Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

For the 2010 colonder year

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



AI	FOI THE	and e and e and e and e	enaing	_	
B	Check if applicable	c Name of organization		D Employer identific	cation number
	Addres	OPERATION RENEWED HOPE FOUNDATION, INC	2.		
	Name change			45-38482	93
	Initial return Final return/	6315 MADVVITEW CODEED	Room/suite	E Telephone number (703)887	
	termin ated			G Gross receipts \$	1,223,172.
	Ameno			H(a) Is this a group re	turn
	Applic tion	F Name and address of principal officer: DEBORAH SNIDER		for subordinates	
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) ol		If "No," attach a	list. (see instructions)
J	Websit	e: ▶ WWW.OPERATIONRENEWEDHOPEFOUNDATION.ORG	÷	H(c) Group exemptior	n number 🕨
κ	Form of	organization: 🔀 Corporation 🔄 Trust 🦲 Association 📃 Other 🕨	L Year	of formation: 2011 N	State of legal domicile: VA
Pa		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: PROVI	IDE QU	ALITY HOUSI	NG AND
anc		SUPPORTIVE SERVICES TO OUR NATION'S VETER			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more		
200					15
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b) $_{\dots}$			15
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			8
tivit		Total number of volunteers (estimate if necessary)			60
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39			
		Contributions and months (Dart) (III line 1b)		Prior Year 810,292.	Current Year 1,046,995.
Revenue		Contributions and grants (Part VIII, line 1h)		3,125.	9,163.
ver		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		79,047.	4,227.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		892,464.	1,060,385.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		110,825.	138,226.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		401,876.	452,546.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25) ► 92, 95	54.		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		343,669.	253,180.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		856,370.	843,952.
		Revenue less expenses. Subtract line 18 from line 12		36,094.	216,433.
or	8			ginning of Current Year	End of Year
Assets - d Balanc	20	Total assets (Part X, line 16)		1,004,680.	1,837,994.
t As: d Ba	21	Total liabilities (Part X, line 26)		40,701.	657,582.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		963,979.	1,180,412.
		Signatura Plack			

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.

Cian	Signature of officer		I	Date
Sign Here	DEBORAH SNYDER, PRESI	DENT		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	ERIN CRANMER	rin Grammer	11/16/2	20 ^{if} P01712644
Preparer	Firm's name 🕒 CALIBRE CPA GRO		ŀ	Firm's EIN ▶ 47–0900880
Use Only	Firm's address 7501 WISCONSIN .	AVENUE, SUITE 1200	WEST	
	BETHESDA, MD 20	814	F	Phone no. 202 - 331 - 9880
May the II	RS discuss this return with the preparer shown al	oove? (see instructions)		X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Not	tice, see the separate instructions.		Form 990 (2019)
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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		age 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	PROVIDE QUALITY HOUSING AND SUPPORTIVE SERVICES TO OUR NATION'S VETERANS EXPERIENCING HOMELESSNESS.	
	VEIERANS EXPERIENCING HOMELESSNESS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	I
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 685,487. including grants of \$ 138,226.) (Revenue \$ 9,16	3.
4a	(Code:) (Expenses \$085,487. including grants of \$138,226.) (Revenue \$9,100 EACH YEAR ORHF HELPS MORE THAN 100 VETERANS AND THEIR FAMILY MEMBERS	/
	THE D.C. METRO AREA WHO ARE EXPERIENCING HOMELESSNESS. EVERY CLIENT]	
	LITERALLY HOMELESS (LIVING IN SHELTER, CAR, ON THE STREET), AND WE AF	
	WOKRING TO CLEAR THE BARRIERS TO GETTING THEM INTO HOMES. WE DO THIS	
	PAYING FOR APPLICATION FEES AND SECURITY DEPOSITS, COVERING	
	TRANSPORTATION TO AND FROM LOOKING AT APARTMENTS, AND HELPING OUT WIT	'H
	UTILITY BILLS. WE WORK WITH LANDLORDS AND RENTAL AGENCIES THROUGHT TH	(E
	METRO D.C. AREA TO FIND SUITABLE PLACES FOR VETERANS AND THEIR	
	FAMILIIES AND PAY THEIR RENT FOR A PERIOD OF TIME TO PROVIDE A STABLE	1
	HOUSING ENVIRONMENT. WE PARTNER WITH ORGANIZATIONS TO PROVIDE BASIC	
	HOUSEHOLD ITEMS, PROVIDE HEALTH AND DENTAL CARE, AND ASSIST OUR	
	VETERANS IN THE SEARCH FOR STEADY EMPLOYMENT.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 685, 487.	
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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)?			
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x
4	public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	21	
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
2	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	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</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 51			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Part V Statements	s Regarding Other	IRS Filings	and Tax	Compliance (contin	nued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0		8		
9	sponsoring organization have excess business holdings at any time during the year?	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.6		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Δ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		х
	excess parachute payment(s) during the year?	15		27
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		

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OPERATION RENEWED HOPE FOUNDATION, INC.

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

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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 on Schedule O. See instructions.

		_		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	15			
2	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?		2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	•			Ι.
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa		4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		
6	Did the organization have members or stockholders?		6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho	olders, or			
	persons other than the governing body?		7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		2
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)			
				Yes	1
l0a	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conf		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>de in Schedule O how this was done</i>		12c	x	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by in				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		
	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement w	ith a			
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ı's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright VA$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	-T (Section 501(c)(3)s only	/) avai	at
	for public inspection. Indicate how you made these available. Check all that apply.	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of interest policy, ar	id fina	ncial	
	statements available to the public during the tax year.	,			
20	State the name, address, and telephone number of the person who possesses the organization's books an	d records 🕨			
	OPERATION RENEWED HOPE FOUNDATION - 703-887-8117				
	6315 MARYVIEW STREET, ALEXANDRIA, VA 22310				
2006	6 01-20-20		Form	9 90	(2)
-	6				`
91	118 712177 71601 2019.05000 OPERATION RENEWED	HOPE FOUN	716	501	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

