Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www irs gov/form990



AF	or th	e 2013 calendar year, or tax year beginning and o	ending		
B Check if applicable: C Name of organization D Employer identification					ation number
	Addre	HOPEKIDS, INC			
	Name				42378
	Initial				
]Termi ated				
	Amer returr	ded City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,280,457.
	Appli tion	CAVE CREEK, AZ 85327		H(a) Is this a group ret	um
	pend	F Name and address of principal officer: JOSHUA TAYLOR			Yes X No
		PO BOX 240721, APPLE VALLEY, MN 55124		H(b) Are all subordinates include	
		empt status: $X 501(c)(3) 501(c) () \neq (insert no.) 4947(a)(1) c$	or 🛄 527		st. (see instructions)
				H(c) Group exemption	
	_	forganization: X Corporation Trust Association Other	L Year	of formation: 2001 M	State of legal domicile; AZ
F	art I				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: EVEN WITH A CHILD WITH LIFE-THREATENING ILLNES	SS.	SUFFORT FOR	FAMIDIES
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		5	
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5	
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		12	
viti	6	Total number of volunteers (estimate if necessary)		6	500
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,814,626.	2,134,234.
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		76.	1,228.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,208.	77,209.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,856,910.	2,212,671.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		376,763.	613,899.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)			4 4 9 9 9 9 9
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,163,541.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,540,304.	2,047,269.
	19	Revenue less expenses. Subtract line 18 from line 12		316,606.	165,402.
s or			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		752,255.	942,843.
	21	Total liabilities (Part X, line 26)	······	13,413.	17,948.
	22	Net assets or fund balances. Subtract line 21 from line 20		738,842.	924,895.
	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOSHUA TAYLOR, PRESIDE Type or print name and title	NT		Date				
	Print/Type preparer's name PHIL MCCOLLUM	Treparer S Signature	Date	Check PTIN if self-employed P00129716				
Preparer	Firm's name 🕞 CLIFTONLARSONALL			Firm's EIN 🖌 41-0746749				
Use Only	Firm's address \ge 20 E. THOMAS RD,	STE. 2300						
	PHOENIX, AZ 8501	2		Phone no. $602 - 266 - 2248$				
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
332001 10-2	32001 10-29-13LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2013)							

	n 990 (2013) HOPEKIDS, INC	86-1042378	Page
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		. []
1	Briefly describe the organization's mission: PROVIDE ONGOING EVENTS AND ACTIVITIES AND A POWERFU		r
	COMMUNITY FOR FAMILIES WHO HAVE A CHILD WITH CANCER	OR SOME OTHER	
	LIFE-THREATENING CONDITION.		
2	Did the organization undertake any significant program services during the year which were not listed		
-	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s If "Yes," describe these changes on Schedule O.	services?Yes	X
4	Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	• •	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,835,659. including grants of \$ OUR HOPEDAY PROGRAM OF EVENTS ENSURES OUR HOPEKIDS	_) (Revenue \$ 7,7 ALWAYS HAVE	749
	SOMETHING TO LOOK FORWARD TO RATHER THAN DWELLING C		
	DEALING WITH NOW; CHEMO, HOSPITAL STAYS, SURGERIES,		
	IMPACT AREAS ARE "HOPE & ANTICIPATION" LOOKING FORM		Ξ,
	"FAMILY FOCUS" FAMILY SPENDING VALUABLE TIME TOGETH		
	SUPPORT" OUR FAMILIES MEETING FAMILIES & KIDS JUST ACCEPTANCE" AT OUR EVENTS EVERYONE UNDERSTANDS, "EC		
		UT, TX) PROVIDED	
	785 EVENTS (UP 15% FROM 2012) TO OUR 2,791 FAMILIES		
	2013 EVENT ATTENDANCE EXCEEDED 59,000 PEOPLE (UP 15		
	SURVEY SHOWED 99% BELIEVE HOPEKIDS PROVIDES HOPE, 9		
	HELPS THEM COPE MORE POSITIVELY, 91% SAID FAMILY'S		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		· · · ·	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	[]		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,835,659.		0./~-
32002		Form 99 רסדי (S)	vu (20
0-29-	2		
70	2 0508 099347 038-00123700 2013.03040 HOPEKIDS, INC	038-	ינט
10	JUO 03334/ 030-00123/00 2013.03040 HOPEKIDS, INC	038-	05.

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3 2013.03040 HOPEKIDS, INC 12570508 099347 038-00123700

HOPEKIDS, INC

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Form	1 990 (2013) HOPEKIDS, INC 86-104	<u>2378</u>	Р Р	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	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 during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? 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			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
0	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>	7		
8	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	X	
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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	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
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a		14a		X
b				
	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			
	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		.	1
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a conv of its audited financial statements to this return?	20h		

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Note. All Form 990 filers are required to complete Schedule O ...

