

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning , **and ending** ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
FOUNDATION OF H.O.P.E., INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
204 37th Street 201
 City or town, state or province, country, and ZIP or foreign postal code
Pittsburgh PA 15201-1859

D Employer identification number
20-5218569

E Telephone number
412-688-9070

G Gross receipts \$ **279,053**

F Name and address of principal officer:
Susan Orr
204 37th Street
Pittsburgh PA 15201-1859

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.foundationofhope.org**

K Form of organization: Corporation Trust Association Other

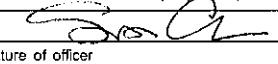
L Year of formation: **2005** **M** State of legal domicile: **PA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Comprehensive pre and post release after care for offenders within the Allegheny County Jail and outside community.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	228,364	279,053
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,364	279,053
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	120,747	128,720
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,526		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,838	46,286
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	184,585	175,006
19	Revenue less expenses. Subtract line 18 from line 12	43,779	104,047	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	82,793	182,865
	21	Total liabilities (Part X, line 26)	4,860	885
	22	Net assets or fund balances. Subtract line 21 from line 20	77,933	181,980

Part II Signature Block

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.

Sign Here Signature of officer:  Date: **11-18-15**

Type or print name and title: **Susan Orr EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **Robert H. Coon, CPA** Preparer's signature: **Robert H. Coon, CPA** Date: **10/06/15** Check if PTIN self-employed **P00449484**

Firm's name ▶ **Bielau, Tierney, Coon & Co., P.C.** Firm's EIN ▶ **25-1520242**

Firm's address ▶ **2740 Smallman St., Suite 202 Pittsburgh, PA 15222** Phone no. **412-261-0330**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No