	0	on	Return of Orgar				OMB No. 1545-0047
Form 990			nder section 501(c), 527, or 494				
Depa	rtment	of the Treasury	Do not enter social s	Open to Public			
		enue Service		/Form990 for instructions a			Inspection
			year, or tax year beginning J	UL I, 2018 an	ل d ending	UN 30, 2019	
a	heck if pplicab	ole:	rganization			D Employer identific	ation number
X	Addre		ATION HOPE				
	Name chang		iness as			27-35	54088
	Initial return Final return	Number ar	nd street (or P.O. box if mail is not de ICHIGAN AVENUE , N		Room/suite 430	E Telephone number	-734-5838
	termir ated		vn, state or province, country, and			G Gross receipts \$	1,774,599.
	Amen	nded WACUT	NGTON, DC 20017			H(a) Is this a group ret	urn
	Applied tion	^{ca-} F Name and	address of principal officer: \mathtt{NIC}	OLE LYNN LEWIS			Yes X No
	pendi		S C ABOVE			H(b) Are all subordinates inc	
		empt status: X		 (insert no.) 4947(a)(1 	l) or 📃 527	lf "No," attach a l	st. (see instructions)
			UPPORTGENERATIONH	OPE.ORG		H(c) Group exemption	
		f organization: 🛛 🗙	Corporation Trust As	ssociation Other ►	L Year	of formation: 2010 M	State of legal domicile: DC
Pa	rt I	Summary					
e	1	Briefly describe	the organization's mission or most	significant activities: SEE	PART I	II, LINE 1.	
Governance							
ern	2	Check this box	if the organization disco	ntinued its operations or disp	osed of more		
Š	3		g members of the governing body				22
80	4		pendent voting members of the go				22
ies	5		individuals employed in calendar				11
ivit	6		volunteers (estimate if necessary)		153		
Activities &			ousiness revenue from Part VIII, co				0.
`	b	Net unrelated bu	usiness taxable income from Form	990-T, line 38		7b	0.
						Prior Year	Current Year
ne	8		nd grants (Part VIII, line 1h)			1,256,980.	1,744,263.
'en	9	-				0.	0.
Revenue	10		me (Part VIII, column (A), lines 3, 4			28.	-116.
_	11		Part VIII, column (A), lines 5, 6d, 8d			-87,993.	-108,149.
	12		add lines 8 through 11 (must equa			1,169,015.	1,635,998.
	13		ar amounts paid (Part IX, column (160,327.	158,849.
	14	-	or for members (Part IX, column (A			0.	0.
es	15	Salaries, other c	ompensation, employee benefits (Part IX, column (A), lines 5-10))	467,257.	640,936.
ens	16a	Professional fun	draising fees (Part IX, column (A),	line 11e)		0.	0.
Expens	b	Total fundraising	ompensation, employee benefits (draising fees (Part IX, column (A), g expenses (Part IX, column (D), lin	e 25) 🕨 149,	787.		
ш	17	Other expenses	(Part IX, column (A), lines 11a-11d	, 11f-24e)		251,811.	441,932.
	18		Add lines 13-17 (must equal Part			879,395.	1,241,717.
	19	Revenue less ex	penses. Subtract line 18 from line	12		289,620.	394,281.
Net Assets of Fund Balances					Be	ginning of Current Year	End of Year
sser 3ala		Total accote (Da					1,194,568.
et A	20					787,388.	
	20 21	Total liabilities (F	Part X, line 26)			45,400.	58,299.
		Total liabilities (F Net assets or fu	Part X, line 26) nd balances. Subtract line 21 from				
Pa	irt II	Total liabilities (F Net assets or fun Signature I	Part X, line 26) nd balances. Subtract line 21 from Block	ı line 20		45,400. 741,988.	58,299. 1,136,269.
Pa Jnde	er pen	Total liabilities (F Net assets or fun Signature I alties of perjury, I d	Part X, line 26) nd balances. Subtract line 21 from Block eclare that I have examined this return,	i line 20	iles and statem	45 , 400 . 741 , 988 . ents, and to the best of my	58,299. 1,136,269.
Pa Jnde	er pen	Total liabilities (F Net assets or fun Signature I alties of perjury, I d	Part X, line 26) nd balances. Subtract line 21 from Block	i line 20	iles and statem	45 , 400 . 741 , 988 . ents, and to the best of my	58,299. 1,136,269.
Pa Unde rue,	er pena corre	Total liabilities (F Net assets or fur Signature I alties of perjury, I d ct, and complete.	Part X, line 26) and balances. Subtract line 21 from Block eclare that I have examined this return eclaration of preparer (other than office Ward	i line 20	iles and statem	45,400. 741,988. ents, and to the best of my has any knowledge. 5/13/2020	58,299. 1,136,269.
Pa Unde rue,	er pena corre	Total liabilities (F Net assets or fur Signature I alties of perjury, I d ct, and complete. D Signature of	Part X, line 26) Ind balances. Subtract line 21 from Block eclare that I have examined this return eclaration of preparer (other than office Tofficer	n line 20 including accompanying schedu er) is based on all information of	iles and statem	45,400. 741,988. ents, and to the best of my has any knowledge.	58,299. 1,136,269.
Pa Unde rue, Sigr	er pena corre	Total liabilities (F Net assets or fur Signature I alties of perjury, I d ct, and complete. D Signature o NICOL	Part X, line 26) Ind balances. Subtract line 21 from Block eclare that I have examined this return eclaration of preparer (other than office fofficer E LYNN LEWIS, PRE	n line 20 including accompanying schedu er) is based on all information of	iles and statem	45,400. 741,988. ents, and to the best of my has any knowledge. 5/13/2020	58,299. 1,136,269.
Pa Jnde	er pena corre	Total liabilities (F Net assets or fur Signature I alties of perjury, I d ct, and complete. D Signature o NICOL Type or prin	Part X, line 26) and balances. Subtract line 21 from Block eclare that I have examined this return, eclaration of preparer (other than office fofficer E LYNN LEWIS, PRE at name and title	in line 20 including accompanying schedu er) is based on all information of SIDENT	iles and statem which preparer	45,400. 741,988. ents, and to the best of my has any knowledge. 5/13/2020 Date	58,299. 1,136,269. knowledge and belief, it is
Pa Unde rue, Sigr	er pena correa n e	Total liabilities (F Net assets or fur Signature I alties of perjury, I d ct, and complete. D Signature o NICOL	Part X, line 26) and balances. Subtract line 21 from Block eclare that I have examined this return, eclaration of preparer (other than office forfficer E LYNN LEWIS, PRE at name and title rer's name	n line 20 including accompanying schedu er) is based on all information of	iles and statem which preparer	45,400. 741,988. ents, and to the best of my has any knowledge. 5/13/2020	58,299. 1,136,269.