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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х

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	5 71 1 7 1 71 1	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	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 so,			х
	complete Schedule L, Part II	26		Λ
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	07		х
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		~
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 ⊾	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	280		Δ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	21
29 30	Did the organization receive more than \$25,000 in hor-cash contributions <i>in res, complete Schedule in</i>	29	- 23	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Ochechile N. Devill	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х

Form 990 (2013)

Form	990 (2013) HOPEKIDS, INC 86-1042	378	P	age 5
Pai	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			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

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Form 990 (2	
Part VI	Go

HOPEKIDS, INC

12570508 099347 038-00123700 2013.03040 HOPEKIDS, INC

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

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

X

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Sec	tion A. Governing Body and Management					
			-1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	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.		F			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					v
•	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the			~		x
	of officers, directors, or trustees, or key employees to a management company or other person?		Г	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form		t I	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			6		X
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			0		
74	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			74		<u> </u>
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			1.0		
-	The governing body?			8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					<u> </u>
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the f	orm?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>in Schedule O how this was done</i>			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?		r	14	Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	• •				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inization's				
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright AZ , MN , UT					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (Section 501(c)(3):	s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain	n in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of interest po	licy, and	d finar	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a JOSH TAYLOR - $612-345-0933$	and records of the o	rganizat	ion: 🕨	•	
	PO BOX 240721, APPLE VALLEY, MN 55124					
33200	j 10-29-13			Form	990	(2013)
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Form 990 (201	$_{3)}$ HOPEKIDS, INC	86-1042378	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Ei	mployees, and Independent Contractors						
Cł	neck if Schedule O contains a response or note to any line in this Part VII						
Section A. O	fficers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete t	this table for all persons required to be listed. Report compensation for the calendar year ending with	n or within the organization	ı's tax year.				
I ist all of	f the organization's current officers, directors, trustees (whether individuals or organizations), regard	lless of amount of compen	sation.				

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 report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior) than	one	Reportable	Reportable	Estimated
	hours per	r box, unless person is both an COMP		compensation	compensation	amount of				
	week		cer an	ia a a		n/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	nours for	ordi	ee			sated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		ee	upens		(W-2/1099-MISC)		organization and related
	helow	lual tr	tional		lploy	st con yee				organizations
	(list any hours for related organizations below line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) TODD CARTER	1.00				-					
DIRECTOR		x						0.	0.	0.
(2) DAVE CHAPMAN	1.00									
CHAIRMAN		x						0.	0.	0.
(3) MARK NUESSLE	1.00									
DIRECTOR		Х						0.	0.	0.
(4) GARY MCKEAN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) BART SWEENEY	1.00									
DIRECTOR		X						0.	0.	0.
(6) JOSH TAYLOR	40.00									
PRESIDENT				Х				110,152.	0.	10,959.
		4								
		-								
		{								
		1								
		1								
		1								
		1								
332007 10-29-13										Form 990 (2013)

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	990 (2013) HOPEKIDS ,	INC								86-10	42	378	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	Name and title Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the						(E) Reportable compensatior from related organizations (W-2/1099-MIS		Esti amo o comp	(F) mated ount of ther ensation m the		
		related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(₩2/1095-₩16	0)	orgai and	nization related nizations
1b	Sub-total								110,152.		0.	10	,959.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	l, Section A	· · · · · · · ·			·····			0. 110,152.		0.		0. ,959.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	io r	eceived more than \$100	0,000 of reportable	9		1
3	Did the organization list any former officer,	director, or tru	ustee	e, ke	y er	nplc	oyee,	or	highest compensated e	mployee on	[Yes No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportab	le co	ompe	ensa	atior	n and	l ot				3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>comp</i>	ccrue comper	nsat	ion f	rom	any	/ unr			dual for services		4 5	x
	tion B. Independent Contractors		-							¢100.000 of com		ation for	
1	Complete this table for your five highest cor the organization. Report compensation for t								n the organization's tax		Jensa		
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C) ompens	
								_					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	e e	ot lii	mite	d to		se lis)	stec	d above) who received n	nore than			00 (22.2
												rorm 9	90 (2013)

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Pa	rt VII	Statement of Revenue				
		Check if Schedule O contains a response or note to any lin		(5)		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a				
iran		Membership dues 1b				
اچ"		Fundraising events 1c 90,648.				
ar /		Related organizations 1d				
s, O		Government grants (contributions) 1e				
rsi		All other contributions, gifts, grants, and				
the		similar amounts not included above 1f 2,043,586.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$ 1,155,439.				
aS	h	Total. Add lines 1a-1f	2,134,234.			
		Business Code				
e	2 a					
e vi	b					
en S	С					
lran Zev	d					
Program Service Revenue	е					
-		All other program service revenue				
_		Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and	1,228.			1,228.
		other similar amounts)	1,220.			1,220.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 0	(i) Real (ii) Personal Gross rents				
		Cross rents				
		Rental income or (loss)				
		Net rental income or (loss)				
		Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses				
	с	Gain or (loss)				
		Net gain or (loss)				
ø		Gross income from fundraising events (not				
Other Revenue		including \$90 , 648 . of				
Jev		contributions reported on line 1c). See				
er		Part IV, line 18 a 129,909.				
G		Less: direct expenses b 60,449.	60 460			60.460
-		Net income or (loss) from fundraising events	69,460.			69,460.
	9 a	Gross income from gaming activities. See				
	_	Part IV, line 19 a				
		Less: direct expenses b				
		Net income or (loss) from gaming activities				
	iu a	Gross sales of inventory, less returns and allowances a 10,827.				
	h	Less: cost of goods sold b $7,337.$				
		Net income or (loss) from sales of inventory	3,490.	3,490.		
Ì		Miscellaneous Revenue Business Code				
	11 a	MISC. REVENUE-RELATED- 900099	4,259.	4,259.		
	b					
	с					
		All other revenue				
	е	Total. Add lines 11a-11d	4,259.			
33200	<u>12</u>	Total revenue. See instructions.	2,212,671.	7,749.	0.	
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12570508 099347 038-00123700 2013.03040 HOPEKIDS, INC

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HOPEKIDS, INC

HOPEKIDS, INC

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

	Chock if Schedule O contains a respon	so or noto to any lino in	this Part IX		
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	(D) Fundraising
<u>10,</u>	Grants and other assistance to governments and		expenses	general expenses	expenses
	organizations in the United States. See Part IV, line 21				
•					
2	Grants and other assistance to individuals in				
-	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	110,152.	66,091.	22,030.	22,031.
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	436,108.	340,165.	21,805.	74,138.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	25,850.	19,646.	1,551.	4,653.
10	Payroll taxes	41,789.	28,445.	4,248.	4,653. 9,096.
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	10,181.	7,737.	611.	1,833.
	Lobbying		-		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a					
y	column (A) amount, list line 11g expenses on Sch 0.)	21,933.	13,809.	6,156.	1,968.
10	· · · · · · · · · · · · · · · · · · ·	21,555.	15,005.	0,150.	1,500.
12	Advertising and promotion	30,583.	23,243.	1,835.	5,505.
13	Office expenses	15,000.	15,000.	±,055.	5,505.
14	Information technology	13,000.	13,000.		
15	Royalties				
16	Occupancy	10 510	7 005	621	1 002
17	Travel	10,519.	7,995.	631.	1,893.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 100	1 000	1.50	
19	Conferences, conventions, and meetings	2,492.	1,893.	150.	449.
20	Interest				
21	Payments to affiliates		44		
22	Depreciation, depletion, and amortization	15,230.	11,575.	914.	2,741.
23	Insurance	11,824.	8,987.	709.	2,128.
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		1,283,692.	1,283,692.		
b	MISCELLANEOUS	26,109.	7,381.	16,980.	1,748.
с	FUNDRAISING	5,807.			5,807.
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,047,269.	1,835,659.	77,620.	133,990.
26	Joint costs. Complete this line only if the organization	, ,	, ,	,	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight and following SOP 98-2 (ASC 958-720)				

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Form **990** (2013)

Form 990 (2013)
Part X Balance Sheet

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HOPEKIDS,	INC		

				in Daut V			
		Check if Schedule O contains a response or not	e to any line in th	nis Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			471,911.	1	645,732.
	2	Savings and temporary cash investments			245,076.	2	246,304.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4	2,466.	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated employees.	Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquality	fied persons (as o	defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
sts		employees' beneficiary organizations (see instr).	of Sch L		6		
Assets	7	Notes and loans receivable, net				7	
◄	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,514.	9	5,838.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	96,760.	~~ == /		40 500
	b	• • • • • • • • • • • • • • • • • • • •	10b	54,257.	32,754.		42,503.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	040 040
	16	Total assets. Add lines 1 through 15 (must equa			752,255.	16	942,843.
	17	Accounts payable and accrued expenses		13,413.	17	17,948.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to current and former					
billi		key employees, highest compensated employee				00	
Lia	00	Complete Part II of Schedule L				22 23	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated				23 24	
	24	Other liabilities (including federal income tax, pa				24	
	20	parties, and other liabilities not included on lines	-				
		Schedule D				25	
	26				13,413.	26	17,948.
		Organizations that follow SFAS 117 (ASC 958		X and	· ·		
S		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			738,842.	27	924,895.
ala	28	Temporarily restricted net assets				28	
Б	29					29	
n		Organizations that do not follow SFAS 117 (A					
or		and complete lines 30 through 34.	-				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
et /	32	Retained earnings, endowment, accumulated in				32	
Ż	33	Total net assets or fund balances			738,842.	33	924,895.
	34	Total liabilities and net assets/fund balances			752,255.	34	942,843.
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8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	0,6	<u>51.</u>
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	92	4,8	<u>95.</u>
Pai	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,			
	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	edule O.			
3a	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2013)

