Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

ΑI	For the	2019 calenda	ar year, or tax year beginning Jan 1 , 2019, and ending [ecember 3	, 20 19
В	Check if ap	oplicable:	C Name of organization D E	nployer ider	ntification number
	Address o	Hope For Humanity Worldwide, Inc.			3998534
	Name cha	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E To	elephone nun	nber
=	Initial retu	rn rn/terminated	P.O. Box 450391	(954)) 495-3839
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	roup Exem	ption
=		n pending	Sunrise, FL 33345	lumber 🕨	
G	Account	ting Method:	✓ Cash Accrual Other (specify) → H Chec	k ▶ 🗸 if f	the organization is not
۱ ۱	Vebsite	www.	hopeforhumanityworldwide.org requi	red to attac	ch Schedule B
J T	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form	າ 990, 990-	EZ, or 990-PF).
K	orm of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset		
(Pa	rt II, col		S500,000 or more, file Form 990 instead of Form 990-EZ	Ψ.	25,109
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions f	for Part I)
		Check if	the organization used Schedule O to respond to any question in this Part I		🗸
	1	Contribution	ons, gifts, grants, and similar amounts received	1	20,464
	2	Program s	ervice revenue including government fees and contracts	2	
	3	Membersh	ip dues and assessments	3	
	4	Investment	tincome	4	
	5a	Gross amo	ount from sale of assets other than inventory 5a		
	b	Less: cost	or other basis and sales expenses		
	6		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
ē	а	Gross inc	ome from gaming (attach Schedule G if greater than		
Revenue	b		me from fundraising events (not including \$ of contributions	_	
ě	~		aising events reported on line 1) (attach Schedule G if the		
			ch gross income and contributions exceeds \$15,000) 6b 4,6	45	
	С	Less: direc		20	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac		
				6d	4,525
	7a	Gross sale	s of inventory, less returns and allowances		.,,
	b		of goods sold		
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0
	8	Other reve	nue (describe in Schedule O)	8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		24,989
	10		similar amounts paid (list in Schedule O)	10	·
	11	Benefits pa	aid to or for members	. 11	
S	12		ther compensation, and employee benefits	12	
ns(13	Profession	al fees and other payments to independent contractors	13	
Expenses	14	Occupancy	y, rent, utilities, and maintenance	14	
Щ	15		ublications, postage, and shipping		2,046
	16		enses (describe in Schedule O)		19,284
_	17		enses. Add lines 10 through 16		21,330
S	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	18	3,659
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		
As		end-of-yea	r figure reported on prior year's return)	19	20
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)	20	
<u>z</u>	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	3,679

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Pa	Balance Sheets (see the instructions to	,		5		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		✓ (B) End of year
22	Cook povings and investments		_			• • • • • • • • • • • • • • • • • • • •
22 23	Cash, savings, and investments			1,023	23	3,740
24	Other assets (describe in Schedule O)				24	0
25	Total assets			1,023		3,740
26	Total liabilities (describe in Schedule O)			1,023		3,740
27	Net assets or fund balances (line 27 of column		-		27	3,679
	t III Statement of Program Service Accom	· ,				3,017
	Check if the organization used Schedule	•		•		Expenses
Wha	Ÿ	See Part III Stmt			, ,	uired for section c)(3) and 501(c)(4)
as n pers	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	e services provided	l, the number of	,	nizations; optional for
28	Provide medical exams, dental exams, evaluations. E Advise on how to maintain good dental habits. Distri					
	(Grants \$ 21,330) If this amount	includes foreign gra	ants, check here .	• 🗆	28a	21,330
29						,
	(Grants \$) If this amount	includes foreign gra	unts, check here .	▶ 🗆	29a	
30						
	(Grants \$) If this amount	includes foreign gra	ants. check here .	• 🗆	30a	
31	Other program services (describe in Schedule O)					
	, ,	includes foreign gra			31a	
32	Total program service expenses (add lines 28a	through 31a)		•	32	21,330
	t IV List of Officers, Directors, Trustees, and Key				nstruc	
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		🗆
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	oo (o)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)		0	ther compensation
	/-Ann Peters					
	dent Bailey	15	0		0	0
Secr		17	0		0	0
Elsa	da Murdock					
Treas	surer	20	0		0	0
	don Faza	-				
Direc		15	0		0	0
	nda Stephens		_			_
Direc		22	0		0	0
	ton Peart					0
Direc	lor	16	0		0	0
		-				
	·	1				
		1				
]				
		1				

Form 990-EZ (2019) Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V **✓** Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ | 37a | 37a 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? ... 38a If "Yes," complete Schedule L, Part II, and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ► ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► FL 41 42a The organization's books are in care of ► Elsada Murdock (786) 792-1594 Telephone no. ▶ Located at ► 2665 SW 84 Terrace, Miramar FL ZIP + 4 ▶ 33025 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓_
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," Form 990 and Schedule R may need to be completed instead of			
Form 990-EZ. See instructions	45b		\checkmark
Fori	m 990	-EZ	(2019)

46	Did the organization engage, directly to candidates for public office? If "Yes	or indirectly, in politica	campaign activity	<u> </u>	_		Yes
Part	to candidates for public office? If "Yes Section 501(c)(3) Organizati	s," complete Schedule	C, Part I	on behalf	of or in opposition	and the second of the second o	
	All section 501(c)(3) Organizati	ions Only				46	
	All section 501(c)(3) organizate 50 and 51.	ions must answer qu	iestions 47-49b an	id 52, and	d complete the tak	oles fo	or line
	Check if the organization used	Schedule O to respon	nd to any question :	- 41-1- D			. m
47	Did the organization		id to any question if	this Par	: VI		
	- W VIV OLUGIII/AIIIIII ADAGGA IN IALA						Yes
48	year? If "Yes," complete Schedule C, I Is the organization a school as describe	d in soction 470% Vivin			· · · · · ·	47	
459	Uld the organization make any trans-		(ii): ii les, complet	e Scheduli	9 F	48	
50 d	If "Yes," was the related organization a Complete this table for the organization	section 527 organizati	aritable related orgai	nization?		100	
30 (Complete this table for the organization a employees) who each received more the	n's five highest comper	nsated employees (or	thorthon	[49b	
	employees) who each received more th	an \$100,000 of compe	nsation from the org	anization.	If there is none onto	ustees	s, and
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) He	alth benefits.	er ivo	ne."
		hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributi	ons to employee (e) Est	imated	amoui
one			(1 011112 AA-57 1099-IAII2C	con	pensation othe	r comp	ensatio
				-			
f To	otal number of other employees paid or	ver \$100,000					
\$1	otal number of other employees paid or omplete this table for the organization 00,000 of compensation from the organization	n's five highest compe anization. If there is not		contracto	rs who each receive	ed mo	ore th
\$1	The late the tor the organization	n's five highest compe anization. If there is not			rs who each receive		ore th
\$1	00,000 of compensation from the organization	n's five highest compe anization. If there is not	nsated independent ne, enter "None."		T		ore ti
\$1	00,000 of compensation from the organization	n's five highest compe anization. If there is not	nsated independent ne, enter "None."		T		ore th
\$1	00,000 of compensation from the organization	n's five highest compe anization. If there is not	nsated independent ne, enter "None."		T		ore th
\$1	00,000 of compensation from the organization	n's five highest compe anization. If there is not	nsated independent ne, enter "None."		T		ore th
\$1	00,000 of compensation from the organization	n's five highest compe anization. If there is not	nsated independent ne, enter "None."		T		ore th
\$1	00,000 of compensation from the organization	n's five highest compe anization. If there is not	nsated independent ne, enter "None."		T		ore ti
\$1	00,000 of compensation from the organization (a) Name and business address of each independent	n's five highest compe anization. If there is not	nsated independent ne, enter "None."		T		ore th
\$1	00,000 of compensation from the organization (a) Name and business address of each independent	anization. If there is not dent contractor	nsated independent ne, enter "None." (b) Type of servi		T		ore th
d Tota	al number of other independent contractions and number of other independent contractions and number of other independent contractions.	anization. If there is not dent contractor	nsated independent ne, enter "None." (b) Type of servi	ce	(c) Compens		ore the
d Tota	al number of other independent contraction from the organization f	ctors each receiving ov	nsated independent ne, enter "None." (b) Type of servi	ce	(c) Compens	sation	
d Tota Did com	al number of other independent contract the organization complete Schedule A	ctors each receiving over the section of the sectio	rer \$100,000	zations m	(c) Compens	sation	
d Tota Did com	al number of other independent contract the organization complete Schedule A	ctors each receiving over the section of the sectio	rer \$100,000	zations m	(c) Compens	sation	
d Tota Did com r penaltie correct, a	al number of other independent contract the organization complete Schedule A	ctors each receiving over the A? Note: All sections of the section	rer \$100,000	zations m	(c) Compens	sation	
d Tota Did com r penaltie correct, a	al number of other independent contract the organization complete Schedule A	ctors each receiving over the A? Note: All sections of the section	rer \$100,000	zations m	(c) Compens ust attach a ▶ ✓ Yes best of my knowledge and ige.	sation s □ d belief	
d Total	al number of other independent contract the organization complete Schedul pleted Schedule A	ctors each receiving over the A? Note: All sections of the section	rer \$100,000	zations m	(c) Compens ust attach a best of my knowledge and ige.	sation s □ d belief	
d Total Did confirment, and an analysis of the confirment, and an analysis of the confirment, and analysis of the confirment,	al number of other independent contract the organization complete Schedule A	ctors each receiving over the A? Note: All sections in the companying officer) is based on all informations.	rer \$100,000	zations m	(c) Compens ust attach a best of my knowledge and ige.	sation s □ d belief	
d Total Did comer penaltie correct, a	al number of other independent contract the organization complete Schedul A soft perjury, I declare that I have examined this result of complete. Declaration of preparer (other than a signature of officer Rhonda Stephens, Director Type or print name and title Print/Type preparer's name	ctors each receiving over the A? Note: All sections of the section	rer \$100,000	zations m	(c) Compens ust attach a best of my knowledge and ige. 07 14 20 2	sation s □ d belief	
d Total Did come r penaltie correct, a	al number of other independent contract the organization complete Schedul And complete Schedul And complete Declaration of preparer (other than a signature of officer Rhonda Stephens, Director Type or print name and title Print/Type preparer's name	ctors each receiving over the A? Note: All sections in the companying officer) is based on all informations.	rer \$100,000 > on 501(c)(3) organization of which preparer has	zations m	(c) Compens I ust attach a ▶ ✓ Ye best of my knowledge and ige. Check ☐ if PTIN	sation s □ d belief	
d Total Did comer penaltie correct, a	al number of other independent contract the organization complete Schedul And complete Schedul And complete Declaration of preparer (other than a signature of officer Rhonda Stephens, Director Type or print name and title Print/Type preparer's name	ctors each receiving over the A? Note: All sections is based on all informations.	rer \$100,000	zations mes, and to the any knowled	(c) Compens ust attach a best of my knowledge and ige. 07 14 20 2	sation s □ d belief	

Form 990-EZ (2019)

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Line 8: Other Revenue

Continuation Statement

Description	Amount
Donations of children, women and men clothing	
Personal items	
Drugs, medical supplies & equipments	
No individual donation of \$5,000.00.	
Donation included in total revenue.	

Total

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses

Continuation Statement

Description	Amount
Mission Trips including travel, hotel, health education, expenses, clothing	19,284.
and personal items distributed by the organization.	

Total 19,284.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose

Continuation Statement

Organiza	tion's Primary Exempt Purpose
To provide charitable assistance to the communitie	es in need.
To provide medical help and awareness.	

Name as Shown on Return Hope For Humanity Worldwide Inc.		Employer Identification No. 45-3998534				
Trope For Humanity Worldwide Inc.	43-0	7770334				
Line 24 - Other Assets:	Beginning of Year	End of Year				
Totals to Form 990-EZ, Part II, line 24						
Line 26 - Total Liabilities:	Beginning of Year	End of Year				
Florida Corp Filing		61.				
Totals to Form 990-EZ, Part II, line 26		61.				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 2019

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

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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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 126,881 53,389 124,955 33,399 24,989 363,613. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0. 0 0. The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 0. Total. Add lines 1 through 3. . . . 33,399 4 126,881. 124,955 53,389 24,989 363,613. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 363,613. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 126,881 124,955 53,389 33,399 24,989 363,613. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 0 0 0. 0 0. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 0 0. 0 0. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0. Ω n 0. \cap 0. **Total support.** Add lines 7 through 10 11 363,613. Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 100 % 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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.)

	ii the organization falls to quality	under the te	sis listed bei	ow, piease co	implete Fart	11.)	
	on A. Public Support						
Calen	idar 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.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a							
	received from disqualified persons .						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		•				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	e organizatior	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	e					▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8		•			15	%
16	Public support percentage from 2018 Sch					16	%
Secti	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2019 (I			-		17	%
18	Investment income percentage from 2018					18	%
19a	331/3% support tests—2019. If the organia						
	17 is not more than 331/3%, check this box a	_	=	-		=	_
b	331/3% support tests—2018. If the organization						
	line 18 is not more than 331/3%, check this b	oox and stop h	iere. The organ	ization qualifies	as a publicly s	upported orgar	nization 🕨 🗀
20	Private foundation If the organization did	d not chack a	hay on line 14	10a or 10h	shock this hov	and coo inetru	otions -

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

			Yes	No
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.	1		
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.			
5а	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).	4c		
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?	5a		
_		5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c 6		
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).	7		
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).	8		
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 .	9a		
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.	9b		
С	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.	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
L	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		

Part I	V 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?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			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.	_		
2	Did the approximation approach fourths benefit of any approximation at how there the approached	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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			-110
-	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Cooti		3		
	on E. Type III Functionally Integrated Supporting Organizations		-ti	-1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	iistru	CUOII	5).
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions)
2	Activities Test. <i>Answer (a) and (b) below.</i>	300 m		No
- а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
Section 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			
Section 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):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e 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 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporting	ng organization (see	

Section D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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				
8	Distributions to attentive supported organizations to which the organization is responsive (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			
	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 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	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			
b	Applied to 2019 distributable amount			
С	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 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:			
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Employer identification number

Open to Public Inspection

Hope For Humanity Worldwide, Inc.	45-3998534				
Pt V, Line 35b: Organization had no unrelated income.					
Pt V, Line 44d: Organization was not required.					