832001 12-3	1-18 LHA FC	or Paperwork Redu	ction Act Notice, s	ee the se	parate instruction	ns.		Form 9	90 (2018)
May the IF	RS discuss this	return with the prep	arer shown above?	(see instru	uctions)			X Yes	No No
		OLNEY, MI	20832-14	11			Phone no. (30	1)929-9	700
Use Only	Firm's address	3311 OLNI	EY SANDY S	PRING	RD				
Preparer	Firm's name	ADEPTUS H	PARTNERS L	LC			Firm's EIN 🕨	20-1835	208
Paid	NEIL E.	BERGER	NE	TT E.	BERGER	02/12/	/ ZU self-employed	FOOTOS	443

Form	1990 (2018) GENERATION HOPE	27-3554088 F	->age 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:	MURTE OUTLEDEN	
	GENERATION HOPE SURROUNDS MOTIVATED TEEN PARENTS AND WITH THE MENTORS, EMOTIONAL SUPPORT, AND FINANCIAL R		FV
	NEED TO THRIVE IN COLLEGE AND KINDERGARTEN, THEREBY		<u> </u>
	TWO-GENERATION SOLUTION TO POVERTY.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	prior Form 990 or 990-EZ?	Yes 2	X No
	If "Yes," describe these new services on Schedule O.		17
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?Yes	∆_ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service	cos as mossured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		d
	revenue, if any, for each program service reported.		-
4a	(Code:) (Expenses \$ 834,027. including grants of \$ 158,849.))
	SCHOLAR PROGRAM: RECRUITED/FUNDED NEW SCHOLARS FOR T	-	
	ACADEMIC YEAR RAISING TOTAL NUMBER OF GENERATION HOP		-
	MD AND VA AND PROVIDING THEM WITH MENTORING, RESOURC	-	
	THROUGHOUT THE YEAR. CONDUCTED WORKSHOPS AND INFORMA COLLEGE PREPAREDNESS TO PREGNANT/EXPECTING HIGH SCHO		
	COLLEGE PREPAREDNESS IO PREGNANI/EXPECTING HIGH SCHO	OT PIODENIS.	
	HOPE CONFERENCE: CONDUCTED 8TH SUCCESSFUL HOPE CONFE	RENCE FOR SCHOLA	RS.
	THIS INCLUDED A FULL-DAY CONFERENCE WITH A PANEL DIS		
	SEMINARS CONDUCTED BY LOCAL EXPERTS IN THE AREAS OF		
	CAREER PREP, GOALS, HEALTHY RELATIONSHIPS, COLLEGE L		
4b		(Revenue \$OLARS_AGES_ONE_T()
		OLARS AGES ONE TO T THEY ENTER	0
	KINDERGARTEN READY. WE RECRUITED SCHOLARS AND THEIR		
	PROGRAM AS WELL AS MENTOR FAMILIES TO MATCH THEM WIT		
	MONTHLY EARLY CHILDHOOD INTERVENTIONS, RESOURCES AND		DC
	AND VA.		
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 921,499.		<u> </u>
		Form 990	J (2018)
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1 2 0	515 705605 25076-001 2018 05000 CENERATION HODE	25076	01

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Form 990 (2018) GENERATION H
Part IV Checklist of Required Schedules GENERATION HOPE

			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
_	If "Yes," complete Schedule A	1	X		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x	
	public office? If "Yes," complete Schedule C, Part I	3			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x	
5	during the tax year? If "Yes," complete Schedule C, Part II	4		- 23	
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete				
Ū	Schedule D, Part III	8		x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for				
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?				
	If "Yes," complete Schedule D, Part IV	9		x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent				
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x	
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.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
	Part VI	11a	Х		
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? If "Yes," complete Schedule D, Part VII	11b		X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X	
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? If "Yes," complete Schedule D, Part IX	11d		X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х		
	Schedule D, Parts XI and XII	12a		<u> </u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X	
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to				
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines				
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				
	complete Schedule G, Part III	19		X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X	
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Form 990 (2018)	GENERATION	HOPE
Part IV	Checklist	of Required Schedule	es (continued)

GENERATION HOPE

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	22		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 15		
Ŭ	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		<u></u>
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
27	<i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is twented as a neutrowskip for forlowskip company to unweases? If "Vac " complete Cohodule D. Dort V/	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990	(2018)
Part V	Stat

018) GENERATION HOPE Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
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 11		х						
b									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Ba 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" to line 3b, 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			37					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country:								
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		x					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		- 23					
C 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50							
ua	any contributions that were not tax deductible as charitable contributions?	6a		x					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua							
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	0.0							
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	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е									
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring 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								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a								
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2018)

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Form 990 (2018)

GENERATION HOPE

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

	tion A. Governing Body and Management				Yes	Т
12	Enter the number of voting members of the governing body at the end of the tax year	1a	2	2	res	+
iu	If there are material differences in voting rights among members of the governing body, or if the governing			=		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
h	Enter the number of voting members included in line 1a, above, who are independent	1b	2	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			7		
2				2		l
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under t			-		
3			-	3		
4	of officers, directors, or trustees, or key employees to a management company or other person?			4		
4 5	Did the organization make any significant changes to its governing documents since the prior Form			5		-
_	Did the organization become aware during the year of a significant diversion of the organization's as			6		-
6 7-	Did the organization have members or stockholders?			0		┥
/a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
_	persons other than the governing body?			7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				v	ļ
а	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal P	Revenu	e Code.)			
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	•				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	nflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	lescribe			
	in Schedule O how this was done			12c	X	
3	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and appro-					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	X	I
	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					1
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					1
	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?			16b		1
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MD , VA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, a	and gor)-T (Section 501(c)(3)s only) avail	12
-	for public inspection. Indicate how you made these available. Check all that apply.			.,e oniy	,	. c
	X Own website X Another's website X Upon request Other (explain	n in Sc	hedule ()			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c			nd finan	Icial	
5	statements available to the public during the tax year.	Grinict	or interest policy, al	iu iiidi	oidi	
0	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b		nd rocordo 🕨			
20	NICOLE LYNN LEWIS - (202)734-5838	ooks a				
	415 MICHIGAN AVENUE NE SUITE 430 WASHINGTON D	C 7	20017			
	415 MICHIGAN AVENUE, NE, SUITE 430, WASHINGTON, DO	C 2	20017	Earm	000	5
2006	415 MICHIGAN AVENUE, NE, SUITE 430, WASHINGTON, Do	C 2	:0017	Form	1 990)

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

Check if Schedule O contains a response or note to any line in this Part VII

GENERATION HOPE

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average Position (do not check more than one					one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week		er an		lirecto	n/irus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	mpen		(00-2/1033-10100)		and related
	below	d ual t	In stitutional trustee	L_	Key employee	est co oyee	5			organizations
	line)	Individual trustee or director	Institu	Officer	Key e	Highest compensated employee	Former			C C
(1) R. ANDREWS	1.00									
MEMBER		X						0.	0.	0.
(2) M. BILONIC	1.00									
MEMBER		X						0.	0.	0.
(3) M. BROWN	1.00									
MEMBER		X						0.	0.	0.
(4) B. CARLSON	1.00									
MEMBER		X						0.	0.	0.
(5) A. HEAVEN	1.00									
MEMBER		X						0.	0.	0.
(6) A. KISSEL	1.00									
MEMBER		X						0.	0.	0.
(7) A. LYNN	1.00									
MEMBER		Х						0.	0.	0.
(8) M. MCCLOUD-MANLEY	1.00									
MEMBER		Х						0.	0.	0.
(9) R. MORRISSEY	1.00									
MEMBER		Х						0.	0.	0.
(10) R. NEEDLE	1.00									_
MEMBER		Х						0.	0.	0.
(11) S. NEWMAN	1.00									-
MEMBER		Х						0.	0.	0.
(12) K. NUSSLE	1.00									
MEMBER		X						0.	0.	0.
(13) L. PARKER	1.00									
MEMBER		X						0.	0.	0.
(14) D. POLLARD	1.00									
MEMBER		X						0.	0.	0.
(15) M. SEAMON	1.00									•
MEMBER		X						0.	0.	0.
(16) C. TAYLOR	1.00									<u>^</u>
MEMBER	1 00	X					<u> </u>	0.	0.	0.
(17) J. TIRADO	1.00									<u> </u>
MEMBER		X						0.	0.	0.
832007 12-31-18										Form 990 (2018)

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Form 990 (2018) GENERATI	ON HOPE								27-35	554	088	Pa	ge 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box	o not c c, unle	(Pos check ess pe	C) itior more erson		one h an	(D) Reportable compensation from	(E) Reportable compensatio from related		Est am	(F) imated ount c other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensat om the anization relate nization	on ed
(18) T. TORRES MEMBER	1.00	x						0.		0.			0.
(19) R. LINDER	4.00				-								••
PRESIDENT		x		x				0.		0.			0.
(20) R. ROMERO	3.00												•••
VICE PRESIDENT		x		x				0.		0.			0.
(21) M. GAY	2.00												•••
SECRETARY		x		x				0.		0.			0.
(22) M. BARRY	3.00												•••
TREASURER		x		x				0.		0.			0.
(23) N. LEWIS	40.00												
FOUNDER & CEO				x				95,651.		0.	3	3,43	33.
1b Sub-total	•							95,651.		0.	3	3,43	33.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								95,651.		0.	3	3,43	33.
2 Total number of individuals (including but compensation from the organization ►							no r	received more than \$100	,000 of reportabl	е			0
												Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for							-	•			3		х
4 For any individual listed on line 1a, is the s	sum of reportab	ole co	omp	ensa	atior	n ano	d ot	her compensation from					
and related organizations greater than \$1											4	_	Х
5 Did any person listed on line 1a receive or					-	-		-			E		х
rendered to the organization? <i>If "Yes," con</i> Section B. Independent Contractors	npiele Schedui	ie J i	or s	ucn	pers	SOL					5		<u> </u>
1 Complete this table for your five highest c	-	-								pens	ation fr	rom	
the organization. Report compensation fo	r the calendar y	/ear	endi	ing v	vith	or w	rithii		year.				
(A) Name and busines	s address	N	ONI	Ξ				(B) Description of s	ervices	С	(C) compen		1
2 Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	ed to		se li: 0	stec	d above) who received n	nore than				
											Form S	990 (2	018)

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		Check if Schedule O cont					(B)	(C)	(D) Revenue excluc
						Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax unde sections 512 - 514
1	а	Federated campaigns	1	a	4,818.				
		Membership dues		b					
		Fundraising events		с	363,427.				
		Related organizations		d					
		Government grants (contribut		e	27,000.				
	f	All other contributions, gifts, gran	ts, and						
		similar amounts not included above	ve 1	f	1,349,018.				
		Noncash contributions included in lines		•	33,756.				
		Total. Add lines 1a-1f				1,744,263.			
					Business Code				
2	а								
	b								
	с								
	d								
	е								
	f	All other program service reve	nue						
	g	Total. Add lines 2a-2f			►				
3		Investment income (including	dividends,	inter	est, and				
		other similar amounts)			►	57.			
4		Income from investment of tax							
5		Royalties			►				
			(i) Rea		(ii) Personal				
6	а	Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)			• • • • • • • • • • • • • • • • • • •				
		Gross amount from sales of	(i) Secur		(ii) Other				
•	-	assets other than inventory	() 0000		(
	h	Less: cost or other basis							
		and sales expenses			173.				
		Gain or (loss)							
		Net gain or (loss)				-173.	-173.		
0	u 2	Gross income from fundraising	a ovonte (r			_, · · ·			
0	d	including \$363	427 of	ιοι					
		contributions reported on line	-	-	30,240.				
		Part IV, line 18							
		Less: direct expenses				-108,188.			-108,1
		Net income or (loss) from fund			▶	-108,188.			-108,1
9	а	Gross income from gaming ac							
	L	Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from gam		es					
10	a	Gross sales of inventory, less							
		and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from sale		ory					
		Miscellaneous Revenu	е		Business Code	20	20		
		MISCELLANEOUS REVENUE			900099	39.	39.		
	b				├ ───┤				
	С				ļļ				-
		All other revenue							
	е	Total. Add lines 11a-11d				39.			
12		Total revenue. See instructions				1,635,998.	-134.	0	-108,1

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Form 990 (2018) GENERAT
Part VIII Statement of Revenue GENERATION HOPE GENERATION HOPE

Dout IV	Statement of Functional Expenses
Partix	Statement of Functional Expenses
1 01 0 17 0	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	158,849.	158,849.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102 401	07 004	10 552	17 011
<u> </u>	trustees, and key employees	123,491.	87,094.	18,553.	17,844.
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	448,895.	316,589.	67,443.	64,863.
8	Pension plan accruals and contributions (include	-	-		
	section 401(k) and 403(b) employer contributions)	5,229.	3,687.	786.	756.
9	Other employee benefits	18,742.	13,218.	2,816.	2,708.
10	Payroll taxes	44,579.	31,634.	6,644.	6,301.
11	Fees for services (non-employees):	15 500	0 007		0 0 0 0
	Management	15,580.	8,987.	3,763.	2,830.
		47,248.	27,256.	11,410.	8,582.
	Accounting	47,240.	27,230.	11,410.	0,302.
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	11,645.	8,567.	1,232.	1,846.
13	Office expenses				
14	Information technology	22,029.	16,644.	2,100.	3,285.
15	Royalties				
16	Occupancy	81,904.	57,943.	12,863.	11,098.
17	Travel	24,426.	18,624.	3,535.	2,267.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	63,287.	62,444.	811.	32.
19	Conferences, conventions, and meetings	05,207.	02,444.	011.	JZ •
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	18,705.		18,705.	
23	Insurance	8,895.	6,016.	1,481.	1,398.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		46,409.	34,857.	6,875.	4,677.
b	DONATED GOODS	21,896.	13,632.	1,703.	6,561.
С	TRAINING	19,164.	19,164.		
d	PRINTING AND REPRODUCTI	13,949.	9,715.	2,012.	2,222.
	All other expenses	46,795.	26,579.	7,699.	12,517.
25	Total functional expenses. Add lines 1 through 24e	1,241,717.	921,499.	170,431.	149,787.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here Check here from the following SOP 98-2 (ASC 958-720)				
	0 12-31-18				Form 990 (2018)

Form 990 (2018)

Part X Balance Sheet

FaitA	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	13,636.	1	100,719.
2	Savings and temporary cash investments	350,801.	2	403,030.
3	Pledges and grants receivable, net	402,490.	3	414,777.
4	Accounts receivable, net		4	76,881.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		-	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under $4059(a)(0)$) and eastiin the section $4059(a)(0)(0)$			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		6	
Assets	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6 7	
Ass 4	Notes and loans receivable, net			
0	Inventories for sale or use	1 200	8 9	12,410.
9	Prepaid expenses and deferred charges	4,200.	9	12,410.
lua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 212, 488			
		• 4,042.	10-	181,499.
		-	10c	101,499.
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	5,252.
15	Other assets. See Part IV, line 11		15 16	1,194,568.
16	Total assets. Add lines 1 through 15 (must equal line 34)		17	58,299.
17	Accounts payable and accrued expenses		18	50,255.
18 19	Grants payable		19	
	Deferred revenue		20	
20 21	Tax-exempt bond liabilities			
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22 ties	Loans and other payables to current and former officers, directors, trustees,			
Liabilities	key employees, highest compensated employees, and disqualified persons.		00	
Lia	Complete Part II of Schedule L		22 23	
- 23	Secured mortgages and notes payable to unrelated third parties			
24 25	Unsecured notes and loans payable to unrelated third parties		24	
25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
			25	
26	Schedule D Total liabilities. Add lines 17 through 25	45,400.	26	58,299.
	Organizations that follow SFAS 117 (ASC 958), check here ► X and	10,1000	20	0072551
ы	complete lines 27 through 29, and lines 33 and 34.			
ຍິ 27	Unrestricted net assets	573,228.	27	766,567.
28 galar	Temporarily restricted net assets		28	369,702.
й р 29	Permanently restricted net assets		29	
un l	Organizations that do not follow SFAS 117 (ASC 958), check here			
<u>ь</u>	and complete lines 30 through 34.			
Net Assets or Fund Balances	Capital stock or trust principal, or current funds		30	
ອັງ ຊີ່ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances		33	1,136,269.
34	Total liabilities and net assets/fund balances		34	1,194,568.
		1		Form 990 (2018)

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Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,63		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,24		
3	Revenue less expenses. Subtract line 2 from line 1	3		4,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74	1,9	88.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	1,13	6,2	69.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2018)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2018
Open to Public Inspection

Internal Revenue Service				► Go to www.irs.go	v/Form990 for instruction	ons and tl	he latest i	nformation.			Inspection	
Nam	e of t	the organizati		RATION HOP	۲. ۲.						entification number 3554088	
Pa	rt I	Reason			All organizations must co	omplete th	is part) Se	e instruction				
					(For lines 1 through 12, c	-						
1					on of churches described							
2	H							·)(A)(i)·				
	\square				Attach Schedule E (Forn			::)				
3	H				anization described in se				VIII) Entor	th a	hoopital'a nama	
4			-	ation operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
-		city, and stat										
5		-	-		ollege or university owned	a or opera	ted by a g	overnmental	unit descrip	bea	in	
•				Complete Part II.)								
6					mental unit described in							
7	Δ				antial part of its support f	rom a gov	rernmental	unit or from	the general	put	lic described in	
				omplete Part II.)								
8					(1)(A)(vi). (Complete Par							
9		•	-	-	l in section 170(b)(1)(A)(•		•	
			or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state o	of the colleg	e or		
		university:										
10		An organizati	ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	ınd g	gross receipts from	
		activities rela	ted to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% o	f its support	t fro	m gross investment	
					e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	afte	er June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)								
11		An organizati	ion organized a	and operated exclus	sively to test for public sa	ifety. See	section 50)9(a)(4).				
12		-	-	-	sively for the benefit of, to				-		-	
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). C	Chec	k the box in	
		lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, ar	id 12g.			
а		∐ Type I. As	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giv	ing	
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supp	oorting	
		organizatio	n. You must c	complete Part IV, S	ections A and B.							
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	iving	J	
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	por	ted	
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.							
С		Type III fur	nctionally inte	egrated. A supportin	ig organization operated	in connec	tion with, a	and function	ally integrate	ed v	vith,	
	_	_ its support	ed organizatio	n(s) (see instruction	s). You must complete l	Part IV, Se	ections A,	D, and E.				
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	orted organi	zati	on(s)	
		that is not	functionally int	tegrated. The organi	zation generally must sat	tisfy a dist	ribution re	quirement ar	id an attent	iven	IESS	
	_	requiremer	nt (see instruct	ions). You must co r	mplete Part IV, Sections	A and D,	, and Part	V.				
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	6 that it is a	а Туре I, Туре	e II, Type III			
		functionally	/ integrated, or	r Type III non-functio	onally integrated support	ing organi:	zation.			_		
f	Ente	er the number	of supported of	organizations						. L		
<u> </u>			<u> </u>	n about the support			ninghing light d					
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	anization listed ing document?	(v) Amount c	,	I .	(vi) Amount of other	
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	sup	oport (see instructions)	
Tota												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990 EZ) 2018 GENERATION HOPE

