

**Return of Organization Exempt From Income Tax**

**2009**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See specific instructions. OPERATION HOPE, INC. 707 WILSHIRE BLVD. #3030 LOS ANGELES, CA 90017	<b>D</b> Employer Identification Number 95-4378084
		<b>E</b> Telephone number (213) 891-2901
<b>F</b> Name and address of principal officer: JOHN BRYANT SAME AS C ABOVE		<b>G</b> Gross receipts \$ 12,851,621.
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>J</b> Website: ▶ HTTP://WWW.OPERATIONHOPE.ORG/		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of Formation: 1992	<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>OPERATION HOPE, INC. (HOPE) IS A NON-PROFIT, PUBLIC BENEFIT ORGANIZATION FOUNDED IN LOS ANGELES IN APRIL, 1992. HOPE IS AMERICA'S LEADING PROVIDER OF ECONOMIC TOOLS AND SERVICES. HOPE SEEKS TO BRING TRUE AND SUSTAINING "HOPE" TO THOSE LIVING IN UNDER-SERVED AREAS OF AMERICA.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b>	33
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b>	33
	<b>5</b> Total number of employees (Part V, line 2a).....	<b>5</b>	132
	<b>6</b> Total number of volunteers (estimate if necessary).....	<b>6</b>	3,000
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34.....	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h).....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g).....	5,432,848.	12,711,334.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	1,057.	24,218.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	167,256.	116,069.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	5,601,161.	12,851,621.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4).....		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	5,823,923.	6,289,613.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e).....		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,174,283.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	3,772,693.	5,079,580.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	9,596,616.	11,369,193.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12.....	-3,995,455.	1,482,428.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16).....	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26).....	6,146,701.	6,864,719.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.....	1,403,077.	638,667.
		4,743,624.	6,226,052.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ \_\_\_\_\_  
Signature of officer Date

▶ WILLIAM WALBRECHER PRESIDENT & COO  
Type or print name and title.

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____	Date 11/15/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HUTCHINSON AND BLOODGOOD, LLP 101 N. BRAND BLVD STE 1600 GLENDALE, CA 91203	EIN ▶ N/A	Phone no. ▶ (818) 637-5000	

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

**TAXPAYER'S COPY**

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ...

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ...

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses, section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,295,563. including grants of \$ ) (Revenue \$ )

HOPE COALITION AMERICA (HCA) IS HOPE'S EMERGENCY RESPONSE AND PREPAREDNESS DIVISION. HCA IS PART OF A STRONG NETWORK OF FIRST RESPONDERS TO DISASTERS IN THE UNITED STATES WHO ADDRESS IMMEDIATE HEALTH, SAFETY, AND INFRASTRUCTURE NEEDS. HCA MOBILIZES IN TIMES OF PRESIDENTIAL DECLARED NATURAL DISASTERS LIKE HURRICANE KATRINA, AND AT TIMES OF MAN-MADE DISASTERS SUCH AS THE CURRENT MORTGAGE CRISIS. THROUGH OUR DATABASE OF PROFESSIONAL HOPE CORPS VOLUNTEER'S HCA IS ABLE TO PROVIDE EMERGENCY CASE MANAGEMENT TO CLIENTS FACING CRISIS. HCA ALSO PROVIDES LOAN MODIFICATION ASSISTANCE TO HOME OWNERS IN CRISIS. TO DATE HCA HAS ASSISTED OVER 100,000 DISASTER VICTIMS AND MODIFIED OVER \$360 MILLION LOANS TO OVER 1,000 HOME OWNERS IN CRISIS.

4b (Code: ) (Expenses \$ 3,062,575. including grants of \$ ) (Revenue \$ 15,823.)

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 808,137. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,166,275.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional.</i>		
		Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I.</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III.</i>		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? <i>If 'Yes,' complete Schedule G, Part I.</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
<b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i>	X	
<b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>	X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. . . . .		
<b>1a</b>	17		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .		
<b>1b</b>	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
<b>2a</b>	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. . . . .		
<b>2a</b>	132		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		X
<b>3b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. . . . .		
<b>4a</b>	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)? . . . . .	X	
<b>4b</b>	If 'Yes,' enter the name of the foreign country: <b>SOUTH AFRICA</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>5c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .		X
<b>6b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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? . . . . .		X
<b>7b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>7d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	X	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		X
<b>9b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? . . . . .		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
<b>10b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from other members or shareholders . . . . .		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>12b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . .		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body.....		
<b>1 b</b>	Enter the number of voting members that are independent.....		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?.....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.....		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?.....		X
<b>6</b>	Does the organization have members or stockholders?.....		X
<b>7 a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....		X
<b>7 b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body?.....	X	
<b>8 b</b>	Each committee with authority to act on behalf of the governing body?.....	X	
<b>9</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.....		X

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

		Yes	No
<b>10 a</b>	Does the organization have local chapters, branches, or affiliates?.....		X
<b>10 b</b>	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.....		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?.....	X	
<b>11 A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12 a</b>	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.....	X	
<b>12 b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?.....	X	
<b>12 c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.....	X	
<b>13</b>	Does the organization have a written whistleblower policy?.....	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?.....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15 a</b>	The organization's CEO, Executive Director, or top management official... SEE SCHEDULE O.....	X	
<b>15 b</b>	Other officers of key employees of the organization... SEE SCHEDULE O.....	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.....		X
<b>16 b</b>	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.....		

**Section C. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ ROCHELLE ZAWODNY 707 WILSHIRE BLVD. LOS ANGELES CA 90017 (213) 891-2905

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY R CHRISMAN VICE CHAIRMAN	0.5	X						0.	0.	0.
CRAIG DERROY BOARD MEMBER	0.5	X						0.	0.	0.
GEORGE W. HALIGOWSKI BOARD MEMBER	0.5	X						0.	0.	0.
WILLIAM HANNA BOARD MEMBER	0.5	X						0.	0.	0.
PAUL H. IRVING BOARD MEMBER	0.5	X						0.	0.	0.
DON J. MCGRATH BOARD MEMBER	0.5	X						0.	0.	0.
GREGORY A. MITCHELL BOARD MEMBER	0.5	X						0.	0.	0.
LYNN PIKE BOARD MEMBER	0.5	X						0.	0.	0.
JOHN ROBINSON BOARD MEMBER	0.5	X						0.	0.	0.
JOHN BLENKE BOARD MEMBER	0.3	X						0.	0.	0.
ROBERT BURTON BOARD MEMBER	0.3	X						0.	0.	0.
JEFF FENDLER BOARD MEMBER	0.3	X						0.	0.	0.
ARLEN W. GELBARD BOARD MEMBER	0.3	X						0.	0.	0.
PIERRE HABIS BOARD MEMBER	0.3	X						0.	0.	0.
RICHARD C. HARTNACK BOARD MEMBER	0.3	X						0.	0.	0.
ROBERTO R. HERENCIA BOARD MEMBER	0.3	X						0.	0.	0.
JOY K. HOFFMANN BOARD MEMBER	0.3	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRADLEY KIME BOARD MEMBER	0.3	X					0.	0.	0.	
KRAIG T. KITCHIN BOARD MEMBER	0.3	X					0.	0.	0.	
BRIAN LONGE BOARD MEMBER	0.3	X					0.	0.	0.	
ROD MCGREW COMM CHIEF	0.3	X					0.	0.	0.	
FRANK MCMAHON BOARD MEMBER	0.3	X					0.	0.	0.	
IRVING A. MILLER BOARD MEMBER	0.3	X					0.	0.	0.	
WALTER J. MIX BOARD MEMBER	0.3	X					0.	0.	0.	
DAVID W. MOONEY BOARD MEMBER	0.3	X					0.	0.	0.	
CELIE NIEHAUS BOARD MEMBER	0.3	X					0.	0.	0.	
DAVID SIMON BOARD MEMBER	0.3	X					0.	0.	0.	
MICHAEL P. SMITH BOARD MEMBER	0.3	X					0.	0.	0.	
MARY LEE WIDENER BOARD MEMBER	0.3	X					0.	0.	0.	
ANDREW YOUNG III BOARD MEMBER	0.3	X					0.	0.	0.	
<b>1 b Total</b>							<b>1,187,429.</b>	<b>0.</b>	<b>48,063.</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 5**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
BALDWIN HILLS INVESTORS, LTD C/O FORSAT 141 ELCAMINO, SUITE203 BEVERL	LANDLORD HOPE CENTER	137,316.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 1**



# Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See instructions for Form 990.

## 2009

Open to Public  
Inspection

Name of the Organization: **OPERATION HOPE, INC.** Employer Identification number: **95-4378084**

### Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BRYANT CEO	40			X	X			315,319.	0.	14,710.
RACHAEL DOFF EXEC VP & CAO	40			X	X			126,525.	0.	12,132.
WILLIAM WALBRECHER PRESIDENT & COO	40			X	X			237,494.	0.	0.
LANCE W TRIGGS EVP/CHIEF OF ST	40				X			113,736.	0.	4,415.
JENA ROSCOE SVP, GOVT AFFAI	40				X			93,358.	0.	4,466.
MARY HAGERTY FIRST SVP CBOOF	40				X			107,276.	0.	4,466.
ROCHELLE ZAWODNY VP/CONTROLLER	40				X			90,376.	0.	4,466.
FRED SMITH SENIOR ADVISOR	40				X			79,095.	0.	755.
KEVIN FLEMING SVP BOOF	40				X			24,250.	0.	2,653.

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns . . . . .	<b>1 a</b>					
	<b>b</b> Membership dues . . . . .	<b>1 b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1 c</b>					
	<b>d</b> Related organizations . . . . .	<b>1 d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1 e</b>	2,076,955.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1 f</b>	10,634,379.				
	<b>g</b> Noncash contribns included in lns 1a-1f: . . . . \$						
	<b>h Total.</b> Add lines 1a-1f . . . . .		12,711,334.				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> _____ <b>Business Code</b>						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .						
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .		24,218.			24,218.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6 a</b> Gross Rents . . . . .	(i) Real	86,699.				
		(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .	86,699.				
	<b>d</b> Net rental income or (loss) . . . . .		86,699.			86,699.	
	<b>7 a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
	<b>d</b> Net gain or (loss) . . . . .						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> <u>CYBER CAFE</u> . . . . .			15,823.			15,823.	
<b>b</b> <u>SEMINAR FEES</u> . . . . .			8,993.			8,993.	
<b>c</b> <u>COMMISSIONS</u> . . . . .			2,380.			2,380.	
<b>d</b> All other revenue . . . . .			2,174.	568.		1,606.	
<b>e Total.</b> Add lines 11a-11d . . . . .			29,370.				
<b>12 Total revenue.</b> See instructions . . . . .			12,851,621.	568.	0.	139,719.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,187,429.	730,269.	308,732.	148,428.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	4,144,717.	2,939,171.	815,272.	390,274.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	43,443.	32,862.	10,004.	577.
9 Other employee benefits.	482,760.	337,146.	94,695.	50,919.
10 Payroll taxes.	431,264.	305,259.	87,900.	38,105.
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.	275,660.	98,355.	160,025.	17,280.
13 Office expenses.	163,158.	55,326.	72,570.	35,262.
14 Information technology.				
15 Royalties.				
16 Occupancy.	1,069,739.	874,841.	173,390.	21,508.
17 Travel.	607,226.	307,317.	48,555.	251,354.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	50,498.		50,498.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	553,059.	199,997.	353,062.	
23 Insurance.	97,474.	61,799.	25,496.	10,179.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PROFESSIONAL FEES</u>	703,902.	209,217.	461,355.	33,330.
b <u>COMMUNICATIONS</u>	305,017.	208,970.	49,221.	46,826.
c <u>OTHER</u>	263,752.	202,235.	27,115.	34,402.
d <u>PROGRAM &amp; EVENT EXPENSES</u>	184,683.	168,178.	16,441.	64.
e <u>POSTAGE AND SHIPPING</u>	167,978.	59,447.	90,529.	18,002.
f All other expenses.	637,434.	375,886.	183,775.	77,773.
25 Total functional expenses. Add lines 1 through 24f.	11,369,193.	7,166,275.	3,028,635.	1,174,283.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing .....		1	
	2	Savings and temporary cash investments .....	275,898.	2	3,150,203.
	3	Pledges and grants receivable, net .....	3,058,553.	3	1,739,818.
	4	Accounts receivable, net .....		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	50,000.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	140,307.	9	134,273.
	10a	Land, buildings, and equipment: cost or other basis.. Complete Part VI of Schedule D	10a 3,206,775.		
	b	Less: accumulated depreciation.....	10b 1,951,677.	1,758,765.	10c 1,255,098.
	11	Investments — publicly-traded securities .....		11	
	12	Investments — other securities. See Part IV, line 11.....		12	
	13	Investments — program-related. See Part IV, line 11.....		13	
	14	Intangible assets.....		14	
	15	Other assets. See Part IV, line 11.....	913,178.	15	535,327.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6,146,701.	16	6,864,719.	
LIABILITIES	17	Accounts payable and accrued expenses.....	706,976.	17	557,094.
	18	Grants payable .....		18	
	19	Deferred revenue .....		19	
	20	Tax-exempt bond liabilities.....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties.....	500,000.	23	
	24	Unsecured notes and loans payable to unrelated third parties.....		24	
	25	Other liabilities. Complete Part X of Schedule D.....	196,101.	25	81,573.
	26	<b>Total liabilities.</b> Add lines 17 through 25.....	1,403,077.	26	638,667.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>				
	27	Unrestricted net assets.....	-1,018,638.	27	2,995,852.
	28	Temporarily restricted net assets.....	5,762,262.	28	3,230,200.
	29	Permanently restricted net assets.....		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund.....		31	
	32	Retained earnings, endowment, accumulated income, or other funds.....		32	
33	<b>Total net assets or fund balances.</b> .....	4,743,624.	33	6,226,052.	
34	<b>Total liabilities and net assets/fund balances.</b> .....	6,146,701.	34	6,864,719.	

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....

b Were the organization's financial statements audited by an independent accountant? .....

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches 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 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally integrated d Type III- Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

h Provide the following information about the supported organizations.

Table with 7 main columns: (i) Name of Supported Organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of Support. Includes a Total row at the bottom.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . .	8,727,511.	9,373,660.	10703743.	5,432,848.	12711334.	46,949,096.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .						0.
4 <b>Total.</b> Add lines 1-through 3 . . . . .	8,727,511.	9,373,660.	10703743.	5,432,848.	12711334.	46,949,096.
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). . . . .						14,134,579.
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						32,814,517.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	8,727,511.	9,373,660.	10703743.	5,432,848.	12711334.	46,949,096.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	803.	30.	3.	1,057.	24,195.	26,088.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. . . . .	34,513.	24,205.	31,214.	167,256.	116,069.	373,257.
11 <b>Total support.</b> Add lines 7 through 10. . . . .						47,348,441.
12 Gross receipts from related activities, etc. (see instructions). . . . .					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	69.3 %
15 Public support percentage from 2008 Schedule A, Part II, line 14. . . . .	15	80.5 %
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.") . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶





## PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
OTHER INCOME	116,069.	167,256.	31,214.	24,205.	34,513.
TOTAL	<u>\$ 116,069.</u>	<u>\$ 167,256.</u>	<u>\$ 31,214.</u>	<u>\$ 24,205.</u>	<u>\$ 34,513.</u>

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Name of the organization OPERATION HOPE, INC.	Employer identification number 95-4378084
--	--

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 –

- 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)/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, aggregate 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 aggregate 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, 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 their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.**

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

OPERATION HOPE, INC.

95-4378084

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	H&R BLOCK ----- ONE H&R BLOCK WAY ----- KANSAS CITY, MO 64105 -----	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	CITIGROUP FOUNDATION ----- 3800 CITIGROUP CENTER DR. G-3 ----- TAMPA, FL 33610 -----	\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	CIT GROUP ----- 505 FIFTH AVENUE ----- NEW YORK, NY 10017 -----	\$ 7,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	HSBC NA ----- P.O. BOX 2013 ----- BUFFALO , NY 14240 -----	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____    	N/A    		
_____    		\$	
_____    		\$	
_____    		\$	
_____    		\$	
_____    		\$	

BAA

Name of organization

Employer identification number

OPERATION HOPE, INC.

95-4378084

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year).....		
3 Aggregate grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 8/17/06.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?.....  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?.....  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land				
b Buildings				
c Leasehold improvements		1,380,671.	514,821.	865,850.
d Equipment		1,761,739.	1,405,535.	356,204.
e Other		64,365.	31,321.	33,044.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,255,098.