т

• 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.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week			uau	reciu	i/uus		from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	id ual	nstitutional trustee	ar	ƙey employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) GREG JACOBSON	10.00									
DIRECTOR, IMMEDIATE PAST CHAIR		X		Х				0.	0.	0.
(2) ADAM SIEGEL	10.00									
SECRETARY		X		Х				0.	0.	0.
(3) FRANK RENDON	4.00									
TREASURER		X		Х				0.	0.	0.
(4) CAPTAIN JOHN M FELKER	4.00									
DIRECTOR		Х						0.	0.	0.
(5) KARL WILLIAMS	4.00									
CHAIRMAN OF THE BOARD		X		Х				0.	0.	0.
(6) JACQUELINE GRIFFIN	4.00									
DIRECTOR		Х						0.	0.	0.
(7) MATT TAIT	4.00									
VICE CHAIRMAN		Х						0.	0.	0.
(8) JOHN COCHRAN	4.00									
DIRECTOR		X						0.	0.	0.
(9) MARK KEYSER	4.00									
DIRECTOR		X						0.	0.	0.
(10) GAY SHANE	4.00									
DIRECTOR		X						0.	0.	0.
(11) ANGELIA FARNELL	4.00									
DIRECTOR		X						0.	0.	0.
(12) ANNE BOLGER	4.00									
DIRECTOR		X						0.	0.	0.
(13) ERIC VILLENCY	4.00									
DIRECTOR		X						0.	0.	0.
(14) BEN JOELSON	4.00									
DIRECTOR		X						0.	0.	0.
(15) MARTHA ANNALITO	4.00									_
DIRECTOR		X						0.	0.	0.
(16) DEBORAH L SNYDER	30.00									_
PRESIDENT/CEO				х				80,000.	0.	0.
										- 000 (22.10)

7

932007 01-20-20

Form 990 (2019)

Page 7

12591118 712177 71601

									DATION, INC.	45-3	848	293	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	s	com fre orga and	pensa om the anizati d relate nizatio	e on ed
1b	Subtotal								80,000.		0.			0.
c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A	·····		·····				0. 80,000.		0.			0.
2	Total number of individuals (including but r compensation from the organization	not limited to th	lose	liste	ed al	SOVe	e) wł		eceived more than \$10	0,000 of reportab	le		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> for s	such individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-		4		X
Sec	rendered to the organization? <i>If "Yes," con</i> tion B. Independent Contractors	nplete Schedul	e J f	or si	uch	pers	son .	<u></u>				5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-									npens	ation f	rom	
	(A) Name and business			DNI			0. 11		(B) Description of s	, ,	C	(C omper		າ
								_						
								_						
2	Total number of independent contractors (including but n	ot li	mite	d to	the	se lie	ster	ahove) who received r	nore than				
	\$100,000 of compensation from the organi	•					0					Form	990 (2	2019)

						NEV	VED HOP	E FOUNDATI	ON, INC.	45-3848	293 Page 9
Pa	rt \	/									
			Check if Schedule O	conta	ains a respons	se or r	note to any lin	e in this Part VIII	(B)	(0)	
								(A) Total revenue	(D) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b	_					
ts, (Am			Fundraising events			24	19,950.				
Gif ilar			Related organizations								
ons, Sim			Government grants (cont			6.	38,203.				
utio		f	All other contributions, gifts,	-		1 6	58,842.				
trib Oth		~	similar amounts not include			<u> </u>	0,042.				
Con		-	Noncash contributions included in					1,046,995.			
0		<u>n</u>	Total. Add lines 1a-1f				usiness Code	1,010,000			
e	2	а	PROGRAM SERV	ICE	REVENU		531100	9,163.	9,163.		
Program Service Revenue	-	b						- ,			
Sei		с									
am eve		d									
'ogi H		е									
Ā		f	All other program service			_					
		g	Total. Add lines 2a-2f					9,163.			
	3		Investment income (inclu	-							
			other similar amounts)								
	4 Income from investment of tax-exempt bond pr5 Royalties				-	F					
	5		Royalties		(i) Real		ii) Personal				
	6	а	Gross rents	6a		<u> </u>	ily r oroonar				
	Ŭ		Less: rental expenses								
			Rental income or (loss)	6c							
			Net rental income or (loss	s)			🕨				
	7	а	Gross amount from sales of		(i) Securities	6	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
evenue			and sales expenses								
eve			Gain or (loss)								
er R	~		Net gain or (loss)			<u></u>	····· >				
Other R	8	а	Gross income from fundrais including \$ 249								
0			contributions reported or								
			Part IV, line 18			$\frac{1}{3}$	57,014.				
		b	Less: direct expenses		·····		52,787.				
			Net income or (loss) from			s	🕨	4,227.			4,227.
	9	а	Gross income from gamin	ng act	tivities. See						
			Part IV, line 19)a					
			Less: direct expenses		····· L3	b					
			Net income or (loss) from			·····	🕨				
	10	а	Gross sales of inventory,			0-					
		h	and allowances Less: cost of goods sold			0a 0b					
			Net income or (loss) from								
		<u> </u>		. 54/03	. St involtiony		usiness Code				
Miscellaneous Revenue	11	а									
ane		b									
Seve		с									
Mis		d	All other revenue								
		е	Total. Add lines 11a-11d					1 0 0 0 0 0	0.100		4 005
	12		Total revenue. See instructi	ions			🕨	1,060,385.	9,163.	0.	,
93200	9 01	-20	-20								Form 990 (2019