	Check if Schedule O contains a response or note to any line in this Part XI		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,212,671.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,047,269.
3	Revenue less expenses. Subtract line 2 from line 1	3	165,402.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	738,842.
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	20,651.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	10	924,895.
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		X

Form 990 (2013)

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SCHEDULE A

Department of the Treasury

Total

332021 09-25-13

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.

Open to Public . Inspection

OMB No. 1545-0047

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

HOPEKIDS, INC 86-1042378 Part I Reason for Public Charity Status (AII organizations must complete this part.) See instructions. Maintain is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A church, convention of churches, or association decribed in section 170(b)(1)(A)(iii). A school described in section 170(b)(1)(A)(iii). A church, convention of churches, or association decribed in section 170(b)(1)(A)(iii). A nedical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. Section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Complete Part II.) A community trust described in section 170(b)(1)(A)(v). Complete Part II.) A community trust described in section 170(b)(1)(A)(v). Complete Part II.) A community trust described in section 170(b)(1)(A)(v). Complete Part II.) A community trust described in section 170(b)(1)(A)(v). Complete Part II.) A community trust described in section 170(b)(1)(A)(v). Complete Part II.) A community trust described in section 501 tas) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). See section 509(a)(3).	Name of t	he organizati	on						E	mployer	iden	tificatio	n nur	mber
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(i). Ittach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X an organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(v). 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that described in section 509(a)(2). Check the box that describes the type of supporting organization ad										8	6-1	L0423	378	
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Complete Part II.) 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organization acomplete lines 11e through 11h a Type II b Type II c T	Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) See inst	ructions.					
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to lis exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from granization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively to the stafet, See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to thest for public safety. See section 509(a)(3). Check the box that	The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 XI An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 31 /3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I	1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
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11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type III c Type III - Functionally integrated d Type III - Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(i) (iii) A family member of a person described in (i) or (ii) above? 11g(ii) 11g(iii) 11g(iii) h Provide the following information about the supported organization (b). (iv) Did you notify the organization in col. (vi) Is the organization in col. (vii) Amount of monetary support <td></td> <td>See section</td> <td>509(a)(2). (Complete</td> <td>e Part III.)</td> <td></td>		See section	509(a)(2). (Complete	e Part III.)										
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(ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 (i) Isted in your (v) Did you notify the organization in col. (i) organization (i) organization (ii) EIN (iii) Type of organization (iv) Is the organization in col.		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed i	n (ii) and (iii) below	, _		Yes	No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 (iv) Is the organization in col. (i) listed in your (v) Did you notify the organization in col. (i) organization in col. (vii) Amount of monetary support		the gove	erning body of the su	upported organization?							L	11g(i)		
h Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 (iv) Is the organization in col. (i) listed in your (v) Did you notify the organization in col. (i) control (i) contro		(ii) A family	member of a persor	n described in (i) above?							L	11g(ii)		
(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your organization in col. (i) constant of monetary (i) organization in col. (i) constant of the support														
organization (i) constrained in the support	h	Provide the fe	ollowing information	about the supported or	ganization	(s).								
organization (i) constrained in the support				r	.				6-111	the				
	.,		(ii) EIN						lorganizati	on in col			netary	
I above or IRC section Idoverning document? (1) of your support? I IS ? I	organization (described on lines 1-9 in col. (i) isted in your organization in col. (i) organized in above or IRC section governing document? (i) of your support? (i) organized in U.S.?						ed in the	support						
(see instructions)) Yes No Yes No Yes No							., .							

12570508 099347 038-00123700 2013.03040 HOPEKIDS, INC

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

13

86-1042378	Page 2
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Schedule A	(Form 990 or 990-EZ) 2013 HOPEKIDS ,	INC	86-1042378 _{Pag}
Part II	Support Schedule for Organization	s 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 faile	d to qualify under Part III. If the organization
	fails to qualify under the tests listed below, ple	ase complete Part III.)	