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	627,509.	586,500.	781,410.	1,256,980.	1,744,263.	4,996,662.
2	Tax revenues levied for the organ-						
	ization'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	627,509.	586,500.	781,410.	1,256,980.	1,744,263.	4,996,662.
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)						324,559.
6	Public support. Subtract line 5 from line 4.						4,672,103.
	ction B. Total Support						· · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014 627,509.	(b) 2015 586,500.	781,410.	1,256,980.	1,744,263.	4,996,662.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				28.	57.	85.
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)					39.	39.
11	Total support. Add lines 7 through 10						4,996,786.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for		,	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	-	· · ·		,		
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2018 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	93.50 %
	Public support percentage from 2017					15	95.51 %
	33 1/3% support test - 2018. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2017. If the o						is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		-				
b	10% -facts-and-circumstances tes	-	-	• • • •			
	more, and if the organization meets th						
	organization meets the "facts-and-cire				• •		
18	Private foundation. If the organization						s •
			,	, , .,	,		····· •

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 GENERATION HOPE

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

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(Complete only if you checked the box on line 10 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
k	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						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support				_		
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8 (f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					_	
	Add lines 10a and 10b 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	ion 501(c)(3) c	organization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2018 (line 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
Sec	ction D. Computation of Inve	stment Incom	ne Percentage			- i - i	
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
	Investment income percentage from					18	%
19a	133 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and	d line 17 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2017. If the	•					·
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check			
8320	23 10-11-18			15	Scl	hedule A (For	rm 990 or 990-EZ) 2018

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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			Vee	Na
	Lies the eventimation accounted a gift or contribution from any of the following persons (Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
b	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		
000	tion B. Type Toupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
2	organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ)	2018
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Schedule A (Form 990 or 990-EZ) 2018 GENERATION HOPE

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrat	ed Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 GENERATION HOPE

	(See instructions.)	o, and o, and i are	V, OCOLOTI E, III CO E,	5, and 6. Also comple	te this part for any ac		
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Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
AMERITAS CHARITABLE FOUNDATION	150,000.	50,064
WILLIARD AND ALICE S. MARRIOTT FOUNDATION	130,000.	30,064
KAISER FOUNDATION	139,239.	39,303
MEYER FOUNDATION	205,000.	105,064
CLARK CHARITABLE FOUNDATION	200,000.	100,064
otal Excess Contributions to Schedule A, Part II, Line 5		324,559

SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

GENERATION HOPE

Employer identification number 27 - 3554088

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
-	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
Pa			
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abo	• •	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	-	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
De	conservation easements.	Aut Historical Tracerurae an O	they Cimiley Accete
Ра	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical tre		li gain, provide
_	the following amounts required to be reported under SFAS 1		
a L	Revenue included on Form 990, Part VIII, line 1		
р	Assets included in Form 990, Part X		► \$

LHA	For Paperwork R	eduction Act I	Notice, see t	he Instructions	for Form 990.
832051	10-29-18				

Schedule D (Form 990) 2018

Sche		ION HOPE						<u>27-35</u>			age 2
Par	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, (or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	at are a s	ignificant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d	I 🛄 L	oan or exc	hange progra	ams					
b	Scholarly research	e	, Ll c	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explai	n how the	ey further tl	ne organizati	ion's exe	mpt purpo	ose in Par	XIII.		
5	During the year, did the organization solicit o								-		-
	to be sold to raise funds rather than to be ma							L	Yes		No
Par	reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custodi		diary for c	ontribution	s or other as	sets not	included				
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							······ ـــــ	1103	L	
D			nowing a	2010.					Amoun	+	
с	Beginning balance						1c		/ moun	<u> </u>	
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fo						lity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • •]
Par	rt V Endowment Funds. Complete in	f the organization an	swered "	'Yes" on Fo	orm 990, Par	t IV, line [·]	10.				
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are held a	nd administe	ered for t	he organiz	zation	r		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		owment fi	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered		1								
	Description of property	(a) Cost or o basis (investr		(b) Cost basis			ccumulate preciation	d	(d) Boo	k value	Э
1a	Land										
b	Buildings									_	
с	Leasehold improvements				1,805.		15,8		16	5,9	96.
d	Equipment				5,133.		9,6		1.	5,5	
	Other				5,550.		5,5	50.			0.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.)				18	1,4	99.

Schedule D (Form 990) 2018

832052 10-29-18

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

832053 10-29-18

Schedule D (Form 990) 2018

Sche	edule D (Form 990) 2018 GENERATION HOPE			27-	3554088 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents Wit			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,854,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b	80,091.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	80,091.
3	Subtract line 2e from line 1			3	1,774,599.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	-138,601.		
с	Add lines 4a and 4b			4c	-138,601.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,635,998.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wi	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.			
1					
	Total expenses and losses per audited financial statements			1	1,460,409.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	1,460,409.
2 a			80,091.	1	1,460,409.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 2a		1	1,460,409.
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	80,091.	1	1,460,409.
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	
a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	80,091.	1 2e	218,692.
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	80,091.		
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	80,091.	2e	218,692.
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	80,091.	2e	218,692.
a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	80,091.	2e	218,692. 1,241,717.
a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	80,091.	2e	218,692. 1,241,717. 0.
a b c 4 3 4 b 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	80,091.	2e 3	218,692. 1,241,717.

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

PART X, LINE 2:

THE ORGANIZATION HAS RECEIVED A TAX DETERMINATION LETTER FROM THE INTERN	JAL
REVENUE SERVICE STATING THAT IT QUALIFIES UNDER THE PROVISIONS OF SECTION	ON
501(C)(3) OF THE INTERNAL REVENUE CODE AND IS THUS EXEMPT FROM FEDERAL A	ND
STATE INCOME TAXES. THE ORGANIZATION DOES NOT HAVE ANY UNRELATED BUSINES	s
INCOME AND ACCORDINGLY, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT	
REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.	