Form 990 (2019) OPERATION RENEWED HOPE FOUNDATION, INC. 45-3848293 Page 10 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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	138,226.	138,226.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	61,045.	61,045. 282,778.		
7	Other salaries and wages	357,664.	282,778.	14,408.	60,478
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				1
10	Payroll taxes	33,837.	28,939.		4,898
11	Fees for services (nonemployees):				
а	Management				
	Legal	04 080	F 000	10.050	
	Accounting	24,072.	7,222.	16,850.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		00 070	14 500		
	column (A) amount, list line 11g expenses on Sch 0.)	23,272.	14,700.	8,572.	
12	Advertising and promotion	14 070	10 465	1 7 2 2	<u> </u>
13	Office expenses	14,878.	12,465.	1,732.	681
14	Information technology	5,628.	5,628.		
15	Royalties	10 440	10 440		
16	Occupancy	12,440.	12,440.	10 776	
17	Travel	28,698.	15,922.	12,776.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	22 001	0 075	E 1E2	10 052
19	Conferences, conventions, and meetings	32,081.	8,875.	5,153.	18,053
20	Interest				
21	Payments to affiliates	7 106	7 106		
22	Depreciation, depletion, and amortization	7,196. 11,098.	7,196. 4,624.	1,982.	4,492
23		11,098.	4,024.	1,902.	4,492
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	VETERANS ASSISTANCE	85,158.	85,158.		
b	LICENCE, FEES AND DUES	5,854.	264.	2,246.	3,344
с					
d					
е	All other expenses	2,805.	5.	1,792.	1,008
25	Total functional expenses. Add lines 1 through 24e	843,952.	685,487.	65,511.	92,954
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2019)

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33

Total liabilities and net assets/fund balances

1,004,680.

33

		trustee, key employee, creator or founder, subst	tantial co	ontributor, or 35%						
		controlled entity or family member of any of these	se perso	ns		5				
	6	Loans and other receivables from other disquali	fied pers	sons (as defined						
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6				
	7	Notes and loans receivable, net				7				
	8	Inventories for sale or use	Inventories for sale or use							
	9	Prepaid expenses and deferred charges			9					
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D	782,650. 16,946.							
	b	Less: accumulated depreciation			0.	10c	765,704.			
	11	Investments - publicly traded securities				11				
	12	Investments - other securities. See Part IV, line 1	11			12				
	13	Investments - program-related. See Part IV, line	11			13				
	14	Intangible assets				14				
	15	Other assets. See Part IV, line 11				15				
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	1,004,680.	16	1,837,994.			
	17	Accounts payable and accrued expenses			15,701.	17	50,808.			
	18	Grants payable				18				
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities				20				
	21	Escrow or custodial account liability. Complete I	Part IV o	f Schedule D		21				
	22	Loans and other payables to any current or form	ner office	er, director,						
		trustee, key employee, creator or founder, subst	tantial co	ontributor, or 35%						
		controlled entity or family member of any of thes	•			22				
	23	Secured mortgages and notes payable to unrela			05 000	23				
	24	Unsecured notes and loans payable to unrelated			25,000.	24	606,774.			
	25	Other liabilities (including federal income tax, pa	yables to	o related third						
		parties, and other liabilities not included on lines	5 17-24).	Complete Part X						
		of Schedule D		······		25				
╇	26	Total liabilities. Add lines 17 through 25			40,701.	26	657,582.			
		Organizations that follow FASB ASC 958, che	ck here							
		and complete lines 27, 28, 32, and 33.			012 070		1 1 2 0 4 1 0			
	27	Net assets without donor restrictions			913,979.	27	1,130,412.			
	28	Net assets with donor restrictions		50,000.	28	50,000.				
		Organizations that do not follow FASB ASC 9	ck here 🕨 🛄							
		and complete lines 29 through 33.								
	29	Capital stock or trust principal, or current funds				29	ļ			
	30	Paid-in or capital surplus, or land, building, or ec				30				
	31	Retained earnings, endowment, accumulated in		062 070	31					
	32	Total net assets or fund balances		963,979.	32	1,180,412.				

45-3848293 Page 11 OPERATION RENEWED HOPE FOUNDATION, INC.

(A)

Beginning of year

978,280.

26,400.

1

2

3

4

(B)

End of year

918,982.

153,308.

1,837,994. Form 990 (2019)

1

2

3

4

5

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from any current or former officer, director,

Form	OPERATION RENEWED HOPE FOUNDATION, INC.	45-	3848293	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,060		
2	Total expenses (must equal Part IX, column (A), line 25)	2			52.
3	Revenue less expenses. Subtract line 2 from line 1	3			33.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	963	<u>3,9</u>	79.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,180),4	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis	,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

Department of the Treasury

1	Form	990	or	990-EZ
J		330	UI.	330-LZ

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2019
Open to Public Inspection

Internal	Revenu	ue Service		Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.		Inspect	ion
Name	of th	ne organizat								identification	
Dev		Decen			WED HOPE FOU					5-38482	93
Par					All organizations must co				S.		
Г	<u> </u>		•		For lines 1 through 12, c		,				
1		-			on of churches described			1)(A)(i).			
2					Attach Schedule E (Forn						
3 L		•	•		anization described in s e						
4 L		A medical res city, and stat	-	ation operated in co	njunction with a hospita	describe	d in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's	name,
5 [-		or the benefit of a co	llege or university owned	d or opera	ted bv a d	overnmental	unit descrik	bed in	
		0	-	Complete Part II.)	5 ,		, ,				
6					nental unit described in	section 17	70(b)(1)(A)	(v).			
7 [-	intial part of its support f				the general	public describ	ed in
				omplete Part II.)		0			U		
8 [(1)(A)(vi). (Complete Par	t II.)					
9					in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college	
		•	-		ulture (see instructions).					•	
		university:			, , , , , , , , , , , , , , , , , , ,		· ·	, ,			
10 [X	An organizat	ion that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	ind gross recei	pts from
					ct to certain exceptions,						
					(less section 511 tax) fr						
				mplete Part III.)	. ,		·		•		
11 [An organizat	ion organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4) .			
12		An organizat	ion organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of c	one or
		more publicly	y supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box	in
		lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.		
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting	
		organizatio	on. You must c	complete Part IV, Se	ections A and B.						
b		Type II. As	supporting org	anization supervised	l or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	iving	
		control or r	management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported	
		organizatio	on(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III fu	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrat	ed with,	
		its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III no	on-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organ	zation(s)	
			•		zation generally must sat	-		-	d an attent	iveness	
		requiremer	nt (see instruct	tions). You must con	nplete Part IV, Sections	A and D	, and Part	V.			
е			0		written determination fro			а Туре I, Туре	e II, Type III		
					nally integrated support	ing organi	zation.				
			of supported of	•							
g				n about the supporte		(iv) is the orac	anization listed	(.) (· · · · · · · · · · · · · · · · · · ·	(-1) A	- 6 - 11
	(1)	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see i	,	(vi) Amount of support (see ins	
		organization	•		above (see instructions))	Yes	No				
Total											
-											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 OPERATION RENEWED HOPE FOUNDATION, INC. 45-3848293 Page 2 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions E	18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17			

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Schedule A (Form 990 or 990-EZ) 2019 OPERATION RENEWED HOPE FOUNDATION, INC. 45-3848293 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	751,881.	1152427.	1309081.	810,292.	1046995.	5070676.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	111,489.	8,525.	320.	206,773.	176,177.	503,284.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ-								
-	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge \dots								
6	Total. Add lines 1 through 5	863,370.	1160952.	1309401.	1017065.	1223172.	5573960.		
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons			100,000.	5,000.	146,500.	251,500.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year		80,161.	45,718.	85,474.	53,126.	264,479.		
	Add lines 7a and 7b		80,161.	145,718.	90,474.	199,626.	515,979.		
	Public support. (Subtract line 7c from line 6.)						5057981.		
	tion B. Total Support			<i>(</i>),	(N / -	() == ()			
	ndar year (or fiscal year beginning in)	(a) 2015 863,370.	(b) 2016 1160952.	(c)2017 1309401.	(d)2018 1017065.	(e)2019 1223172.	(f) Total 5573960.		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	003,370.	1100992.	1303401.	1017005.	1225172.			
b	Unrelated business taxable income (less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital	1,948.	347.				2,295.		
13	assets (Explain in Part VI.)	865,318.	1161299.	1309401.	1017065.	1223172.	5576255.		
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,		
	check this box and stop here	-							
Sec	tion C. Computation of Publ	ic Support Per	rcentage						
15	Public support percentage for 2019 (line 8, column (f), d	livided by line 13,	column (f))		15	90.71 %		
	Public support percentage from 2018					16	99.92 %		
Sec	tion D. Computation of Investion	stment Incom	e Percentage						
	Investment income percentage for 20					17	.00 %		
	Investment income percentage from 2					18	.00 %		
19a	9a 33 1/3% support tests - 2019. 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								
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b	33 1/3% support tests - 2018. If the								
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization								
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

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Fai	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?		<u> </u>
	A family member of a person described in (a) above?	_	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		1
		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1		
2	Did the organization operate for the benefit of any supported organization other than the supported		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.		
Sec	tion C. Type II Supporting Organizations		L
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1.00	
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sec	tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard. 3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .		
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction		
2	Activities Test. Answer (a) and (b) below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
2	activities but for the organization's involvement. 2b		-
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI. 3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
5	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b		
			<u> </u>

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Schedule A (Form 990 or 990-EZ) 2019

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Sche	dule A (Form 990 or 990-EZ) 2019 OPERATION RENEWED HOPE	FOUN	DATION, INC.	45-3848293 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain ir	n Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-			· · · · · · · ·	· · · /

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 OPERATION RENEWED HOPE FOUNDATION, INC. 45-3848293 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	-
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
-	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2017			
<u>e</u>	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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				I, INC. 45–3848293 _{Pa} II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lin line 1; Part IV, Sectio	nes 1, 2, 3b, 3c, 4b, 4c, 5a on D, lines 2 and 3; Part IV	, 6, 9a, 9b, 9c, 11a, 11b, a , Section E, lines 1c, 2a, 2	and 11c; Part IV, Sec b, 3a, and 3b; Part V	tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V or any additional information.
SCHEDULE A, PART	III, LINE 12,	EXPLANATION	FOR OTHER	INCOME:
MISC				
2015 AMOUNT: \$	1,948.			
2016 AMOUNT: \$	347.			
· · · ·				
932028 09-25-19		20		Schedule A (Form 990 or 990-EZ)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

OPERATION	RENEWED	HOPE	FOUNDATION,	TNC.	45-
OI DIGHTTON		TIOT D	roombarron,	THC.	

5-3848293

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

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

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year **>** \$

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B	(Form	990,	990-EZ,	or 990-PF) (2019)
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Page 2

Employer identification number

OPERATION RENEWED HOPE FOUNDATION, INC.

45-3848293

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$116,500.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	5-19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form	990,	990-EZ,	or 990-PF) (2019)
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Page 2

Employer identification number

OPERATION RENEWED HOPE FOUNDATION, INC.

45-3848293

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06		\$\$_000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form	990,	990-EZ,	or 990-PF) (2019)
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Employer identification number

OPERATION RENEWED HOPE FOUNDATION, INC. 45-3848293 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution X 14 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 16 Х Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 17 X Person Payroll 18,750. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X Person Pavroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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923452 11-06-19

Schedule B	(Form	990,	990-EZ,	or 990-PF) (2019)
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Employer identification number

45-3848293

OPERATION RENEWED HOPE FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(c)	()		(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
(a) No. 22	(b) Name, address, and ZIP + 4	(c) Total contributions \$5,500.	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
No. 22 (a) No. 23 (a)	Name, address, and ZIP + 4	Total contributions \$ 5,500. (c) Total contributions \$ 5,000. (c) (c)	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Noncash Image: Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.)
No. 22 (a) No. 23	Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Total contributions \$ 5,500. (c) (c) Total contributions 5,000. \$ 5,000. (c) (c) Total contributions (c) \$ 491,381.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Noncash Image: Complete Part II for noncash contributions.)

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Schedule B	(Form	990,	990-EZ,	or 990-PF) (2019)
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Employer identification number

45-3848293

OPERATION RENEWED HOPE FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 80,008. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 26 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Employer identification number

45-3848293

OPERATION RENEWED HOPE FOUNDATION, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-06-19		\$Schedule B (Form	990, 990-EZ, or 990-PF) (

12591118 712177 71601

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
Name of o	rganization			Employer identification number
OPERA'	TION RENEWED HOPE FOUND	ATION. INC.		45-3848293
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in s	section 501(c)(7), (8), or (10	
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. or	nce.) ► \$
(a) No.	Use duplicate copies of Part III if additional s	space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
ł		(e) Transfer of gif	t I	
ŀ	Transferee's name, address, an	Id ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gif	t I	
ŀ	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
ł		(e) Transfer of gif	t I	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
ł		(e) Transfer of gif	''''''''''''''''''''''''''''''''''''''	
			_	
ł	Transferee's name, address, an	ld ∠IP + 4	Relationship of tr	ansferor to transferee
			.	
923454 11-06	D- 1A	28	Schedul	e B (Form 990, 990-EZ, or 990-PF) (2019)

12591118 712177 71601 2019.05000 OPERATION RENEWED HOPE FOUN 71601___1

SCHEDULE D

(Form 990)

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



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	OPERATION RENEWED	HOPE FOUNDATION, INC.	45-3848293
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 🛛 Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
с	Number of conservation easements on a certified historic str	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 170)(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, 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 furtl	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• *
	(ii) Assets included in Form 990, Part X		• •
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• • •
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019
932051	10-02-19		
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Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	_		ON RENEWED						15-38			age 2
collection terms (check all that apply): a b <th>Pa</th> <th>t III Organizations Maintaining C</th> <th>ollections of A</th> <th>rt, Hist</th> <th>orical Tr</th> <th>easures,</th> <th>or Othe</th> <th>er Simila</th> <th>ar Asse</th> <th>ts(contin</th> <th>ued)</th> <th></th>	Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures,	or Othe	er Simila	ar Asse	ts (contin	ued)	
a Public exhibition d □ can or exchange program b Scholary research 0 □ Other	3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that	at make s	ignificant (use of its			
b Scholary research e Other												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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 answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ine 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ine 21. 2 Boginning balance	а	Public exhibition	c									
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d Equipment 12,650. 9,758. 2,892. e Other	с											
e Other					1	2,650.		9,75	58.		2,8	92.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colun	nn (B), line 1	0c.)				76	5,7	04.

Schedule D (Form 990) 2019

932052 10-02-19

	RENEWED HOPE	FOUNDATION, INC.	45-3848293 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990 Part IV line	a 11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) The Market Market and The	45)		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	1e 15.)		💌
Part X Other Liabilities.			6 -
Complete if the organization answered "Yes	" on ⊢orm 990, Part IV, line	e 11e or 11f. See Form 990, Part X, li	
1. (a) Description of liability			(b) Book value

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

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

Schedule D (Form 990) 2019

	dule D (Form 990) 2019 OPERATION RENEWED HOPE FOUNDATION ,	INC.	45-	3848293	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Re				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	1,223,	172.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a				
b	Donated services and use of facilities 2b				
с	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.) 2d	162,787.			
е	Add lines 2a through 2d		2e		787.
3	Subtract line 2e from line 1		3	1,060,	385.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a				
b	Other (Describe in Part XIII.)				•
С	Add lines 4a and 4b		4c	1	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,060,	385.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With E Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	xpenses per	Retu	irn.	
1			1	1 006	
-	Total expenses and losses per audited financial statements				739
	Amounta included on line 1 but not on Form 000, Dart IX, line 25:		•	1,000,	739.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,000,	739.
а	Donated services and use of facilities 2a			1,000,	739.
a b	Donated services and use of facilities 2a Prior year adjustments 2b			1,000,	739.
а	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c	162.787.		1,000,	739.
a b c d	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2d	162,787.			
a b c d e	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d		2e	162,	787.
a b c d e 3	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2c Subtract line 2e from line 1 2d			162,	
a b c d s 3 4	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		2e	162,	787.
a b c d e 3	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a		2e	162,	787.
a b c 3 4 a b	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Other (Describe in Part XIII.) 4b	······	2e	162,	787.
a b c 3 4 a b	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Other (Describe in Part XIII.) 4b	······	2e 3	162, 843,	787. 952.

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

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX AS DESCRIBED IN SECTION
501 (C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, CONTRIBUTIONS TO THE
FOUNDATION ARE DEDUCTIBLE FOR FEDERAL INCOME, ESTATE, AND GIFT TAX
PURPOSES. IN ADDITION, THE FOUNDATION HAS BEEN CLASSIFIED BY THE INTERNAL
REVENUE SERVICE AS A PUBLIC CHARITY AND IS NOT A PRIVATE FOUNDATION. THE
FOUNDATION HAS NOT INCURRED ANY INCOME TAX LIABILITY UNDER SECTION 511 OF
THE INTERNAL REVENUE CODE FOR UNRELATED BUSINESS INCOME FOR THE YEAR ENDED
DECEMBER 31,2019. THE FOUNDATION'S FORM 990 IS SUBJECT TO EXAMINATION BY
THE INTERNAL REVENUE SERVICE GENERALLY FOR THREE YEARS AFTER THEY WERE
FILED.

32

932054 10-02-19

Schedule D (Form 990) 2019 OPERATION RENEWED HOPE FOUNDATION, INC Part XIII Supplemental Information (continued)	C. 45-3848293 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSE INCLUDED ON PART VIII	162,787.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSE INCLUDED ON PART VIII	162,787.
932055 10-02-19	Schedule D (Form 990) 2019
33 591118 712177 71601 2019 05000 OPERATION RENEWED H	IODE FOIIN 71601 1

12591118 712177 71601

SCHEDULE G SU	upplemen	tal Information	Regardi	ing Fun	drais	ing o	r Gaming	Activ	vities	OMB No. 1545-0047
(Form 990 or 990-EZ) Com		organization answ ganization entered							or if the	2019
Department of the Treasury		-	to Form							Open to Public
Internal Revenue Service Name of the organization	► Go t	to www.irs.gov/For	m990 for in	nstruction	s and	I the lat	test informat	ion.	Employer ide	Inspection ntification number
0	ERATIC	N RENEWED	HOPE	FOUND	ATI	ON,	INC.		45-3848	
Part I Fundraising A required to complete		Complete if the orga	anization an	swered "Y	es" o	n Form	990, Part IV,	line 1	7. Form 990-E2	Z filers are not
 Indicate whether the organ a Mail solicitations b Internet and emails c Phone solicitations d In-person solicitation 2 a Did the organization have key employees listed in Formation b If "Yes," list the 10 highes compensated at least \$5, 	nization raise colicitations ns a written or orm 990, Pa st paid indivie	ed funds through an oral agreement with rt VII) or entity in co duals or entities (fur	e Solid f Solid g Spe n any individ nnection wit	citation of citation of cial fundra dual (inclue th profess	non-g gover aising ding o ional 1	overnm nment events fficers, fundrais	ent grants grants directors, tru sing services?	stees	Yes	
(i) Name and address of ind or entity (fundraiser)	(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity from activity from activity (iv) Gross receipts from activity from activity (iv) Amount paid to (or retained b fundraiser (iv) Gross receipts from activity (iv) Gross from activity (iv) Gro								r retained by)	(vi) Amount paid to (or retained by) organization
				Yes	No					
Total										
3 List all states in which the or licensing.	organization	i is registered or lice	nsed to soli	icit contrik	oution	s or has	s been notifie	d it is	exempt from r	egistration
LHA For Paperwork Reductio	on Act Notic	e, see the Instruct	ions for Fo	rm 990 or	990-	EZ.	ę	Schee	dule G (Form 9	90 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 OPERATION RENEWED HOPE FOUNDATION, INC. 45-3848293 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

- 1		of fundraising event contributions and g	(a) Event #1	(b) Event #2	(c) Other events	
						(d) Total events
			GALA		1	(add col. (a) through
ъ			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	352,810.		64,154.	416,964
	2	Less: Contributions	209,950.		40,000.	249,950
	3	Gross income (line 1 minus line 2)	142,860.		24,154.	167,014
	4	Cash prizes				
es	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	32,286.			32,286
-	8	Entertainment				
	9	Other direct expenses	129,333.		1,168.	130,501
	10	, , , , , , , , , , , , , , , , , , , ,			►	162,787
_	11					4,227
'a	π	III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$13,000 011 0111 990-L2, line 0a.	1	(b) Pull tabs/instant		(d) Total gaming (add
uevei lue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Ĕ						
	1	Gross revenue				
	_					
ß	2	Cash prizes				
	3	Noncash prizes				
Ulrect Expenses	•					
e						
ן יב	4	Rent/facility costs				
		Rent/facility costs Other direct expenses				
ב ב			Yes%	Yes %	Yes %	
ב ב				└── Yes% └── No	└── Yes% └── No	
	5	Other direct expenses	└── Yes % └── No		□ No	
	5 6 7	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	□ No	No No	
ב בי	5 6	Other direct expenses	h 5 in column (d)	□ No	No No	
	5 6 7 8	Other direct expenses	Yes% No h 5 in column (d) 7 from line 1, column (d)	□ No	No No	
Э	5 6 7 8 En	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 1 iter the state(s) in which the organization cond	h 5 in column (d)	□ No	□ No ►	Yes
- 9 a	5 6 7 8 En Ist	Other direct expenses	h 5 in column (d) from line 1, column (d) ucts gaming activities:activities in each of these	No	□ No ►	Yes N
9 a	5 6 7 8 En Ist	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 1 iter the state(s) in which the organization cond	h 5 in column (d) from line 1, column (d) ucts gaming activities:activities in each of these	No	□ No ►	Yes No
9 a	5 6 7 8 En Ist	Other direct expenses	h 5 in column (d) from line 1, column (d) ucts gaming activities:activities in each of these	No	□ No ►	Yes No
9 a b	5 6 7 8 Is 1 If "	Other direct expenses	Yes% No No f in column (d) from line 1, column (d) ucts gaming activities:activities in each of these	No	▶ No	
9 a b	5 6 7 8 Is 1 If "	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these	No states? erminated during the tax y	▶ No	
9 a b	5 6 7 8 Is 1 If "	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these	No states? erminated during the tax y	▶ No	
9 a b	5 6 7 8 Is 1 If "	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these	No states? erminated during the tax y	▶ No	
a b Da b	5 7 8 Is 1 If " We If "	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these	No states? erminated during the tax y	No ►	

Sch	edule G (Form 990 or 990-EZ) 2019 OPERATION RENEWED HOPE FOUNDATION, INC. 45-3848293 Page:
11	Does the organization conduct gaming activities with nonmembers?
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
	An outside facility 13b
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
~	of gaming revenue retained by the third party \triangleright \$
~	If "Yes," enter name and address of the third party:
U.	in res, entername and address of the time party.
	Nama
	Name
	Address
40	
16	Gaming manager information:
	Name
	Gaming manager compensation 🕨 \$
	Description of services provided
	Director/officer
	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year > \$
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
9320	33 09-11-19 Schedule G (Form 990 or 990-EZ) 20
	36

12591118 712177 71601

Schedule G	6 (Form 990 or 990-EZ)	OPERATION	RENEWED	HOPE	FOUNDATION,	INC.	45-3848293	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)						-
						Sch	edule G (Form 990 o	r 990-EZ)
932084 04-01-	-19			25			-	
				37				

12591118 712177 71601 2019.05000 OPERATION RENEWED HOPE FOUN 71601__1

SCHEDU (Form 99			Gov	rants and Oth vernments, an ete if the organizatio	nd Individua	ls in the Ŭn i ' on Form 990, Pa	ited States		OMB No. 1545-0047
Department of Internal Reve	of the Treasury enue Service			► Go to www.ir	Attach to For s.gov/Form990 fo	m 990. In the latest inform	nation.		Open to Public Inspection
Name of t	the organizatio		RENEWED	HOPE FOUNDA	TION, INC	•			Employer identification number 45-3848293
Part I	General Inf	ormation on Grants a	nd Assistance						
crite	eria used to av	ation maintain records vard the grants or assi	stance?						
		V the organization's pro							
Part II	-	Other Assistance to	-				anization answered "	res" on Form 990, Par	t IV, line 21, for any
		at received more than					(f) Method of	1	
1 (a)		dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Ente	er total numbe	er of section 501(c)(3) a er of other organization	s listed in the line	I table	I ne line 1 table		I	1	↓
LHA Fo	r Paperwork	Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

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

45-3848293

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ETERANS ASSISTANCE	53	138,226.	0.	FMV	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE GRANTS COMMITTE OF THE ORGANIZATIONS BOARD OF DIRECTORS OVERSEES THE

USE OF GRANT FUNDS.

(Form 990 or 990-EZ) > Complete if the organization answered 'Ye' in Form 990, Pst IV, line 25a, 25b, 25, 27, 28a, 2b, 27, 27a, 28b, 25b, 27b, 27b, 25b, 25b, 27b, 27b, 27b, 27b, 27b, 27b, 27b, 27	SCHED		т	ransactior	ne V	Vith	Inte	erested	Ρ	ersons			0	MB No.	1545-0	047
Description of the training between discussion of the spectra of the spectra of the training between discussion and the latest information. Description of the spectra of				e organization and	swere	d "Ye	s" on F	orm 990, Par	t IV	, line 25a, 25b, 2	26, 27	, 28a,		20	10	<u>ר</u>
Image Nervolution Impection Name of the organization Impection Impection OPERATION Implementation Implementation Implementation OPERATION RENEWED HOPE FOUNDATION, INC. Implementation Complete if the organization answered 'Yes' on Form 980, Part IV, line 25a or 25b, or Form 980, EZ, Part V, line 40b. Id) Concerted? Yes No 1 (a) Name of disqualified person (b) Relationship between disqualified persons and organization (c) Description of transaction Id) Concerted? 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4988 S S 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization S S S Part II Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 900-EZ, Part V, line 38a or Form 990, Part IV, line 28; or if the organization reported an amount on Form 900, Part IV, line 30, or ZZ (f) Balance dual (f) dial (f) Compared (f) Wittlef approximation answered 'Yes' on Form 900-EZ, Part V, line 30a or Form 900, Part IV, line 28; or if the organization answered 'Yes' on Form 900-EZ, Part V, line 30a or Form 900, Part IV, line 28; or if the organization answered 'Yes' on Form 900-EZ, Part V, line 30a or Form 900, Part IV, line 27, organing and the part of the organization answered 'Yes' on	Department o	of the Treasury								40b.			-			•
OPERATION RENEWED HOPE FOUNDATION INC 16-3848293 Part II Excess Benefit Transactions (excessions of tic)(4), and section 501 (c)(4), and section 501 (c)(4), or me 900-EZ, Part V, line 40. 1 1 40. 1 (a) Name of disqualified person (b) Pleatonship between disqualified persons and organization (c) Description of transaction (d) Corrector? 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$			► Go	to www.irs.gov/Fo	orm99	0 for i	nstruc	tions and the	late	est information.				•		
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, Ine 25 or 25b, or Form 990, EZ, Part V, Ine 40b. Id) Paetade insulation Id) Corrected?. I (a) Name of disqualified person (b) Paetade insulation (c) Description of transaction Id) Corrected?. Yes No Id) Paetade insulation Id) Paetade insulation Id) Corrected?. 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Id) Corrected?. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Im) S Im) S Part II Loans to and/or From Interested Persons. Complete if the organization form 900-EZ. Part V, line 38a or Form 990, Part IV, line 26; or if the organization responde an amount on Form 900-EZ. Part V, line 38a or Form 900, Part IV, line 26; or if the organization responde an amount on Form 900-EZ. Part V, line 30a or Form 900, Part IV, line 27. Im) Pagement? (a) Name of interested person (b) Relationship (c) Purpose (d) (d) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Name of the	v				הח	HOID			TNO					on nı	umber
Complete if the organization answered "Yes" on Form 990, Part IV, line 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person of disqualified persons and organization (c) Description of transaction (d) Corrected? 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization managers or disqualified persons during the year under section 4959 \$ \$	Part I													93		
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? 2 enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 5 5 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization managers or disqualified persons during the year under section 4958 \$ 5 2 Enter the amount of tax, iff any, on line 2, above, reimbursed by the organization reported an amount on Form 990-Part X, line 38 or Form 990, Part IX, line 26; or if the organization reported an amount on Form 990-Part X, line 38 or Form 990, Part IX, line 26; or if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount or Form 990-Part X, line 5, if the organization reported an amount on Form 990-Part X, line 5, if the organization reported an amount or Form 990-Part X, line 5, if the organization reported an amount or Form 990-Part X, line 5, if the organization reported an amount or Fo																
Period and organization Provember 2 Prior the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 To 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 900-EZ, Part V, line 38a or Form 900, Part IV, line 26; or if the organization reported an amount on Form 900, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose II (c) Purpose	1) Relationship bet	ween o	disqua								(d)	Corre	ected?
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-EZ, Part V, line 38a or Form 990, Part IV, line 26, or 22. (a) Name of interested person (b) Relationship (c) Purpose (d) Rame of interested person (e) Name of interested person (f) Relationship (o) Rame of interested person (f) Relationship (g) Rame of interested person (h) Relationship	(a) Na	ame of disqualified	person	person and or	rganiza	ation		(0	5) De	escription of tran	sactio	bu		Y	es	No
section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Coans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 900-EZ, Part V, line 38a or Form 900, Part IV, line 26, or 12. (a) Name of (b) Relationship (c) Purpose (c) Law to organization interested person (b) Relationship (c) Purpose (c) Law to organization To From To From To From Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes Yo Yes Yo Yes Yo														_		
section 4958 S Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Coans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 900-EZ, Part V, line 38a or Form 900, Part IV, line 26, or 12. (a) Name of (b) Relationship (c) Purpose (c) Law to organization interested person (b) Relationship (c) Purpose (c) Law to organization To From To From To From Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes Yo Yes Yo Yes Yo Yes Yo														-		
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-EZ, Part V, line 38a or Form 990, Part IV, line 26, or 22. (a) Name of interested person (b) Relationship (c) Purpose (d) Rame of interested person (e) Name of interested person (f) Relationship (o) Rame of interested person (f) Relationship (g) Rame of interested person (h) Relationship														+		
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-EZ, Part V, line 38a or Form 990, Part IV, line 26, or 22. (a) Name of interested person (b) Relationship (c) Purpose (d) Rame of interested person (e) Name of interested person (f) Relationship (o) Rame of interested person (f) Relationship (g) Rame of interested person (h) Relationship																
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-EZ, Part V, line 38a or Form 990, Part IV, line 26, or 22. (a) Name of interested person (b) Relationship (c) Purpose (d) Rame of interested person (e) Name of interested person (f) Relationship (g) Rame of interested person (h) Relationship (c) Purpose (f) Relationship (g) Rame of interested person (h) Relationship (g) Rame of interested person (h) Relationship (h) Relations																
Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of Joan (c) Orginal principal amount of the organization of the organization of the organization (c) Orginal principal amount of General Principal amount of General Principal amount of Committee? (f) Balance due (c) In (h) Approved (n) Written organization organization of the organization Interested person (b) Relationship (c) Purpose of Joan (c) Orginal principal amount of General Principal amount of Joan (f) Balance due (c) In (h) Approved (n) Written organization answered "Yes" No Interested person Interested Persons. Interested Persons. Interested Persons. Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person and the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of assistance (c) Purpose of assistance Interested person (b) Relationship between interested Person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance Interested person Interested person and the organization Interested person and the organization Interested person and the organization Interested person and t	2 Enter	the amount of tax	incurred by th	e organization mar	agers	or dis	qualifie	ed persons du	ring	the year under		•				
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Part IV Business Transactions Invol Complete if the organization answere	-		8b, or 28c.			
(a) Name of interested person	(b) Relationship b	between interested ne organization	(c) Amount of transaction	(d) Description of transaction		zation' nues?
OONALD SNYDER	SPOUSE OF	PRESIDENT	61.045.	COMPENSATIO	Yes	No X
			01,043			
Part V Supplemental Information. Provide additional information for resp	ponses to questions	on Schedule L (see	instructions).			
CH L, PART IV, BUSINESS	TRANSACTIO	NS INVOLVI	NG INTERESI	ED PERSONS:		
A) NAME OF PERSON: DONAL	D SNYDER					
D) DESCRIPTION OF TRANSA	CTION: COM	PENSATION				
132132 10-21-19			S	chedule L (Form 990 d	or 990-E	Z) 2

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 **2019**Open to Public
Inspection

Employer identification number 45-3848293

INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OPERATION RENEWED HOPE FOUNDATION,

HOMELESSNESS.

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

A DRAFT OF THE FEDERAL 990 IS PROVIDED TO THE BOARD OF DIRECTORS. UPON

APPROVAL OF THE BOARD, THE 990 IS SIGNED AND FILED WITH THE INTERNAL

REVENUE SERVICE.

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

OFFICERS, DIRECTORS, EMPLOYEES, AND VOLUNTEERS ARE REQUIRED TO SIGN A

CONFLICT OF INTEREST STATEMENT ANNUALLY WHERE ANY CONFLICTS OF INTEREST OR

POTENTIAL CONFLICTS OF INTEREST MUST BE DISCLOSED.

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

SALARY OF THE TOP MANAGEMENT OFFICIAL IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS. COMPARISON IS MADE TO PEER LEVEL NON-PROFIT SALARIES TO

DETERMINE APPROPRIATE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 18:

ALL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

HOPE MAKES ITS GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST VIA ITS WEBSITE.

PART XII, LINE 2 C

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

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 09-06-19

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	ule O (Form 990 of the organization	on		LION REN	EWED H	HOPE	FOUND	ATION,	INC.	Pa Employer identification num 45-3848293
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(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see ins	Taxpaye	ridentificati	on number (TIN)		
print	OPERATION RENEWED HOPE FO	דיייברואוזי	N TNC		45-38	348293
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box 6315 MARYVTEW STREET		-		40 00	<u>, , , , , , , , , , , , , , , , , , , </u>
return. See instruction		a foreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for	(file a separa	te application for each return)			01
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	00-BL	02	Form 1041-A			08
Form 47	20 (individual)	Form 4720 (other than individual)			09	
Form 99	00-PF			10		
Form 99	00-T (sec. 401(a) or 408(a) trust)			11		
Form 99	00-T (trust other than above)	06	Form 8870 DPE FOUNDATION			12
 If this box 1 Ir th th 	e organization does not have an office or place of busin is is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box \blacktriangleright request an automatic 6-month extension of time until e organization named above. The extension is for the organization named above. The extension is for the organization regarded by a star of the extension is for the organization named above. The extension is for the organization of the organization named above. The extension is for the organization of the organization named above. The extension is for the organization of the organizat	git Group Exe and atta NOVEI organization's	emption Number (GEN) I ch a list with the names and TINs of MBER 16, 2020 , to file a return for: d ending	f this is fo all memb	r the whole ers the extension opt organiza	group, check this
	this application is for Forms 990-BL, 990-PF, 990-T, 47 ny nonrefundable credits. See instructions.	20, or 6069,	enter the tentative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 60	069, enter an	refundable credits and			· · · ·
	stimated tax payments made. Include any prior year ov			3b	\$	0.
_	alance due. Subtract line 3b from line 3a. Include your					
u	sing EFTPS (Electronic Federal Tax Payment System).	See instruction	ons.	3c	\$	0.
Cautior instruct	n: If you are going to make an electronic funds withdravions. For Privacy Act and Paperwork Reduction Act Notic			453-EO a		79-EO for payment 8868 (Rev. 1-2020)