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,798,590.	1,703,520.	1,940,382.	1,814,626.	2,134,234.	9,391,352.
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	1,798,590.	1,703,520.	1,940,382.	1,814,626.	2,134,234.	9,391,352.
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)						
6	Public support. Subtract line 5 from line 4.						9,391,352.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,798,590.	1,703,520.	1,940,382.	1,814,626.	2,134,234.	9,391,352.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				76.	1,228.	1,304.
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 IV.)			103,480.	99,441.	129,909.	332,830.
11	Total support. Add lines 7 through 10				-		9,725,486.
	Gross receipts from related activities,	etc. (see instructic	ns)	I		12	30,959.
	First five years. If the Form 990 is for		,	d. fourth. or fifth ta	x vear as a sectio	n 501(c)(3)	
	organization, check this box and stop	here	· · · ·	· · ·	· · · · · · · · · · · · · · · · · · ·		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2013 (li	ne 6, column (f) div	vided by line 11, c	olumn (f))		14	96.56 %
15	Public support percentage from 2012	Schedule A, Part I	I, line 14			15	97.81 %
	33 1/3% support test - 2013. If the o					nore, check this bo	x and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				
b	33 1/3% support test - 2012. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						or more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test	0	-		•		
~	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
				.,,,	,		

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	► (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	3					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	► (a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	\$					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	or the organization'	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						▶∟
Section C. Computation of Pub						
15 Public support percentage for 2013	(line 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve					-ii	
17 Investment income percentage for 2					17	%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2013. If th						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2012. If th						
line 18 is not more than 33 1/3%, ch						•▶∐
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	9a, or 19b, check t			>
332023 09-25-13			15	Sc	hedule A (Form 99	90 or 990-EZ) 2013

12570508 099347 038-00123700 2013.03040 HOPEKIDS, INC

Schedule A (Form 990 or 990-EZ) 2013 $ { m HOPEKIDS} , { m INC}$
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Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING EVENTS

332024 09-25-13

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2013

Employer identification number

86-1042378

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Name of the organization

HOPEKIDS, INC

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2013)		Page 2
Name of org	ganization		Employer identification number
HOPEK	IDS, INC		86-1042378
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1			Dereen

 		- \$\$47,567. -	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 		- \$\$61,042.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 -		- \$\$50,081. -	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		- \$ <u>92,988.</u> -	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$\$60,476.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

18 2013.03040 HOPEKIDS, INC 12570508 099347 038-00123700

323452 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
Name of organization

Page 3

Employer identification number

86-1042378

HOPEKIDS, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ENTERTAINMENT EVENT TICKETS		
<u>+</u>			
		\$ 47,567.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ENTERTAINMENT EVENT TICKETS		
2			
		\$61,042.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ENTERTAINMENT EVENT TICKETS		
3			
		\$50,081.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	ENTERTAINMENT EVENT TICKETS		
4			
		\$92,988.	12/31/13
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	
5	ENTERTAINMENT EVENT TICKETS		
		\$60,476.	12/31/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
323453 10-2	4-13 19	Schedule B (Form	990, 990-EZ, or 990-PF) (2013)

12570508 099347 038-00123700 2013.03040 HOPEKIDS, INC

lame of orga	inization		Employer identification number						
	DS, INC		86-1042378						
Part III	<i>Exclusively</i> religious, charitable, etc., ind year. Complete columns (a) through (e) and	ividual contributions to section 501(c)(7 the following line entry. For organizations	(), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter						
	the total of <i>exclusively</i> religious, charitable, e Use duplicate copies of Part III if addition		e year. (Enter this information once.) *						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
·			— ————						
Ľ									
		(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
•									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
! ·									
-		e) Transfer of gift							
		(c) manaler of gift	or or gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
		[
(a) No.		1							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
·									
			— ————						
	(e) Transfer of gift								
	Transferee's name, address, a		Deletionship of transferrer to transferre						
	fransieree's name, address, a		Relationship of transferor to transferee						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
·			— ———						
Ľ									
		(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
L L	,		•						
.									
·									
23454 10-24-	13	1	Schedule B (Form 990, 990-EZ, or 990-PF) (201						
		20							

12570508 099347 038-00123700 2013.03040 HOPEKIDS, INC

SCHEDULE	D
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(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.



Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www irs gov/form990 Name of the organization

Employer identification number

	HOPEKIDS, INC	86-1042378				
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts.Complete if the			
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds			
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes 📖 No			
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose cor	nferring			
_						
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (e.g., recreation or					
	Protection of natural habitat	Preservation of a certified	d historic structure			
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conservation easement on the last			
	day of the tax year.					
	-		Held at the End of the Tax Year			
a	Total number of conservation easements					
b		musture included in (c)				
C d	Number of conservation easements on a certified historic st		2c			
d	Number of conservation easements included in (c) acquired		2d			
3	listed in the National Register					
3	year	eleased, exclinguished, or terminated by the org	ganization during the tax			
4	Number of states where property subject to conservation ea	esement is located				
5	Does the organization have a written policy regarding the pe					
Ŭ	violations, and enforcement of the conservation easements		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting					
7	Amount of expenses incurred in monitoring, inspecting, and					
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	tion easements in its revenue and expense sta	atement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for			
	conservation easements.					
Pa			er Similar Assets.			
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemen	t and balance sheet works of art,			
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri					
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 public	service, provide the following amounts			
	relating to these items:					
	(i) Revenues included in Form 990, Part VIII, line 1					
_	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre	-	ain, provide			
_	the following amounts required to be reported under SFAS					
a b	Revenues included in Form 990, Part VIII, line 1					
U	Assets included in Form 990, Part X		🕨 Ψ			

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Schedule D (Form 990) 2013

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12570508 099347 038-00123700 2013.03040 HOPEKIDS, INC

Sche	dule D (Form 990) 2013 HOPEKID								4237		
Pai	t III Organizations Maintaining C	Collections of A	rt, Hi	storical Tr	reasures, o	or Othe	r Simila	ir Asse	t s (contil	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, che	eck any of the	following that	at are a sig	gnificant u	ise of its	collectio	n iter	ns
	(check all that apply):			_							
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art,	historical trea	asures, or oth	er similar	assets		_	_	_
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if tl	he organizatio	on answered	"Yes" to F	Form 990,	Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary fo	or contributior	ns or other as	sets not i	included		_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	g table:							
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance								_		
	Did the organization include an amount on F							L	Yes		
	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplana	tion has been	provided in	Part XIII	<u></u>				
Pa	t V Endowment Funds. Complete i							ana haali	() Fau		hooli
		(a) Current year	(b)	Prior year	(c) Two year	rs dack (d) Three ye	ears dack	(e) Fou	ryears	S DACK
	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance			d							
2	Provide the estimated percentage of the cur	rent year end baland		ig, column (a	a)) neid as:						
a L	Board designated or quasi-endowment ►	%	_%								
b											
C	Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c show	%									
20	Are there endowment funds not in the posse		ation t	bot are bold a	and administr	and for th		ation			
Ja		ession of the organiz	ation	nat are neiu a			le organiza	alion		Yes	No
	by: (i) unrelated organizations								3a(i)	163	
	(ii) related organizations										
h	If "Yes" to 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								. 00		
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere), Part	IV, line 11a. S	See Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or c		1	t or other		cumulated	b	(d) Boo	k valı	le
	ri	basis (investr			(other)	• •	reciation		,,200		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			9	06,760.		54,25	57.	4	2,5	603.
	. Add lines 1a through 1e. (Column (d) must e		X, col	umn (B), line 1	10(c).)				4	2,5	603.
							S	Schedule	D (Forr	n 990) 2013

HOPEKIDS, I

Complete if the organization answered "Yes"	to Form 990, Part IV, lii	ne 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 er	nd-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.			
	to Form 000 Dort IV/ liv	a 11a Saa Farm 000 Dart V lina 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
	(b) DOOK value	(c) Method of Valdation. Cost of el	id-or-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"		ne 11d. See Form 990, Part X, line 15.	-i
(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	ə 15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990. Part IV. lii	ne 11e or 11f. See Form 990. Part X. line 2	5.
1. (a) Description of liability	, ,	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4) (5)			
<u>(6)</u>			
(7)			
(8)			
(9)	25.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Che	eck here if the text of the footnote has bee	n provided in Part XIII

Schedule D	(Form 99()) 2013
Schedule D		J ZU 13

edule D	(Form 990) 2013	HOPEKIDS,	INC	
nt XI	Reconciliation	of Revenue per A	udited	Financial S

	edule D (Form 990) 2013 HOPEKIDS, INC		1042378 Page 4		
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per R	leturr	າ.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a.		_	
1	Total revenue, gains, and other support per audited financial statements			1	2,343,433.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	62,976.		
с	Recoveries of prior year grants	2c			
d			67,786.		
е	Add lines 2a through 2d			2e	130,762.
3	Subtract line 2e from line 1			3	2,212,671.
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			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,212,671.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Witl	n Expenses per	Retu	irn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	2,157,382.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	62,976.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	67,786.		
е	Add lines 2a through 2d			2e	130,762.
3	Subtract line 2e from line 1			3	2,026,620.
4	Amounts included on Form 990, Part IX, line 25, 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	20,649.		
с	Add lines 4a and 4b			4c	20,649.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,047,269.
Pa	rt XIII Supplemental Information.				
Drov	ide the descriptions required for Part II lines 3, 5, and 9. Part III lines 1a and 4. Pa	rt IV lines 1h	and 2h: Dart V line	1. Dart	V line 2: Part VI

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART	XI,	LINE	2D	-	OTHER	ADJUSTMENTS:
------	-----	------	----	---	-------	--------------

FUNDRAISING EVENT EXPENSES OFFSET TO REVENUE FOR TAX

REPORTING

COST OF T-SHIRTS SOLD OFFSET AGAINST REVENUE FOR TAX

REPORTING

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES OFFSET TO REVENUE FOR TAX

REPORTING

COST OF T-SHIRTS SOLD OFFSET AGAINST REVENUE FOR TAX

332054 09-25-13

24 12570508 099347 038-00123700 2013.03040 HOPEKIDS, INC 60,449.

60,449.

7,337.

67,786.

Schedule D (Form 990) 2013 HOPEKIDS, INC	86-1042378 Page 5
Part XIII Supplemental Information (continued)	
REPORTING	7,337.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	67,786.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PORTION OF IN-KIND SERVICES CAPITALIZED AND NOT INCLUDED IN	
EXPENSES	20,648.
ROUNDING	1.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	20,649.
332055 09-25-13	Schedule D (Form 990) 2013
25	

12570508 099347 038-00123700 2013.03040 HOPEKIDS, INC

SCHEDULE G	vities	OMB No. 1545-0047								
(Form 990 or 990-EZ)	Complete if the	ental Information Regarding organization answered "Yes" to I	orm 9	990, P	art IV, lines 17, 18, (2013		
Department of the Treasury Internal Revenue Service		organization entered more than \$1 ► Attach to Form 990	or Fo	rm 99	0-EZ.			Open To Public Inspection		
Name of the organization	l	bout Schedule G (Form 990 or 990-EZ)	and its	instru	ictions is at <u>www irs c</u>	<u>ov/fo</u>	Employer	identification number		
Eundraici					Farme 000 Dart N/		86-104			
	complete this par	 Complete if the organization answe t. 	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990	EZ filers are not		
 Indicate whether the a Mail solicitati 	-	sed funds through any of the followir e	-							
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants										
c Phone solicitations g Special fundraising events										
d In-person sol		or oral agreement with any individual	(inclu	dina o	fficers directors tru	stees	or			
•		art VII) or entity in connection with p	•	Ũ				res 🗌 No		
b If "Yes," list the ten compensated at lea		ividuals or entities (fundraisers) purs organization.	uant to	o agre	ements under which	the	undraiser is	to be		
(i) Name and address	s of individual		(iii) fundi	Did	(iv) Gross receipts		Amount pair	M (VI) Amount paid		
or entity (fund		(ii) Activity	have c or cor	ustody	from activity	· `	fundraiser ted in col. (i)	organization		
				No						
Total										
 List all states in white or licensing. 	ch the organizatio	on is registered or licensed to solicit	contrik	oution	s or has been notifie	d it is	exempt fror	n registration		
-	duction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ. S	Sche	dule G (Forn	n 990 or 990-EZ) 2013		
332081 J9-12-13										

26 12570508 099347 038-00123700 2013.03040 HOPEKIDS, INC

Schedule G (Form 990 or 990-EZ) 2013 HOPEKIDS, INC

Pa	IT L I	Fundraising Events. Complete if the of fundraising event contributions and gr	-			
		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
				PEACE LOVE		(d) Total events
				HOPE	2	(add col. (a) through
			(event type)	(event type)		col. (c))
anr				(event type)	(total humber)	
Revenue	1	Gross receipts	92,444.	61,738.	66,375.	220,557.
	2	Less: Contributions	33,035.	29,093.	28,520.	90,648.
	3	Gross income (line 1 minus line 2)	59,409.	32,645.	37,855.	129,909.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	28,353.	11,677.	20,419.	60,449.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	60,449.
_	11					69,460.
Pa	ίτι		answered "Yes" to Form	i 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(1) Dull to be for stores		(N
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue			-	billy0/progressive billy0		col. (a) through col. (c))
Rev						
	1	Gross revenue				
	~	Cook avince				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Ä	Ŭ					
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	The gaming income summary. Subtract life /				
9	Ent	ter the state(s) in which the organization opera	tes camino activities:			
		he organization licensed to operate gaming ac				Yes No
2		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax v	/ear?	Yes No
		Yes," explain:				
-		· ·				
	_					
					Cabadada O /T	
3320	32 09	9-12-13			Schedule G (For	m 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 HOPEKIDS, INC 86	-1042	2378	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity operated in:	<u> </u>		
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I is the organization required under state law to make charitable distributions from the gaming proceeds to			
6	retain the state gaming license?		Yes	
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
~	organization's own exempt activities during the tax year > \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	I. lines 9	9b. 1	0b. 15b.
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		,, .	,
	······································			
3320	83 09-12-13 Schedule G (Fo	orm 990	or 990	-EZ) 2013
	28			