THE ORGANIZATION'S MANAGEMENT EVALUATES TAX POSITIONS AND RECOGNIZES A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S MANAGEMENT HAS ANALYZED ITS 832054 10-29-18 Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 GENERATION HOPE	27-3554088 Page 5
Part XIII Supplemental Information (continued)	
TAX POSITIONS, AND HAS CONCLUDED THAT AS OF JUNE 30, 2019,	THERE ARE NO
UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION OR	DISCLOSURE. THE
ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISE	DICTIONS;
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS	S IN PROGRESS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	-138,428.
LOSS ON DISPOSAL OF ASSET	-173.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-138,601.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
LOSS ON DISPOSAL OF ASSET	173.
FUNDRAISING EVENT EXPENSES	138,428.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	138,601.
	Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete if the	, or if the	2018					
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization	,	to www.irs.gov/Form990 for instruction	uction	s and	the latest informat	ion.	Employeride	Inspection entification number
	GENERAT	ION HOPE					27-3554	088
	complete this par	 Complete if the organization answe 	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
· · · ·		sed funds through any of the followir	ng acti	vities.	Check all that apply			
a 📃 Mail solicitat				•	overnment grants			
	email solicitations				nment grants			
c Phone solici d In-person so		g 🛄 Special	tunara	aising	events			
•		or oral agreement with any individual	(inclue	ding o	fficers, directors, tru	stees	, or	
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofess	ional 1	undraising services?	?	Yes	s 🗌 No
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu e organization.	uant to	agree	ements under which	the fu	undraiser is to	be
			(iii) fundr	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (func		(ii) Activity	fùndr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (d	or retained by) fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No				
 List all states in whi or licensing. 	ch the organizatio	on is registered or licensed to solicit o	contrib	oution	s or has been notifie	d it is	exempt from r	registration
HA For Paperwork P	eduction Act Not	ice, see the Instructions for Form	990 ~		E7 (Sche	dule G /Form (990 or 990-EZ) 2018
	Guotion Act NOL	100, 300 the man uchons for FORMS	550 Ur	550-	L 3	Jone		JJJ UI JJU-LZJ ZU IO

832081 10-03-18

Schedule G (Form 990 or 990 EZ) 2018 GENERATION HOPE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 e 1 and 6h Liete **.**+.

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
	1	Gross receipts	393,667.			393,667
	2	Less: Contributions	363,427.			363,427
	3	Gross income (line 1 minus line 2)	30,240.			30,240
4	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	27,851.			27,851
	7	Food and beverages	91,159.			91,159
8	8	Entertainment	10 010			500 18,918
	9	Other direct expenses				138,428
1		Direct expense summary. Add lines 4 throug			•	-108,188
ar		Net income summary. Subtract line 10 from I Gaming. Complete if the organization		990, Part IV, line 19, or		100,100
		\$15,000 on Form 990-EZ, line 6a.			-	
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1	Gross revenue				
	2	Cash prizes				
51						
	3	Noncash prizes				
	3 4	Noncash prizes				
	3 4 5	Noncash prizes	└── Yes % └── No	└── Yes% └── No	└── Yes% └── No	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses	└── Yes % └── No	·	No No	
- 	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	h 5 in column (d)	□ No	□ No ►	
(; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	3 4 5 6 7 8 ≣nt st	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	h 5 in column (d) from line 1, column (d) ucts gaming activities: ictivities in each of these	No	□ No ►	
(; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	3 4 5 6 7 8 ≣nt st	Noncash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: ictivities in each of these	No	□ No ►	
) E a l: b li -	3 4 5 6 7 ≣nt st f"l	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	Yes % No 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these	No states? erminated during the tax	▶	Yes No

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2018 GENERATION HOPE	27-3	<u>5540</u> 8	38 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	
	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?		🗌 Ye	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	-		/0
17		13.		
	Name			
	Address			
45 -	Deep the experimentary have a contract with a third party from whom the experimentian receives coming revenue?			s 🗌 No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue	int		
	of gaming revenue retained by the third party \blacktriangleright \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		🗌 Ye	s 🗌 No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	 n the		
~	organization's own exempt activities during the tax year > \$	1 110		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Par	t III lines	9 9b 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	andra	,	0,00,100,
8320	83 10-03-18 Schedule	G (Form	990 or 9	90-EZ) 2018
	33	•		, -

832084 04-01-18	34	
		Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990.							OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.ir	► Attach to For rs.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization GENERATIO	N HOPE		-				Employer identification number $27 - 3554088$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records criteria used to award the grants or assi	stance?						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					anization answered "		t IV line 21 for any
recipient that received more than	•				anization answered		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	s listed in the line	I table	ne line 1 table			•	Schedule I (Form 990) (2018)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	recipients	cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ITION AND TEXTBOOK SUPPORT	90	142,200.	0.		
ERGENCY FUNDING FOR SCHOLARS	18	16,649.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	

FOR TUITION SUPPORT, THE ORGANIZATION SENDS A LETTER TO EACH SCHOOL THAT

STATES THAT IF THERE ARE ANY ISSUES OR IF THE FUNDS ARE GOING TO BE

REFUNDED, THEY SHOULD CONTACT THE ORGANIZATION IMMEDIATELY. THE

ORGANIZATION ALSO MONITORS GPAS EACH SEMESTER WITH TUITION AWARDS. IN

REGARD TO EMERGENCY FUNDING, WHEN A SCHOLAR IS PROVIDED EMERGENCY FUNDING

THEY CREATE AN ACTION PLAN WITH THEIR CASE MANAGER THAT IS DOCUMENTED IN

THE ONLINE SYSTEM TO ENSURE THAT THEY HAVE A PLAN TO PREVENT THE EMERGENCY

FROM HAPPENING AGAIN AS WELL AS OTHER RESOURCES FOR SUPPORT. THE

Part IV Supplemental Information

ORGANIZATION HAS CONTINUING CASE MANAGEMENT THAT INCLUDES FOLLOW UP ON THE

ACTION PLAN.

