

Return of Organization Exempt From Income Tax

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

2015

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.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOUNDATION OF HOPE INC		D Employer identification number 20-5218569
	Doing business as		E Telephone number 412-688-9070
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 759,761.
	950 SECOND AVENUE		
	City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15219		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: SUSAN ORR SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ WWW.FOUNDATIONOFHOPE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2005 M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION OF H.O.P.E., INC. (H.O.P.E.) IS A FAITH-BASED NONPROFIT ORGANIZATION PROVIDING		
	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)	3 16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 10
	6	Total number of volunteers (estimate if necessary)	6 15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 279,053. Current Year: 759,761.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	279,053. 759,761.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	128,720. 516,920.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 39,321.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	46,286. 115,924.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	175,006. 632,844.
19	Revenue less expenses. Subtract line 18 from line 12	104,047. 126,917.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 182,865. End of Year: 329,886.
	21	Total liabilities (Part X, line 26)	884. 20,988.
	22	Net assets or fund balances. Subtract line 21 from line 20	181,981. 308,898.

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			
	SUSAN ORR, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PETER C. FERRARO, CPA	Preparer's signature PETER C. FERRARO, CP	Date	Check if self-employed <input type="checkbox"/>	PTIN P00482884
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's address ▶ 210 SIXTH AVENUE, SUITE 200 PITTSBURGH, PA 15222	Firm's EIN ▶ 41-0746749	Phone no. 412-485-6700	

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