	(Form 990 or 990-EZ)	HOPEKIDS,	INC
Part IV	Supplemental In	formation (continued)	

	1 ,		
			<u></u>
332084 05-01-13			Schedule G (Form 990 or 990-EZ)
00-01-10		29	

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public

. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

	Attach	to	Form	990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Employer identification number 86-1042378

HOPEKIDS,	INC
operty	

Par	t I Types of Property				•			
		(a) Chook if	(b) Number of	(c) Noncash contribution	(d) Method of de	tormini	na	
		Check if applicable	contributions or	amounts reported on	noncash contribu		0	-
		арріюаріс		Form 990, Part VIII, line 1g	noneasir contribe		lount	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
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	Archeological artifacts							
25	Other \blacktriangleright (<u>TICKETS & EVE</u>)	Х	602	1,155,436.	FMV			
26	Other ► ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 - 28, t	hat it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exen	npt purposes for			
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that r	equires the review	of any non-standard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash		ΙĪ	Ī	_
	contributions?					32a		X

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

b If "Yes," describe in Part II.

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

Schedule M (Form 990) (2013)

332141 09-03-13 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.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE NUMBER OF ITEMS CONTRIBUTED ARE REPORTED IN COLUMN B.

Schedule M (Form 990) (2013)

332142 09-03-13

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ -	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/fi	orm990	Inspection
Name of the organization	HOPEKIDS, INC	Employer ide 86-104	entification number 12378
FORM 990, PAR	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:	
STRONGER.			
FORM 990, PAR	RT V, QUESTIONS 7G AND H:		
EXPLANATION:	THE ORGANIZATION DID NOT RECEIVE CONTRIBUTION	NS OF TH	IE TYPE
DESCRIBED ANI	O, THEREFORE, THE ANSWERS ARE NEITHER YES OR D	NO AND H	IAVE
BEEN LEFT BLA	ANK.		
FORM 990, PAR	RT VI, SECTION B, LINE 11:		
EXPLANATION:	THE AUDIT COMMITTEE REVIEWS AND PRESENTS TO	BOARD	
FORM 990, PAR	RT VI, SECTION B, LINE 12C:		
EXPLANATION:	ALL NEW BOARD MEMBERS ARE PROVIDED WITH THE	POLICY A	AND ARE
REQUIRED TO S	SIGN IT. POTENTIAL CONFLICTS ARE DISCUSSED A	T REGUL	AR BOARD
MEETINGS AS	THEY ARISE AND ARE RESOLVED ACCORDING TO THE	POLICY.	ANNUALLY,
THE POLICY IS	S REVIEWED AT A BOARD MEETING.		
FORM 990, PAR	RT VI, SECTION B, LINE 15:		
EXPLANATION:	THE BOARD OF DIRECTORS REVIEWED AND DETERMIN	ED THE	
COMPENSATION	PACKAGES BY USING THE GUIDESTAR COMPENSATION	REPORT	, 13тн
EDITION. THE	E DELIBERATION AND DECISION WAS RECORDED IN T	HE DECEN	IBER 2013
BOARD MEETING	G MINUTES.		
FORM 990, PAR	RT VI, SECTION C, LINE 19:		
EXPLANATION:	THE ORGANIZATION MAKES ITS GOVERNING DOCUMEN	TS AND (CONFLICT OF
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	ule O (Form 99	90 or 990-EZ) (2013)

32 12570508 099347 038-00123700 2013.03040 HOPEKIDS, INC

332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Paget Benchart Paget Pag
HOPEKIDS, INC	86-1042378
INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST AND	THE FINANCIAL
STATEMENTS ARE AVAILABLE ON THE WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DONATED SERVICES CAPITALIZED	20,64
ROUNDING	
TOTAL TO FORM 990, PART XI, LINE 9	20,65
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE ORGANIZATION ESTABLISHED AN AUDIT COMMI	TTEE IN MARCH
OF 2014 TO REVIEW THE 2013 FORM 990 AS WELL AS TO OVERSE	E THE AUDIT
PROCESS.	
332212 19-04-13 Sche 33	edule O (Form 990 or 990-EZ) (2