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

. Inspection number

Name of the organization		
	GENERATION	HOPE

Employer identification nui
27-3554088

Pa	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	terminin	a	
		applicable	contributions or	amounts reported on	noncash contribu			
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests	x		140				
4	Books and publications	X		149.			GIF	
5	Clothing and household goods	Δ		980.	FMV ON DATE	OF	GIF	Ľ
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24		v			דית גרו זער זעת			
25	Other \blacktriangleright (<u>RESORT & TICK</u>)	X X	8	21,395. 6,375.			GIF GIF	
26	Other \blacktriangleright (INVITATION, R)	<u>х</u> Х		-			-	
27	Other ► (GIFT CARDS) Other ► (LAPTOP)	X	9				GIF GIF	
28					FMV ON DATE	OF	GTL.	Γ.
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowled	gement 29		1.		
							′es N	lo
30a	During the year, did the organization receive by				-			
	must hold for at least three years from the date		,	•				X
	exempt purposes for the entire holding period?	,				30a		7
b	If "Yes," describe the arrangement in Part II.							

31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
	contributions?
b	If "Yes," describe in Part II.
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
	describe in Part II.

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Schedule M (Form 990) 2018

31

32a

832141 10-18-18

14130515 795695 25976-001

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14

27-3554088 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

		Cabadula M (Farma 000) 0010
832142 10-18-18		Schedule M (Form 990) 2018
130515 795695 25976-001	39 2018.05090 GENERATION HOPE	25976-01

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 27 - 3554088

GENERATION HOPE

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE CEO,

DIRECTOR OF OPERATIONS, AND TREASURER BEFORE IT WAS SENT TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OVERSEES THE COMPLIANCE OF THE CONFLICT OF INTEREST POLICY. BOARD AND STAFF MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS. INCONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON DISCLOSES THE EXISTENCE OF THE FINANCIAL INTEREST AND IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD OR EXECUTIVE COMMITTEE. ANY DIRECTOR MAY RECUSE HIMSELF OR HERSELF AT ANY TIME FROM INVOLVEMENT IN ANY DECISION OR DISCUSSION IN WHICH THE DIRECTOR BELIEVES HE OR SHE HAS OR MAY HAVE A CONFLICT OF INTEREST, WITHOUT GOING THROUGH THE PROCESS FOR DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE LEAVES THE BOARD OR EXECUTIVE COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR EXECUTIVE COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS.

IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY
POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE
BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE
DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN
GENERATION HOPE'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS
FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule O (Form 990 or 990-EZ) (2018)
832211 10-10-18

Schedule O	(Form 990	or 990-EZ)	(2018)

Name of the organization

GENERATION HOPE

Page 2 Employer identification number 27-3554088

MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR

ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD WHEN REVIEWING THE CEO'S PERFORMANCE EVALUATION DURING THE BOARD MEETING. COMPENSATION DATA FROM SALARY SURVEYS OF MORE THAN 1,500 NONPROFITS IN THE D.C. REGION WITH SIMILAR BUDGETS IS USED. THE

CEO'S PERFORMANCE EVALUATION OUTCOME IS DOCUMENTED IN THE EXECUTIVE

COMMITTEE MEETING AND BOARD MEETING MINUTES AS WELL AS THE CEO'S EMPLOYEE

FILE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

832212 10-10-18

FORM 990 PAGE 10

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onur 9.	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	FURNITURE AND EQUIPMENT	09/29/14	SL	5.00		16	1,811.				1,811.	1,284.		362.	1,646.
2	FURNITURE AND EQUIPMENT	10/27/14	SL	5.00		16	1,773.				1,773.	1,300.		355.	1,655.
3	OFFICE FURNITURE	07/24/16	SL	5.00		16	1,291.				1,291.	516.		258.	774.
4	OFFICE FURNITURE	05/21/17	SL	5.00		16	1,022.				1,022.	221.		204.	425.
5	TV AND ACCESSORIES	02/28/19	SL	5.00		16	3,245.				3,245.			216.	216.
6	2 CONFERENCE ROOM FUNITURE	04/18/19	SL	5.00		16	7,421.				7,421.			247.	247.
7	RECEPTION DESK	04/18/19	SL	5.00		16	2,300.				2,300.			77.	77.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						18,863.				18,863.	3,321.		1,719.	5,040.
	* 990 PAGE 10 TOTAL -						18,863.				18,863.	3,321.		1,719.	5,040.
	MACHINERY & EQUIPMENT														
8	COMPUTER	07/01/11	SL	5.00		16	1,285.				1,285.	1,285.		٥.	1,285.
9	COMPUTER AND PRINTER	08/21/13	SL	5.00		16	900.				900.	900.		٥.	900.
10	COMPUTER	02/01/15	SL	5.00		16	1,201.				1,201.	821.		240.	1,061.
11	(D)COMPUTER	08/09/15	SL	5.00		16	800.				800.	467.		160.	627.
12	CAMERA	01/25/17	SL	3.00		16	645.				645.	322.		215.	537.
13	LAPTOP	05/31/17	SL	3.00		16	674.				674.	243.		225.	468.
14	PRINTER	03/06/19	SL	3.00		16	1,565.				1,565.			174.	174.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

	JU PAGE 10					-		990					-		
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						7,070.				7,070.	4,038.		1,014.	5,052.
	* 990 PAGE 10 TOTAL -						7,070.				7,070.	4,038.		1,014.	5,052.
	OTHER														
17	BUILDINGS AND IMPROVEMENT - DESIGN	05/03/19	SL	2.00		16	16,860.				16,860.			1,405.	1,405.
18	CONSTRUCTION-HBW CONSTRUCTION	05/03/19	SL	2.00		16	164,945.				164,945.			13,745.	13,745.
	* 990 PAGE 10 TOTAL OTHER						181,805.				181,805.	0.		15,150.	15,150.
	* 990 PAGE 10 TOTAL -						181,805.				181,805.	Ο.		15,150.	15,150.
	OTHER														
15	SOFTWARE	07/07/15	SL	3.00		16	3,750.				3,750.	3,750.		0.	3,750.
16	SOFTWARE	06/30/16	SL	3.00		16	1,800.				1,800.	1,800.		0.	1,800.
	* 990 PAGE 10 TOTAL OTHER						5,550.				5,550.	5,550.		0.	5,550.
	* 990 PAGE 10 TOTAL -						5,550.				5,550.	5,550.		0.	5,550.
	* GRAND TOTAL 990 PAGE 10 DEPR						213,288.				213,288.	12,909.		17,883.	30,792.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						16,952.			Ο.	16,952.	12,909.			14,928.
	ACQUISITIONS						196,336.			Ο.	196,336.	Ο.			15,864.
	DISPOSITIONS						800.			0.	800.	467.			627.
	ENDING BALANCE						212,488.			0.	212,488.	12,442.			30,165.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

	90 PAGE 10		_		_	_	-	990	_			_		_	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING ACCUM DEPR LESS DISPOSITIONS											30,165.			
	ENDING BOOK VALUE											182,323.			