BAA



**Part VII Investments—Other Securities** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other _____		
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<b>Total.</b> (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, Col. (B) line 13.) ▶		

**Part IX Other Assets** (See Form 990, Part X, line 15)

(a) Description	(b) Book value
IN-KIND CONTRIBUTION RECEIVABLE	535,327.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B), line 15.) ▶	535,327.

**Part X Other Liabilities** (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount	
Federal Income Taxes		
OBLIGATIONS UNDER CAPITAL LEASES	81,573.	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	81,573.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)		12,851,621.
2	Total expenses (Form 990, Part IX, column (A), line 25)		11,369,193.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		1,482,428.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		1,482,428.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		<b>1</b>	15,437,648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	<b>2a</b>		
	b Donated services and use of facilities	<b>2b</b>	2,586,027.	
	c Recoveries of prior year grants	<b>2c</b>		
	d Other (Describe in Part XIV)	<b>2d</b>		
	e Add lines 2a through 2d		<b>2e</b>	2,586,027.
3	Subtract line 2e from line 1		<b>3</b>	12,851,621.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	b Other (Describe in Part XIV)	<b>4b</b>		
	c Add lines 4a and 4b		<b>4c</b>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	12,851,621.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		<b>1</b>	13,955,220.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	<b>2a</b>	2,586,027.	
	b Prior year adjustments	<b>2b</b>		
	c Other losses	<b>2c</b>		
	d Other (Describe in Part XIV)	<b>2d</b>		
	e Add lines 2a through 2d		<b>2e</b>	2,586,027.
3	Subtract line 2e from line 1		<b>3</b>	11,369,193.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
	b Other (Describe in Part XIV)	<b>4b</b>		
	c Add lines 4a and 4b		<b>4c</b>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	11,369,193.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . .  Yes  No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
GAUTANG PROVINCE	1	1	FINANCIAL LITERACY	BOOF PROGRAMS IN SCHOOLS	78,251.
WESTERN CAPE PROVINCE	1	1	FINANCIAL LITERACY	BOOF PROGRAMS IN SCHOOLS	30,290.
<b>Totals</b> . . . . . ▶	<b>2</b>	<b>2</b>			<b>108,541.</b>

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (2009)

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 0

3 Enter total number of other organizations or entities ..... 0

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

**Part IV Supplemental Information**

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

Lined area for supplemental information with horizontal dashed lines.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2009**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.**

**Open to Public Inspection**

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. **PART III**

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If 'Yes' to line 5a or 5b, describe in Part III. **PART III**

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If 'Yes' to line 6a or 6b, describe in Part III.

**7** For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	X	
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>	X	
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		X



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
JOHN BRYANT	(i)	198,541.	116,778.	0.	0.	14,710.	330,029.	314,520.
	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM WALBRECHER	(i)	172,494.	65,000.	0.	0.	0.	237,494.	179,135.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

**PART 1, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS**

HOPE'S POLICY IN REGARDS TO TRAVEL OF CEO:

PER THE EMPLOYMENT AGREEMENT THE POLICY IS TO REIMBURSE HIM FOR ANY TRAVEL AND OTHER EXPENSES REASONABLY AND

NECESSARILY INCURRED BY EMPLOYEE IN THE PERFORMANCE OF EMPLOYEE'S DUTIES INCLUDING THE REASONABLE COST OF A

SPOUSE OR OTHER COMPANION WHERE THE INCLUSION OF SPOUSE OR OTHER COMPANION IS NECESSARY AND APPROPRIATE TO

THE BUSINESS FUNCTION RELATING TO SUCH TRAVEL AND IN THE BEST INTERESTS OF OPERATION HOPE.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

**PART I, LINE 5 - COMPENSATION CONTINGENT ON REVENUES OR RELATED ORGANIZATIO**

IN ADDITION TO THE BASIC COMPENSATION, THE CEO MAY RECEIVE BONUS COMPENSATION TO NOT EXCEED 60% OF THE PREVAILING BASE COMPENSATION. THE BONUS WOULD BE EQUAL TO 20% OF THEN PREVAILING BASE COMPENSATION IF OPERATION HOPE INC'S ACTUAL TOTAL REVENUES FOR A CALENDAR YEAR EQUAL OR EXCEED THE PROJECTIONS SET FORTH IN AN OPERATION PLAN APPROVED BY THE BOARD OF DIRECTORS FOR SUCH YEAR AND ONLY IF OPERATION HOPE, INC'S CURRENT RATIO FOR SUCH YEAR IS EQUAL TO OR GREATER THAN 1:1.THESE AMOUNTS ARE CALCULATED IN ACCORDANCE WITH GAAP.

THE CEO MAY EARN AN ADDITIONAL BONUS PAYMENT SO LONG AS THE FOLLOWING CRITERIA ARE MET:  
CEO EARNS FIVE PERCENT OF SUPPORT REVENUES DETERMINED IN ACCORDANCE WITH GAAP AND BASED ON THE FINANCIAL RESULTS OF HOPE, IN EXCESS OF PROJECTED SUPPORT REVENUES INCLUDED IN THE OPERATING PLAN OF OPERATION HOPE INC. AS APPROVED BY THE BOARD OF DIRECTORS FOR SUCH CALENDAR YEAR.

