A PROMISE132 MADISON AVENUE NEW YORK, NY 10016	13- 1617086	3	33,196	6,480	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV

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LIVING WATERS FELLOWSHIP INC 265 STANHOPE STREET BROOKLYN,NY 11237	11-1241830	3	66,200	3,280	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV
MIDTOWN PREGNANCY SUPPORT CENTER 104 E 40TH ST SUITE 706 NEW YORK,NY 10016	13-3771206	3	34,250	1,145	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV

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MORRIS ACADEMY MENTORS1100 BOSTON ROAD BRONX, NY 10456		3		6,416	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV
NEW SONG COMMUNITY CORPORATIONPO BOX 1711 NEW YORK, NY 10026	13-4128937	3	12,500	4,340	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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NEW YORK CITY RELIEF INCPO BOX 64 TIMES SQUARE STATION NEW YORK, NY 10108	11-2974154	3	100,000				REFER TO PART IV
NEW YORK CITY RESCUE MISSION INC90 LAFAYETTE STREET NEW YORK, NY 10013	13-5596794	3	30,000	1,621	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OPEN HANDS LEGAL SERVICES 244 FIFTH AVE 2129 NEW YORK, NY 10001	13- 4189193	3	10,000	116	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV
OPERATION EXODUS INNER CITY INC21 WADSWORTH AVENUE NEW YORK, NY 10033	13- 3600728	3	75,124	11,103	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RESTORE NYC BOWLING GREEN STATION PO BOX 1003 NEW YORK, NY 10274	20- 2390142	3	12,000	924	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV
RONALD MCDONALD HOUSE405 EAST 73RD STREET NEW YORK, NY 10021	13- 2933654	3		12,188	CUR VALUE	REIMB VOLUN EXP	REFER TO PART IV

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RUSSIAN COMMUNITY LIFE CENTERPO BOX 140-490 BROOKLYN, NY 11214	11-3441077	3	10,000				REFER TO PART IV
ST PAUL'S HOUSE 335 WEST 51ST STREET NEW YORK, NY 10019	13-1839688	3	38,716	4,326	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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TEEN CHALLENGE INC444 CLINTON AVE BROOKLYN, NY 11238	11-2510315	3	30,000	383	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV
YOUNG LIFE NYC COMMUNITY ROOM 350 W 51ST STREET NEW YORK, NY 10019	84-0385934	3	80,000	323	CURR VALUE	REIMB VOLUN EXP	REFER TO PART IV

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization HOPE FOR NEW YORK	Employer identification number 13-3713484
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Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990	FORM 990, PART I, LINE 5 AND PART V, LINE 2A, HFNY DOES NOT FILE ANY YEAR-END EMPLOYEE TAX FILINGS BECAUSE IT OUTSOURCES ITS HUMAN RESOURCES, PAYROLL AND EMPLOYEE BENEFITS ADMINISTRATION TO AN OUTSIDE PROFESSIONAL EMPLOYER ORGANIZATION ACCORDINGLY, ALL EMPLOYMENT DOCUMENTATION, INCLUDING REQUIRED PAYROLL RECORDS, DEDUCTIONS FORMS, HIRING DOCUMENTATION, AND YEAR END TAX FILINGS ARE PREPARED AND MAINTAINED BY THE OUTSIDE PROFESSIONAL EMPLOYER ORGANIZATION AND NOT BY HFNY
DOCUMENTATION BY COMMITTEE	FORM 990, PAGE 6, PART VI, LINE 8B	THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	OUR ACCOUNTANT AND AUDITORS PREPARE THE FORM 990 ANNUALLY PRIOR TO ITS FILING, THE FORM 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE AND PRESENTED TO THE ENTIRE BOARD FOR REVIEW BEFORE IT IS FILED WITH THE IRS
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	WE HAVE A WRITTEN CONFLICT OF INTEREST POLICY THAT PROVIDES THAT A PERSON IN A POSITION OF AUTHORITY OVER AN ORGANIZATION, SUCH AS AN OFFICER, DIRECTOR, OR MANAGER, MAY NOT BENEFIT FINANCIALLY FROM A DECISION HE OR SHE COULD MAKE IN SUCH CAPACITY, INCLUDING INDIRECT BENEFITS TO FAMILY MEMBERS OR BUSINESSES WITH WHICH THE PERSON IS CLOSELY ASSOCIATED ANNUALLY, OUR BOARD OF DIRECTORS REVIEWS AND DISCLOSES ANY POTENTIAL CONFLICTS AND SIGNS THE POLICY THE EXECUTIVE DIRECTOR AND EXECUTIVE COMMITTEE REVIEW THE DISCLOSURES FOR POTENTIAL CONFLICTS
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION REVIEW OF THE CHIEF EXECUTIVE AND OTHER KEY EMPLOYEES REQUIRES A REVIEW OF COMPENSATION DETERMINATIONS BY DISINTERESTED PERSONS, THE USE OF SALARY SURVEYS TO BENCHMARK COMPENSATION FOR SIMILAR PERSONS IN FUNCTIONALLY COMPARABLE ORGANIZATIONS, AND A CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION REVIEW OF THE CHIEF EXECUTIVE AND OTHER KEY EMPLOYEES REQUIRES A REVIEW OF COMPENSATION DETERMINATIONS BY DISINTERESTED PERSONS, THE USE OF SALARY SURVEYS TO BENCHMARK COMPENSATION FOR SIMILAR PERSONS IN FUNCTIONALLY COMPARABLE ORGANIZATIONS, AND A CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	OUR FORM 1023 AND FORM 990 ARE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO POSTED ON WWW.GUIDESTAR.ORG ADDITIONALLY, OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST