			nark icons to display help windows. ad will enable you to file a more complete return and reduce the chance	es the IRS will need	d to contact y	ou.
L			Short Form			OMB No. 1545-0047
_	QC	30-EZ	Return of Organization Exempt From	n Income 1	Гах	
Form			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			2019
			Do not enter social security numbers on this form, as it	t may be made pu	blic.	Open to Public Inspection
		of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the	ne latest informati	ion.	inspection
A F	or the	2019 calenda)19, and ending	-	, 20
Bc	heck if a	pplicable:	C Name of organization ?			dentification number 🛛 👫
	ddress o	-	One Heart For Hope	Room/suite		263057344
	lame cha nitial retu	•	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone	
		rn/terminated	27472 Portola Parkway City or town, state or province, country, and ZIP or foreign postal code	205-250	F Group Ex	49-370-6433
	mended		Foothill Ranch, CA 92610		Number	·
_		on pending ting Method:	✓ Cash ☐ Accrual Other (specify) ►	н		if the organization is not
	/ebsite	0	/www.onehearforhope.org			tach Schedule B
JTa	ax-exer	npt status (che	ck only one) – 🖌 501(c)(3) 🗌 501(c) () ◀ (insert no.) 🗌 4947(a)((1) or 527	(Form 990, 99	90-EZ, or 990-PF).
			Corporation Trust Association Oth	-		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000			
<u>.</u>		1.11	500,000 or more, file Form 990 instead of Form 990-EZ			\$
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Bala	· ·		, <u> </u>
24	4		the organization used Schedule O to respond to any questi			
?1	1 2		ons, gifts, grants, and similar amounts received		1	52,937
?1	2		ip dues and assessments	2		
?1	4	Investment	•		4	
	5a			5a		
	b			5b		
	с	Gain or (los	\dot{ss}) from sale of assets other than inventory (subtract line 5b fro	m line 5a)	5c	
	6	-	d fundraising events:			
¢)	а		ome from gaming (attach Schedule G if greater than			
Revenue		,		6a		
eve	b		me from fundraising events (not including <u></u> aising events reported on line 1) (attach Schedule G if the	of contribution	IS	
Ĕ				6b		
	с			6c		
	d		e or (loss) from gaming and fundraising events (add lines 6a		otract	
		line 6c) .			· · 6d	
	7a	Gross sale	s of inventory, less returns and allowances	7a		
	b		J	7b		
	С		it or (loss) from sales of inventory (subtract line 7b from line $7\overline{a}$)			
	8		nue (describe in Schedule O)			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			52,937
	10		I similar amounts paid (list in Schedule O)			54,380
Ś	11 12		aid to or for members			
Expenses	13		al fees and other payments to independent contractors 22			
per	14		/, rent, utilities, and maintenance			
Ĕ	15		ublications, postage, and shipping			1,669
	16		enses (describe in Schedule O) 🛐			
	17	Total expe	nses. Add lines 10 through 16		. 🕨 17	56,049
ts	18	Excess or	(deficit) for the year (subtract line 17 from line 9)		18	(3,112)
Net Assets	19		or fund balances at beginning of year (from line 27, column			
tAŝ		-	r figure reported on prior year's return)			37,245
Ne	20		iges in net assets or fund balances (explain in Schedule O)			04.400
	21 Donor		or fund balances at end of year. Combine lines 18 through 20		. 🕨 21	34,133 Form 990-EZ (2019)
гor	raper	work Reduct	ion Act Notice, see the separate instructions.	Cat. No. 10642I		10m 330-LL (2019)

Form	n 990-EZ (2019)					Page 2
Pa	art II Balance Sheets (see the instructions f	for Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part II....		<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			37,245	22	34,133
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		[37,245	25	34,133
26					26	<u> </u>
27	, , , , , , , , , , , , , , , , , , ,			37,245		34,133
	rt III Statement of Program Service Accom	· / ·	/			
	Check if the organization used Schedule	• ``		,		Expenses
Wh	¥	To serve the needy of				uired for section
					· ·	c)(3) and 501(c)(4)
	scribe the organization's program service accomplis				orga othe	nizations; optional for
	measured by expenses. In a clear and concise m sons benefited, and other relevant information for ea		e services provided	, the number of		0.)
. <u> </u>						1
28	Scholarship-Tuition assistance for 40 High school;20	J college; 17 Element	ary; 45 pre-school;			
_	http://www.oneheartforhope.org/APF-Scholarship-Pr			·····		
?	÷	includes foreign gra		🕨 🗋	28a	17,662
29						
	-Impacted recipients 250 families, center to serve fan	nilies and children fo	r day care, after scho	ol programs,		
	vocational training and educational mentoring.					
	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			29a	20,400
30	Livelihood Programs-9 Fishing Boats Leyte Cebu; So	olar lights Program- i	n Bicol, Tapayon Vill	age Mindanao;		
	Baler Quezon, for about 100 families.					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	► 🗌	30a	4,611
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	11,707
32	Total program service expenses (add lines 28a t				32	54,380
Pa	rt IV List of Officers, Directors, Trustees, and Key	/ Employees (list each	one even if not com	ensated-see the in	hstruc	
	Check if the organization used Schedule					
		(b) Average	(c) Reportable ?1	(d) Health benefits,		
	(a) Name and title	hours per week	compensation	contributions to employ		
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
Mor	lita Helms - Board Member					
		- 40	0		0	0
	nda Bule - Board Member		•		•	0
Gle		16				0
			0		0	0
Est	rella Claudio - Board Member	16				_
			0		0	0
Dr.	Maria Luisa Vales - Board Member	- 8				
			0		0	0
Jan	ie Hale - Board Member	12				
		12	0		0	0
Ros	semarie Roque - Board Member	_				
					-	0
		- 4	0		0	
Pat			0		0	
Pat	ricia Uvero - Board Member	- 2	-			0
	ricia Uvero - Board Member		0		0	0
			0		0	
	ricia Uvero - Board Member	- 2	-			0
	ricia Uvero - Board Member	- 2	0		0	
	ricia Uvero - Board Member	- 2	0		0	
	ricia Uvero - Board Member	- 2	0		0	
	ricia Uvero - Board Member	- 2	0		0	
	ricia Uvero - Board Member	- 2	0		0	
	ricia Uvero - Board Member	- 2	0		0	
	ricia Uvero - Board Member	- 2	0		0	

	Form 99	90-EZ (2019)			age 3	,
	Part	V Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi				
		, , , , , , , , , , , , , , , , , , , ,		Yes	No	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	
?1	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 change on Schedule O. See instructions	34			
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	•
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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	36		~	
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a				
		Did the organization file Form 1120-POL for this year?	37b		~	[
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~	
	b 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a	-			
	b	Gross receipts, included on line 9, for public use of club facilities	1			
	40a	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		~	
	c d	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, 4955, and 4958				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	
	41	List the states with which a copy of this return is filed California			•	•
	42a		949-37	0-643	3	•
		Located at 27472 Portola Parkway Ste. 205-250 Foothill Ranch, CA ZIP + 4	92610)-2853		
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country >	42b	Yes	No V	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	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	42c		~	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.		_
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~	
		Did the organization receive any payments for indoor tanning services during the year?	44c		V	ĺ
	15-		44d			
		Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	45a		~	
		Form 990-EZ. See instructions	45b		~	_

Form	990-l	EΖ	(2019)
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m 99	90-EZ (2019)						P	age 4
							Yes	No
6	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of o	r in opposi	tion		
	to candidates for public office? If "Yes," of		, Part I			· 46		~
rt	VI Section 501(c)(3) Organizations							
	All section 501(c)(3) organization	is must answer que	stions 47–49b and	52, and co	mplete th	e tables f	or line	es
	50 and 51.							_
	Check if the organization used Scl	hedule O to respond	l to any question in t	his Part VI				
							Yes	No
	Did the organization engage in lobbying				-	tax		
	year? If "Yes," complete Schedule C, Par					· 47		~
5	Is the organization a school as described in							~
а	Did the organization make any transfers to							~
b	If "Yes," was the related organization a se							
	Complete this table for the organization's							d key
	employees) who each received more than	n \$100,000 of comper	sation from the organ			e, enter "N	lone."	
		(b) Average	(c) Reportable	(d) Health contributions		(e) Estimate	ed amou	int of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,	and deferred	other com		
				compe	nsation			
		,						
		,						
				1				
	Total number of other employees paid ov Complete this table for the organization	's five highest compe	ensated independent		s who each	n received	more	than
		's five highest compe anization. If there is no	ensated independent	contractors		n received		than
	Complete this table for the organization' \$100,000 of compensation from the orga	's five highest compe anization. If there is no	ensated independent one, enter "None."	contractors				than
	Complete this table for the organization' \$100,000 of compensation from the orga	's five highest compe anization. If there is no	ensated independent one, enter "None."	contractors				than
	Complete this table for the organization' \$100,000 of compensation from the orga	's five highest compe anization. If there is no	ensated independent one, enter "None."	contractors				than
	Complete this table for the organization' \$100,000 of compensation from the orga	's five highest compe anization. If there is no	ensated independent one, enter "None."	contractors				• than
	Complete this table for the organization' \$100,000 of compensation from the orga	's five highest compe anization. If there is no	ensated independent one, enter "None."	contractors				• than
	Complete this table for the organization' \$100,000 of compensation from the orga	's five highest compe anization. If there is no	ensated independent one, enter "None."	contractors				• than
	Complete this table for the organization' \$100,000 of compensation from the orga (a) Name and business address of each independ (a) Total number of other independent contra	's five highest compe anization. If there is no dent contractor	(b) Type of serv	contractors	(c)) Compensati		• than
d	Complete this table for the organization' \$100,000 of compensation from the orga (a) Name and business address of each independ (a) Name and business address of each independ (b) Name and business address of each independ (b) Name and business address of each independ (c) Name	's five highest compe anization. If there is no dent contractor	(b) Type of serv	contractors	(c)	One	on	
d	Complete this table for the organization' \$100,000 of compensation from the orga (a) Name and business address of each independ (a) Total number of other independent contra	's five highest compe anization. If there is no dent contractor actors each receiving ule A? Note: All se	(b) Type of serv	contractors	(c)) Compensati	on	• than
d	Complete this table for the organization' \$100,000 of compensation from the orga (a) Name and business address of each independ (a) Name and business address of each independ (b) Name and business address of each independ (b) Name and business address of each independ (c) Name	's five highest compe anization. If there is no dent contractor actors each receiving ule A? Note: All se	(b) Type of serv (b) Type of serv (b) Type of serv (c) Ty	contractors	(c)) Compensation one n a .▶ ☑ Yes	on	
d cor	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ (a) Name and business address of each independ (b) Name and business address of each independ (c) Name and (c) Name and (c	's five highest compe anization. If there is no dent contractor actors each receiving ule A? Note: All se	(b) Type of serv (b) Type of serv (b) Type of serv (c) Ty	contractors ice ice inice ice inications n inications	(c)) Compensation one n a .▶ ☑ Yes	on	
d er p cor	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ (a) Name and business address of each independ Did the organization complete Schedu completed Schedule A	's five highest compe anization. If there is no dent contractor actors each receiving ule A? Note: All se	(b) Type of serv (b) Type of serv (b) Type of serv (c) Ty	contractors ice ice inice ice inizations n i i i i i i i i i i i i i i i i i	(c)) Compensation one n a .▶ ☑ Yes	on	
d er p cor	Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independ (a) Name and business address of each independ (b) Name and (b) Name and (b) Name and	's five highest competentiation. If there is not dent contractor	over \$100,000	contractors ice ice inice ice inizations n inininizations n inization ininization inininizations n	(c)	one ∩ a .▶ ✓ Yes nowledge and	on	
d er p cor re id	Complete this table for the organization' \$100,000 of compensation from the organization (a) Name and business address of each independent (a) Name and business address of each independent Did the organization complete Schedul completed Schedule A	's five highest compe anization. If there is no dent contractor actors each receiving ule A? Note: All se	(b) Type of serv (b) Type of serv (b) Type of serv (c) Ty	contractors ice ice inice ice inizations n inininizations n inization ininization inininizations n	(c)	One n a .► ✓ Yes nowledge and if PTIN	on	
d in re id	Complete this table for the organization' \$100,000 of compensation from the organization (a) Name and business address of each independ (a) Name and business address of each independ Did the organization complete Schedul completed Schedule A	's five highest competentiation. If there is not dent contractor	over \$100,000	Contractors ice ice inice inice inice inice inications n i i i i i i inications n i i i i i inications in	(c)	One n a .► ✓ Yes nowledge and if PTIN	on	
d er p cor jn re id	Complete this table for the organization' \$100,000 of compensation from the organization (a) Name and business address of each independ (a) Name and business address of each independ Did the organization complete Schedul completed Schedule A	's five highest compe- anization. If there is no dent contractor	over \$100,000	Contractors ice ice ice inice inice inice inications n i i i i i inications inicati	(c)	One n a .► ✓ Yes nowledge and if PTIN	on	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(C)

(D)

(E) Total

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

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

20**19** Open to Public

Inspection

OMB No. 1545-0047

Name	Name of the organization Employer identification number								
One I	lea	rt Fo	or Hope					26-30	57344
Par	t I		Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructic	ns.
The c	rga	niza	ation is not a private founda	ation because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1		Ac	church, convention of churc	hes, or association	on of churches descri	bed in se	ection 17	0(b)(1)(A)(i).	
2		A s	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E2	Z).)	
3			nospital or a cooperative ho		•				
4			nedical research organization spital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the
5			organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	d by a government	al unit described in
6 7		An	ederal, state, or local gover organization that normally scribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	\square		community trust described i			Part II.)			
9		An or ι	agricultural research organ university or a non-land-gra versity:	ization described	d in section 170(b)(1)	(A)(ix) op			
10	~	An rec sup	organization that normally i eipts from activities related oport from gross investmen quired by the organization a	to its exempt fui t income and unr	nctions—subject to co related business taxal	ertain exc ble incom	ceptions, ie (less se	and (2) no more tha action 511 tax) from	n 33 ¹ /3% of its
11	\square		organization organized and		•		•	,	
12			organization organized and	•	•				ry out the purposes
			one or more publicly suppo eck the box in lines 12a thro						
а			Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b			Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same			
с			Type III functionally integ its supported organization						ally integrated with,
d			Type III non-functionally it that is not functionally integrequirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
е			Check this box if the organ functionally integrated, or						e II, Type III
f	Е	ntei	r the number of supported of						
g	Ρ	rovi	ide the following information	n about the supp	orted organization(s).				
	(i) I	Namo	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))		rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									

Cat. No. 11285F

Part IISupport 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.)

Secti	on A. Public Support						
Calen	dar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		1	1	1	1	I
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	-					
12	Gross receipts from related activities, etc.	•	,			12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	-			-	ear as a section	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6			11. column (f))		14	%
15	Public support percentage from 2018 Sch		-			15	%
16a	331/3% support test-2019. If the organi						
	box and stop here. The organization qua			•			
b	331 /3% support test—2018. If the organitithis box and stop here. The organization	qualifies as a	publicly suppo	orted organizat	ion		🕨 🗆
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumst	ances" test, c	heck this box a	and stop here	. Explain in
b		ition meets the fac	he "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies as	stop here. s a publicly
18	Private foundation. If the organization di instructions						see ▶ _

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.)

Secti	on A. Public Support			,			
	dar 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.")	13,389	17,777	32,113	18,838	52,937	135,054
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	82,378	61,101	13,865	35,698	0	193,042
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disgualified persons .	95,767	78,878	45,978	54,536	52,937	328,096
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 8	Add lines 7a and 7b						229.004
Secti	on B. Total Support						328,096
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	95,767	78,878	45,978	54,536	52,937	328,096
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.)	95,767	78,878	45,978	54,536	52,937	328,096
14	First five years. If the Form 990 is for the organization, check this box and stop he	re			-	ear as a section	
	on C. Computation of Public Suppor			- · ·-			
15	Public support percentage for 2019 (line 8					15	100 %
16 Secti	Public support percentage from 2018 Sch on D. Computation of Investment Inc					16	100 %
<u>Secu</u> 17	Investment income percentage for 2019 (-	v line 13 colu	mn (f))	17	%
18	Investment income percentage from 2018			•	.,,	18	<u> </u>
19a	33 ¹ / ₃ % support tests – 2019. If the organ						
	17 is not more than $33^{1}/_{3}$ %, check this box						
b	331 /3% support tests – 2018. If the organiz line 18 is not more than 331/3%, check this l						3 ¹ /3%, and
20	Private foundation. If the organization di	-	•	•		•••••	
			,			edule A (Form 990	

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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Page 5

2

1

Yes No

Yes No

Part	V Supporting Organizations (continued)		Yes	No
11 а	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		103	
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Secti	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.	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,	-		

Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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).

Section 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	0		
	supported organizations played in this regard.	3		

Section 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 year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- a 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 activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** 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.*
- **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.

2a

2b

3a

3b

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

Page

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-functionally integrated Type III supporting organization (see instructions).

Part	 A (Form 990 or 990-EZ) 2019 Type III Non-Functionally Integrated 509(a)(3)) Supporting Organi	zations (continued)	Page I
	on D-Distributions	, capper		Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
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	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	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			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from			
_	Section D, line 7: \$			
-	Applied to underdistributions of prior years			
b				
	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			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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.)

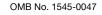
Schedule B	
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(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization One Heart For Hope

Schedule of Contributors

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



2019

Employer identification number
26-3057344

Organization type (check one):

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

✓ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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

Name of organization

One Heart For Hope

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	J.P. Allen , Inc 156 E. Tujunga Ave. Burbank, CA 91502-1929	\$15,000	PersonPayroll□Noncash□(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	AYCO Charitable Foundation- Leslie G. Gutierrez Philanthropic Fund PO Box 15203 Albany, NY 12212-5203	\$15,800	PersonImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	PersonPayrollDoncashNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	PersonPayrollNoncashImage: Noncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	PersonPayrollNoncashNoncash(Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

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
		 \$	

Employer identification	nı	umbe	2

ame of org	janization		Employer identification number	
Part III	(10) that total more than \$1,000 for the second s	ne year from any one contrib ns completing Part III, enter th year. (Enter this information or	bons described in section 501(c)(7), (8), or utor. Complete columns (a) through (e) and e total of <i>exclusively</i> religious, charitable, etc ince. See instructions.) ► \$	
a) No. from		· · · · ·		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4 R	elationship of transferor to transferee	
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	Transferee's name, address, and	(e) Transfer of gift ZIP + 4 R	elationship of transferor to transferee	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift		elationship of transferor to transferee	
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	(e) Transfer of gift			
	Transferee's name, address, and	ZIP + 4 R	elationship of transferor to transferee	
-				

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule B (Form 990, 990-EZ, or 990-PF), such as legislation enacted after the schedule and its instructions were published, go to *www.irs.gov/Form990.*

Note: Terms in **bold** are defined in the *Glossary* of the Instructions for Form 990.

Purpose of Schedule

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

• Form 990, Return of Organization Exempt From Income Tax, Part VIII, *Statement of Revenue*, line 1;

• Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, Part I, line 1; or

• Form 990-PF, Return of Private Foundation, Part I, line 1.

Who Must File

Every organization must complete and attach Schedule B to its Form 990, 990-EZ, or 990-PF, unless it certifies that it doesn't meet the filing requirements of this schedule by:

• Answering "No" on Form 990, Part IV, *Checklist of Required Schedules,* line 2; or

• Checking the box on:

- Form 990-EZ, line H; or
- Form 990-PF, Part I, Analysis of Revenue and Expenses, line 2.

See the separate instructions for these lines on those forms.

If an organization isn't required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Accounting Method

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XII, *Financial Statements and Reporting*, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

Public Inspection

Note: Don't include social security numbers of contributors as this information may be made public.

• Schedule B is open to public inspection for an organization that files Form 990-PF.

• Schedule B is open to public inspection for a section 527 political organization that files Form 990 or 990-EZ.

• For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors aren't required to be made available for public inspection. All other information, including the amount of contributions, the description of **noncash contributions,** and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it shouldn't include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that don't require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

Contributions To Be Included on Part I

A *contributor* (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(iv), and 170(b)(1)(A)(vi) organizations must also report **governmental units** as contributors.

Contributions

Contributions reportable on Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions don't include fees for the performance of services. See the instructions for Form 990, Part VIII, line 1, for more detailed information on contributions.

General Rule

Unless the organization is covered by one of the *Special Rules*, later, it must report in Part I contributions from all persons who contribute \$5,000 or more (in money or other property) during the **tax year**. As described below, certain organizations report only total contribution amounts. Contributions may be made directly or indirectly and may take the form of money, **securities**, or any other type of property. Include all separate and independent gifts that are \$1,000 or more to determine a contributor's total contribution. Gifts that are less than \$1,000 may be disregarded. Include each contribution reported on Form 990, Part VIII, line 1. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property in Part VIII, line 1, it must include the value of that contribution in calculating whether the contributor meets the General Rule (or one of the Special Rules, if applicable), even if the organization didn't receive the property during the tax year.

Note: Under regulations proposed by the Treasury Department and the IRS, certain organizations would not have to report the names and addresses of their contributors on Schedule B. These organizations must continue to:

• Collect the names and addresses of their contributors,

• Keep this information in their records and books, and

• Make the information available to the IRS upon request.

Section 501(c)(3) organizations (including section 4947(a)(1) nonexempt charitable trusts and nonexempt private foundations described in section 6033(d)), and section 527 political organizations must report the names and addresses of their contributors in Part I, column (b), on Schedule B.

Special Rules

Section 501(c)(3) organizations that file Form 990 or 990-EZ. For an organization described in section 501(c)(3) that meets the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h(A); or Form 990-EZ, line 1. An organization that claims the benefit of this special rule must either (1) establish on Schedule A (Form 990 or 990-EZ), Part II, that it met the 331/3% support test for the current year or prior year; or (2) check the box on Schedule A (Form 990 or 990-EZ), Part I. line 7 or 8. and the box on Schedule A, Part II, line 13, as a section 170(b)(1)(A)(vi) organization in its first 5 years.

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990, Part VIII, line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during

the tax year. Thus, a contributor who gave a total of \$11,000 wouldn't be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it didn't exceed \$14,000.

Section 501(c)(7), (8), or (10)

organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that weren't for an exclusively religious, charitable, etc., purpose, list in Part I contributions from each contributor who contributed \$5,000 or more during the tax year, as described under *General Rule*, earlier.

For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (section 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I contributions from each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

Under the proposed regulations, all section 501(c)(7), (8), or (10) organizations listing contributions under this special rule would enter "N/A" in Part I, column (b), and would not enter the name and address of any contributor.

However, if a section 501(c)(7), (8), or (10) organization didn't receive total contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes and consequently wasn't required to complete Parts I through III with respect to these contributions, it need only check the third *Special Rules* box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

Specific Instructions



Don't attach substitutes for Schedule B or attachments to Schedule B with information on contributors. Parts I, II, and III of

Schedule B may be duplicated as needed to provide adequate space for listing all contributors. Number each page of each part (for example, Page 2 of 5, Part II).

Part I. In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc. Number

consecutively. In column (b), section 501(c)(3) organizations (including section 4947(a)(1) nonexempt charitable trusts and section 501(c)(3) nonexempt private foundations) and section 527 organizations enter the contributor's name, address, and ZIP code. Identify a donor as "anonymous" only if the organization doesn't know the donor's identity. Under the proposed regulations, other organizations would enter "N/A" in place of each contributor's name, address, and ZIP code. In column (c), enter the amount of total contributions for the **tax year** for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a *cash contribution* came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an **employee's** cash contribution was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address or "N/A," as applicable, and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "Noncash" box in column (d) for any contribution of property other than cash during the tax year, and complete Part II of this schedule. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property on Form 990, Part VIII, line 1g, it must check the "Noncash" box and complete Part II even if the organization didn't receive the property during the tax year.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that aren't reported on Form 8872, Political Organization Report of Contributions and Expenditures, don't need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and ZIP code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the **noncash contribution** received by the organization during the tax year, regardless of the value of that noncash contribution. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, market quotations for securities) by listing its **fair market value (FMV)**. If the organization immediately sells **securities** contributed to the organization (including through a broker or agent), the contribution must still be reported as a gift of property (rather than cash) in the amount of the net proceeds plus the broker's fees and expenses. See the instructions for Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property isn't immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV can't be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, but only if the donor has fully given up use and enjoyment of the property at that time.

The organization must report the value of any **qualified conservation contributions** and contributions of **conservation easements** listed in Part II consistently with how it reports revenue from such contributions in its books, records, and financial statements and in Form 990, Part VIII, *Statement of Revenue.*

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc., purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, the total of gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page if you use duplicate copies of Part III.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information.		2019
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organization One Heart For Hope		Employer identification number 26-3057344
Form 990-EZ Part III lin	e 31a-Other Program Services-Total \$11,707	
Medical/Dental Mission	- \$5,916 Basic medical services for approximately 400 indigenous tribes (children	and adults).
House of Hope (childre	n with cancer) outreach for 50 patients in Davao.	
Humanitarian Program	s - \$5,791 - feeding programs and emergency disaster relief aid (food and basic ne	ecessities) to various regions
Ongoing school suppli	es giving to 350 students in poor areas.	
http://www.oneheartfor	hope.org/GivingBack2019.html	
https://www.facebook.c	com/OneHeartForHope/	

Schedule O (Form	990 or 990-EZ)	(2019)
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Name of the	organization

Name of the organization	Employer identification number
	L

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/Form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return isn't filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Don't use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. Don't use this schedule. See the instructions for Form 990, I. Group Return.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, Statement of Program Service Accomplishments.

a. "Yes" response to line 2.

b. "Yes" response to line 3.

c. Other program services on line 4d. 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.

a. "No" response to line 3b.

b. "Yes" or "No" response to line 13a.

c. "No" response to line 14b.

3. Part VI, Governance, Management, and Disclosure.

a. Material differences in voting rights among members of the governing body in line 1a

b. Delegation of governing board's authority to executive committee in line 1a.

c. "Yes" responses to lines 2 through 7b.

d. "No" responses to lines 8a, 8b, and 10b

e. "Yes" response to line 9.

f. Description of process for review of Form 990, if any, in response to line 11b.

g. "Yes" response to line 12c.

h. Description of process for determining compensation, in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the Other box or didn't make any of Forms 1023, 1024, 1024-A, 990, or 990-T publicly available.

j. Description of public disclosure of documents, in response to line 19.

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

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11q, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI. Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, Financial Statements and Reporting.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, Balance Sheets.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services, in response to Part III, Statement of Program Service Accomplishments, line 31.

4. Part V, Other Information.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

d. "No" response to line 44d.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.