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

A series of horizontal dashed lines providing space for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Complete if the organization answered  
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization <b>OPERATION HOPE, INC.</b>	Employer identification number <b>95-4378084</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	JOHN BRYANT SHORT TERM PAID BACK IN JANUARY 2010				X	50,000.	50,000.		X	X
<b>Total</b>				▶ \$	<b>50,000.</b>					

**Part III Grants or Assistance Benefitting Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

**2009**

**Open to Public Inspection**

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

**Part I Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
HOPE ADVISORS LLC 707 WILSHIRE BLVD #3030 LOS ANGELES, CA 90017 20-8380765	CONSULTING	CA	0.	0.	OPERATION HOPE INC.
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
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**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
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**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity.....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....		X
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....		X
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> Other transfer of cash or property from other organization(s) .....		X

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		



**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Dispropor- tionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
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**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

OPERATION HOPE, INC. (HOPE) IS A NON-PROFIT, PUBLIC BENEFIT ORGANIZATION FOUNDED IN LOS ANGELES IN APRIL, 1992 . HOPE IS AMERICA'S LEADING PROVIDER OF ECONOMIC TOOLS AND SERVICES. HOPE SEEKS TO BRING TRUE AND SUSTAINING "HOPE" TO THOSE LIVING IN UNDER-SERVED AREAS OF AMERICA, REMINDING THEM ALWAYS THAT THEY ARE IMPORTANT AND NECESSARY. HOPE SEEKS TO CREATE SUSTAINABLE CHANGE WITHIN UNDER-SERVED COMMUNITIES BY CONSISTENTLY PROMOTING OPPORTUNITY, SELF-ESTEEM, SELF LOVE, OPTIMISM AND FUTURE ASPIRATION. THROUGH A SERIES OF PUBLIC/PRIVATE PARTNERSHIPS AND STRATEGIC ALLIANCES, HOPE HAS DEVELOPED AND IMPLEMENTED PROGRAMS FOCUSED ON CONNECTING THE MINORITY COMMUNITY WITH MAINSTREAM, PRIVATE SECTOR RESOURCES, AND EMPOWERING UNDER-SERVED COMMUNITIES.

AMONG THE PROGRAMS OFFERED BY HOPE ARE FINANCIAL COUNSELING, BUSINESS TECHNICAL ASSISTANCE AND THE FACILITATION OF FINANCING FOR INDIVIDUALS AND SMALL GROUPS, PRIMARILY FOR HOMES AND SMALL BUSINESSES.

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

THE OPERATION HOPE BANKING CENTER IS A WORKING "ONE STOP" MODEL LOCATION FOR EMPOWERMENT. THE CENTERS PROVIDE PERSONALIZED SERVICE AND FOCUSED ATTENTION FOR THE PURPOSE OF CREATING COMMUNITY STAKEHOLDERS. BY CONVERTING RENTERS INTO HOME OWNERS AND DREAMERS INTO VIABLE BUSINESS OWNERS, INCREASING NET WORTH, AND IMPROVING THE ECONOMIC QUALITY OF LIFE FOR INDIVIDUALS AND FAMILIES IN EMERGING MARKETS, HOPE WORKS TOWARDS ITS OVERALL MISSION OF ERADICATING POVERTY.

THE HOPE CENTER IS ABLE TO ACCOMPLISH THESE OBJECTIVES BY PROVIDING INNOVATIVE EMPOWERMENT SERVICES THAT CONSIST OF ADULT FINANCIAL LITERACY WORKSHOPS, MONEY MANAGEMENT, BUDGETING COUNSELING, MORTGAGE AND BUSINESS LENDING COUNSELING, INVESTMENT AND RETIREMENT PLANNING, HOME BUYER DOWN PAYMENT ASSISTANCE MATCHING

Name of the organization

Employer identification number

OPERATION HOPE, INC.

95-4378084

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

GRANTS, SMALL BUSINESS TECHNICAL ASSISTANCE AND POST FUNDING COUNSELING. OPERATION HOPE HAS 10 HOPE CENTER LOCATIONS INCLUSIVE OF A VIRTUAL HOPE CENTER IN POWAY CALIFORNIA. TO DATE THE HOPE BANKING CENTER NETWORK HAS FACILITATED OVER 700,000 FINANCIAL TRANSACTIONS, EDUCATED OVER 60,000 ADULTS ON FINANCIAL LITERACY, PROVIDED "ONE ON ONE" FINANCIAL COUNSELING TO OVER 25,000 INDIVIDUALS, PROVIDED COMPUTER AND INTERNET ACCESS TO OVER 22,000 INDIVIDUALS AND MADE OVER \$645 MILLION IN LOAN COMMITMENTS TO FIRST TIME BUYERS AND BUSINESSES.

PROGRAMS OFFERED:

- FINANCIAL LITERACY WORKSHOPS
- FORECLOSURE PREVENTION COUNSELING
- MONEY MANAGEMENT COUNSELING
- HOMEOWNERSHIP COUNSELING
- SMALL BUSINESS COUNSELING
- LOAN MODIFICATION SERVICES
- COMPUTER AND INTERNET ACCESS

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

THE BANKING ON OUR FUTURE (BOOF) PROGRAM IS A GLOBAL DELIVERY SYSTEM FOR FINANCIAL EDUCATION FOR YOUTH AGES 9-18 AT NO COST TO SCHOOL DISTRICTS AND COMMUNITY BASED ORGANIZATIONS WITH A FOCUS ON URBAN, UNDER-SERVED COMMUNITIES. THE PROGRAM CONSISTS OF FIVE MODULES, I. BASICS OF BANKING AND FINANCIAL SERVICES, II. CHECKING & SAVINGS ACCOUNTS, III. THE POWER OF CREDIT, IV. BASIC INVESTMENTS, AND V. DIGNITY THAT ARE TAUGHT BY VOLUNTEER HOPE CORP MEMBERS WHO ARE TRAINED TO BREAK DOWN THEIR KNOWLEDGE OF BANKING AND CREDIT INTO TERMS THAT YOUTH CAN UNDERSTAND AND UTILIZE IMMEDIATELY.

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)**

IN ADDITION TO FINANCIAL EDUCATION, THE STUDENTS ARE LEFT WITH A MESSAGE OF EMPOWERMENT, A MESSAGE OF RESPONSIBILITY, AND MOST IMPORTANT, A MESSAGE OF HOPE.

THE PRIMARY UNIQUE ELEMENT OF BOOF IS THAT IT MAKES YOUNG ADULTS THINK DIFFERENTLY ABOUT THEMSELVES AND THEIR FUTURE AND UNDERSTAND WHY LEARNING ABOUT DIGNITY AND THE LANGUAGE OF MONEY CAN HELP THEM DESIGN AND ACHIEVE THEIR DREAMS.

THE BOOF PROGRAM CURRENTLY OPERATES IN 68 UNITED STATES CITIES AND 5 PROVINCES IN SOUTH AFRICA. IN 2009, 90,285 YOUTH WERE TAUGHT IN 2,963 CLASSROOMS AND A TOTAL OF 2,169 BOOF HOPE CORPS VOLUNTEERS WERE RECRUITED AND TRAINED.

BOOF IS THE RECIPIENT OF THE 11TH JOHN SHERMAN AWARD FOR FINANCIAL EDUCATION GIVEN BY THE UNITED STATES TREASURY DEPARTMENT IN THE HISTORY OF THE UNITED STATES.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

OTHER PROGRAM SERVICES INCLUDE ECONOMIC EDUCATION, SMALL BUSINESS TECHNICAL ASSISTANCE, HOMEOWNERSHIP COUNSELING AND EMERGENCY FINANCIAL COUNSELING SERVICES

**FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS**

THE 990 IS REVIEWED BY THE FOLLOWING GROUPS, IN THIS ORDER, FOR APPROVAL.

1. CONTROLLER
2. PRESIDENT AND CAO
3. CEO
4. BOARD OF DIRECTORS

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

HOPE HAS A VOLUNTARY BOARD THAT CONTRIBUTES THEIR TIME TO ADVANCE THE PROGRAMS THROUGH THEIR TIME, TALENT AND TREASURE. ANY TIME A CONFLICT OF INTEREST ARISES IT

Name of the organization

OPERATION HOPE, INC.

Employer identification number

95-4378084

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)**

IS HANDLED ON A CASE BY CASE BASIS.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGTME**

REVIEW OF COMPENSATION IS PERFORMED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS FOR THE CEO, PRESIDENT AND COO. CEO HAS A CONTRACT THAT HAS BEEN RENEWED BY THE COMPENSATION COMMITTEE SINCE THE INCEPTION OF THE ORGANIZATION. THE CONTRACT STIPULATES ANNUAL INCREASES BASED ON THE CURRENT CPI. SEVERAL YEARS AGO HOPE DID AN OUTSIDE INDEPENDENT SALARY SURVEY TO CONFIRM RANGE OF SALARIES FOR THE ORGANIZATION.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES**

THE COMPENSATION OF THE CORPORATE SECRETARY AND KEY EMPLOYEES IS DECIDED AND APPROVED BY THE CEO AND PRESIDENT. SEVERAL YEARS AGO HOPE DID AN OUTSIDE INDEPENDENT SALARY SURVEY TO CONFIRM RANGE OF SALARIES FOR THE ORGANIZATION.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

DOCUMENTS ARE PROVIDED PER REQUESTS FROM INTERESTED PARTIES. FORM 990 IS ACCESSIBLE VIA GUIDESTAR.



**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

OPERATION HOPE, INC.

Identifying number

95-4378084

Business or activity to which this form relates

FORM 990/990-PF

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 . . . . . ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	553,059.

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/>		

**Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property . . . . .						
b 5-year property . . . . .						
c 7-year property . . . . .						
d 10-year property . . . . .						
e 15-year property . . . . .						
f 20-year property . . . . .						
g 25-year property . . . . .			25 yrs		S/L	
h Residential rental property . . . . .			27.5 yrs	MM	S/L	
i Nonresidential real property . . . . .			39 yrs	MM	S/L	

**Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life . . . . .					S/L	
b 12-year . . . . .			12 yrs		S/L	
c 40-year . . . . .			40 yrs	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions . . . . .	22	553,059.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . . ▶	23	

## OPERATION HOPE, INC.

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FORM 990/990-PF																
FURNITURE AND FIXTURES																
11	EXEC OFFICE FURN	12/31/99		6,010							6,010	6,010	S/L	7		0
12	OFFICER FURNITUREPLUMMERS	1/11/01		1,270							1,270	1,270	S/L	7		0
42	ATMOSPHERE OOC FURNITURE	11/20/06		22,720							22,720	7,032	S/L	7		3,310
66	ATMOSPHERE - OOC FURNITUR	1/23/07		1,511							1,511	367	S/L	10		151
67	ATMOSPHERE - CONF ROOM FU	1/23/07		5,844							5,844	1,670	S/L	7		835
68	OFFICE FURNITURE	4/20/07		4,228							4,228	1,057	S/L	7		604
69	SUPERIOR CARPET & DESIGN	4/20/07		18,248							18,248	4,562	S/L	7		2,607
70	SUPERIOR CARPET & DESIGN	4/20/07		2,443							2,443	611	S/L	7		349
71	SIMPLE LINE FURNITURE	4/30/07		2,090							2,090	523	S/L	7		299
TOTAL FURNITURE AND FIXTURE				64,364		0	0	0	0	0	64,364	23,102				8,155
IMPROVEMENTS																
1	LHI LIVINGSTON ASSOC. ARC	7/05/02		2,011							2,011	1,533	S/L	5		0
2	ELRO SIGNS	7/04/05		6,763							6,763	2,366	S/L	10		676
3	ELRO SIGNS	4/01/05		2,395							2,395	900	S/L	10		240
4	LEO A DALY COMPANY	12/20/02		833							833	681	S/L	5		0
5	LEO A DALY COMPANY	12/30/03		27,696							27,696	27,696	S/L	5		0
6	KFOURY CONST	12/31/04		224,214							224,214	183,109	S/L	5		41,105
7	ELRO SIGNS	4/01/05		14,320							14,320	5,370	S/L	10		1,432
8	LEO A DALY	4/01/05		3,558							3,558	1,335	S/L	10		356
9	THE STAUBACH CO	4/30/05		30,000							30,000	11,000	S/L	10		3,000
10	KFOURY CONSTRUCTION GROUP	4/30/05		7,353							7,353	2,695	S/L	10		735
39	BROADWAY-CORP OFFICE EXPA	11/30/06		4,594							4,594	956	S/L	10		459



## OPERATION HOPE, INC.

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40	EQUIPMENT (PHONE, FAX, WI	8/01/06		31,419							31,419	7,593	S/L	10		3,142
41	CORP OFFICE FURNITURE (CA	8/01/06		113,961							113,961	27,540	S/L	10		11,396
46	STANHOPE CO. - CORP OFFI	1/31/07		1,389							1,389	278	S/L	10		139
47	BROADWAY - CORP OFFICE	2/28/07		7,987							7,987	1,465	S/L	10		799
48	STANHOPE CO. - CORP OFFI	3/06/07		1,389							1,389	255	S/L	10		139
49	SUPERIOR CARPET - LA BREA	4/12/07		17,543							17,543	3,070	S/L	10		1,754
50	SOUTH PAINTING - LA BREA	4/18/07		2,850							2,850	498	S/L	10		285
51	ELNO SIGNS - LA BREA	8/28/07		2,417							2,417	343	S/L	10		242
52	WESTERN CONST - LA BREA	7/30/07		3,400							3,400	482	S/L	10		340
53	ELRO SIGNS - LA BREA	7/30/07		10,330							10,330	1,463	S/L	10		1,033
54	ACC CONSTRU - HC NY	1/29/07		21,931							21,931	4,386	S/L	10		2,193
55	ACC CONSTRU - HC NY	2/02/07		100,000							100,000	19,167	S/L	10		10,000
56	ACC CONSTRU - HC NY	3/14/07		232,351							232,351	42,598	S/L	10		23,235
57	ACC CONSTRU - HC NY	3/28/07		50,000							50,000	9,166	S/L	10		5,000
58	SPACESMITH - HC NY	3/30/07		22,012							22,012	4,035	S/L	10		2,201
59	ACC CONSTRU - HC NY	4/19/07		30,119							30,119	5,412	S/L	10		3,012
60	LOCKS IN THE CITY	4/19/07		4,652							4,652	814	S/L	10		465
61	ACC CONSTRU - HC NY	5/31/07		32,624							32,624	5,437	S/L	10		3,262
62	SPACESMITH - HC NY	6/30/07		948							948	150	S/L	10		95
63	ELRO SIGNS - HC NY	8/31/07		26,000							26,000	3,683	S/L	10		2,600
64	ACC CONSTRUCTION - HC NY	12/06/07		15,000							15,000	1,625	S/L	10		1,500
65	ACC CONSTRUCTION - HC NY	3/02/07		228,025							228,025	41,805	S/L	10		22,803
87	BAYTREE LEASING(NORTEL )	2/01/07		24,009							24,009	4,602	S/L	10		2,401
88	HC NY FURNI (CA NAT BK)	4/07/07		19,900							19,900	3,483	S/L	10		1,990
89	HC LA BREA (PHONESYSTEM)	11/01/07		5,796							5,796	1,422	S/L	5		1,449
90	HC WATTS ( PHONE SYSTEM)	11/01/07	6/30/09	5,697							5,697	2,057	S/L	3		3,640
93	ELRO SIGNS - LHI LA BREA	12/30/08		1,191							1,191		S/L	10		119

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94	LHI - HC NY	6/30/08		23,094							23,094	1,155	S/L	10		2,309
100	LHI - HC LA BREA RETAINER	2/25/09		1,000							1,000		S/L	10		83
101	LHI - HC LA BREA HANDICAP	10/15/09		3,101							3,101		S/L	10		78
102	LHI - HC NY	VARIOUS		17,378							17,378		S/L	10		869
103	LEASE RIGHTS - HC NAT	4/01/09		5,116							5,116		S/L	3		1,279
104	LEASE RIGHTS - HC LA BREA	4/01/09		5,796							5,796		S/L	3		1,449
TOTAL IMPROVEMENTS				1,392,162		0	0	0	0	0	1,392,162	431,625				159,304
MACHINERY AND EQUIPMENT																
13	COMPUTER	12/31/01		30,097							30,097	30,097	S/L	5		0
14	COMPUTER-PRINTER	12/31/02		6,740							6,740	6,740	S/L	5		0
15	COMPUTERS	5/29/03		1,224							1,224	1,224	S/L	5		0
16	COMPUTERS	12/31/04		376,593							376,593	376,593	S/L	3		0
17	DELL COMPUTERS	4/30/05		9,400							9,400	6,893	S/L	5		1,880
18	DELL COMPUTERS BOOF DC	8/20/05		3,532							3,532	2,353	S/L	5		706
19	DELL SERVER FOR HCA	10/04/05		3,675							3,675	2,389	S/L	5		735
20	DELL NETWORK SERVERS & UP	11/01/05		31,583							31,583	20,004	S/L	5		6,317
21	DELL 6879450228000081	11/01/05		4,100							4,100	2,597	S/L	5		820
22	DELL ACT 5016195114003	12/01/05		5,706							5,706	3,518	S/L	5		1,141
23	DELL ACT 5016195114004	12/01/05		4,517							4,517	2,784	S/L	5		903
24	DELL ORDER 116486459	12/01/05		540							540	333	S/L	5		108
25	DELL ORDER 602223994	12/01/05		4,632							4,632	2,855	S/L	5		926
26	DELL ORDER 602224075	12/01/05		1,695							1,695	1,045	S/L	5		339
27	DELL ORDER 667174660	12/01/05		4,083							4,083	2,519	S/L	5		817
28	MICROSOFT INKIND SOFTWARE	12/01/05		152,895							152,895	94,285	S/L	5		30,579
29	EDA05 1625-702-05	12/31/03		1,692							1,692	1,692	S/L	5		0

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30	EDA05 1625-703-05	12/31/03		1,692							1,692	1,692	S/L	5		0
31	COMPUTERS	12/31/03		129							129	129	S/L	5		0
32	FRYS ELECTRONICS	5/31/03		3,125							3,125	3,438	S/L	5		0
33	ANDY SOUSA LA NOTEBOOK	10/13/03		1,685							1,685	1,685	S/L	5		0
34	NOTEBOOK	10/16/03		1,562							1,562	1,562	S/L	5		0
35	SCOTT STEELE REPLACEMENT	12/03/03		1,772							1,772	1,772	S/L	5		0
36	COMP-HOWARD KOHN	12/03/03		1,179							1,179	1,179	S/L	5		0
37	COMP-R AMAYA	12/03/03		1,783							1,783	1,783	S/L	5		0
38	COMP-S WILCOX	12/03/03		1,783							1,783	1,783	S/L	5		0
43	DELL ORDER (2 LAPTOPS)	2/28/06		6,188							6,188	3,611	S/L	5		1,238
44	SOL MEDIA PROGRAM DEVELOP	4/04/06		24,680							24,680	13,574	S/L	5		4,936
45	QQUEST	9/19/06		3,885							3,885	1,813	S/L	5		777
72	SOLMEDIA	1/18/07		25,680							25,680	10,272	S/L	5		5,136
73	SOLMEDIA 2ND PHASE	2/28/07		17,880							17,880	7,076	S/L	5		3,576
74	DELL (JB LAPTOP)	10/28/07		3,196							3,196	799	S/L	5		639
75	DELL ( STACY LAPTOP)	10/28/07		2,572							2,572	985	S/L	3		857
76	DELL ( SERVER)	10/28/07		4,875							4,875	1,868	S/L	3		1,625
77	JOHN BRYANT SONY WORKBOOK	12/17/07		5,245							5,245	1,136	S/L	5		1,049
78	NX TECHNOLOGY WEBSITE DEV	12/31/07		8,500							8,500	1,842	S/L	5		1,700
79	NX TECHNOLOGU ECOMMERCE D	12/31/07		6,500							6,500	1,408	S/L	5		1,300
80	NX TECHNOLOGY DATA MIGRA	12/31/07		1,680							1,680	364	S/L	5		336
81	MICR HARDWARE/SOFT LICENS	12/03/07		844,893							844,893	305,100	S/L	3		288,599
82	NX TECHNOLOGY PHASE II	9/18/07		3,210							3,210	856	S/L	5		642
83	NX TECHNOLOGY PHASE II	9/18/07		3,210							3,210	856	S/L	5		642
84	DELL 20 COMPSETUPS HC NY	10/15/07		27,700							27,700	7,046	S/L	5		5,540
85	UNIT DESIGN ( BOOF)	1/12/07		3,800							3,800	1,520	S/L	5		760
86	NX TECHNOLOGY PHASE II	9/18/07		3,210							3,210	856	S/L	5		642

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91	DELL ( JB LAPTOP)	8/31/07		3,539							3,539	1,003	S/L	5		708
92	NX TECHNOLOGY HOME PAGE	10/31/07		3,780							3,780	945	S/L	5		756
95	COMPUTERS/SFTWRE-CORP	6/30/08		16,354							16,354	1,635	S/L	5		3,271
96	COMPUTERS/SFTWRE-HCA	6/30/08		30,035							30,035	3,004	S/L	5		6,007
97	COMPUTERS/SFTWRE-PWY	6/30/08		8,745							8,745	875	S/L	5		1,749
98	COMPUTERS/SFTWRE-BFN	6/30/08		816							816	82	S/L	5		163
99	COMPUTERS/SFTWRE-HGI	6/30/08		12,000							12,000	4,009	S/L	5		2,400
105	COMPUTERS/SFTWRE-CORP	1/01/09		4,703							4,703		S/L	5		941
106	COMPUTERS/SFTWRE-HCA	1/01/09		4,450							4,450		S/L	5		890
107	COMPUTERS/SFTWRE-NAT	1/06/09		4,550							4,550		S/L	5		910
108	COMPUTERS/SFTWRE-NAT	VARIOUS		15,238							15,238		S/L	3		2,540
TOTAL MACHINERY AND EQUIPME				1,758,528		0	0	0	0	0	1,758,528	945,479				385,600
TOTAL DEPRECIATION				<u>3,215,054</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,215,054</u>	<u>1,400,206</u>				<u>553,059</u>
GRAND TOTAL DEPRECIATION				<u>3,215,054</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,215,054</u>	<u>1,400,206</u>				<u>553,059</u>
DEPRECIATION ASSETS SOLD				5,697		0	0	0	0	0	5,697	2,057				3,640
DEPR REMAINING ASSETS				<u>3,209,357</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,209,357</u>	<u>1,398,149</u>				<u>549,419</u>