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

- CURRENT YEAR FEDERAL - (

GENERATION HOPE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
1		092914	ISL	5.00	16	1,811.			1,811.	1,284.		362.
	FURNITURE AND EQUIPMENT	102714	ISL	5.00	16	1,773.			1,773.	1,300.		355.
3	OFFICE FURNITURE	072410	SL	5.00	16	1,291.			1,291.	516.		258.
4	OFFICE FURNITURE	05211	7SL	5.00	16	1,022.			1,022.	221.		204.
	TV AND ACCESSORIES 2 CONFERENCE ROOM	022819	SL	5.00	16	3,245.			3,245.			216.
		041819	SL	5.00	16	7,421.			7,421.			247.
7	RECEPTION DESK * 990 PAGE 10 TOTAL	041819	SL	5.00	16	2,300.			2,300.			77.
	MACHINERY & EQUIPM * 990 PAGE 10 TOTAL					18,863.		0.	18,863.	3,321.		1,719.
	- MACHINERY &					18,863.		0.	18,863.	3,321.		1,719.
	EQUIPMENT											
8	COMPUTER COMPUTER AND	07011:	lsl	5.00	16	1,285.			1,285.	1,285.		0.
9		08211:	SL	5.00	16	900.			900.	900.		0.
10	COMPUTER	02011!	SL	5.00	16	1,201.			1,201.	821.		240.
11	(D)COMPUTER	08091	SL	5.00	16	800.			800.	467.		160.
12	CAMERA	01251	7SL	3.00	16	645.			645.	322.		215.
13	LAPTOP	05311'	7SL	3.00	16	674.			674.	243.		225.
14	PRINTER	030619	SL	3.00	16	1,565.			1,565.			174.

828102 04-01-18

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - (

GENERATION HOPE

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					7,070.		0.	7,070.	4,038.		1,014.
	* 990 PAGE 10 TOTAL -					7,070.		0.	7,070.	4,038.		1,014.
	OTHER BUILDINGS AND											
17	EOILDINGS AND IMPROVEMENT - DESIG CONSTRUCTION-HBW	050319	SL	2.00	16	16,860.			16,860.			1,405.
		050319	SL	2.00	16	164,945.			164,945.			13,745.
	OTHER * 990 PAGE 10 TOTAL					181,805.		0.	181,805.	0.		15,150.
	-					181,805.		0.	181,805.	0.		15,150.
	OTHER											
15	SOFTWARE	070715	SL	3.00	16	3,750.			3,750.	3,750.		0.
16	SOFTWARE * 990 PAGE 10 TOTAL	063016	SL	3.00	16	1,800.			1,800.	1,800.		Ο.
	OTHER * 990 PAGE 10 TOTAL					5,550.		0.	5,550.	5,550.		Ο.
	- * GRAND TOTAL 990					5,550.		0.	5,550.	5,550.		0.
	PAGE 10 DEPR CURRENT YEAR					213,288.		0.	213,288.	12,909.		17,883.
	ACTIVITY											
	BEGINNING BALANCE					16,952.		0.	16,952.	12,909.		
	ACQUISITIONS					196,336.		0.	196,336.	0.		
	DISPOSITIONS					800.		0.	800.	467.		
	ENDING BALANCE					212,488.		0.	212,488.	12,442.		

828102 04-01-18

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL -

GENERATION HOPE

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MACHINERY & EQUIPMENT								
1	FURNITURE AND EQUIPMENT	092914	1SL	5.00	1,811.		1,811.		
2	FURNITURE AND EQUIPMENT	102714		5.00	1,773.		1,773.		118.
3	OFFICE FURNITURE	072416		5.00	1,291.		1,291.		258.
4	OFFICE FURNITURE	052117	7SL	5.00	1,022.		1,022.		204.
5	TV AND ACCESSORIES	022819		5.00	3,245.		3,245.	216.	649.
6	2 CONFERENCE ROOM FUNITURE	041819		5.00	7,421.		7,421.	247.	1,484.
7	RECEPTION DESK	041819	SL	5.00	2,300.		2,300.	77.	460.
	* 990 PAGE 10 TOTAL MACHINERY &								
	EQUIPMENT				18,863.		18,863.	5,040.	3,338.
	* 990 PAGE 10 TOTAL -				18,863.		18,863.	5,040.	3,338.
	MACHINERY & EQUIPMENT								
8	COMPUTER	070111		5.00	1,285.		1,285.	1,285.	0.
9	COMPUTER AND PRINTER	082113	BSL	5.00	900.		900.	900.	0.
10	COMPUTER	020115		5.00	1,201.		1,201.	1,061.	140.
12	CAMERA	012517	7SL	3.00	645.		645.	537.	108.
13	LAPTOP	053117	7SL	3.00	674.		674.	468.	206.
14	PRINTER	030619	SL	3.00	1,565.		1,565.	174.	522.
	* 990 PAGE 10 TOTAL MACHINERY &								
	EQUIPMENT				6,270.		6,270.	4,425.	976.
	* 990 PAGE 10 TOTAL -				6,270.		6,270.		976.
	OTHER								
17	BUILDINGS AND IMPROVEMENT - DESIGN	050319	SL	2.00	16,860.		16,860.	1,405.	8,430.
18	CONSTRUCTION-HBW CONSTRUCTION	050319	SL	2.00	164,945.		164,945.		
	* 990 PAGE 10 TOTAL OTHER				181,805.		181,805.		
	* 990 PAGE 10 TOTAL -				181,805.		181,805.		90,903.
	OTHER								
15	SOFTWARE	070715	SL	3.00	3,750.		3,750.	3,750.	0.
16	SOFTWARE	063016	SL	3.00	1,800.		1,800.		0.
	* 990 PAGE 10 TOTAL OTHER				5,550.		5,550.		0.
	* 990 PAGE 10 TOTAL -				5,550.		5,550.		
	* GRAND TOTAL 990 PAGE 10 DEPR				212,488.		212,488.		95,217.
					-			-	

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone