7

17

75

Current Year

12,581

1,349

511,264

525,194

400,757

86,073

38,364

486,830

469,363

217,327

252,036

End of Year

P01224982

50-3801974

480-821-0660

X Yes

2017∖

Open to Public

Inspection

525,194

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2017)

61-1590650 PEDO

	\$		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			7.5
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		32
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	9		х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable			
а				
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ا ـ ر		v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Λ_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
	If "Yes," complete Schedule G, Part III	13		

_	n 990 (2017) HOPE CHRISTIAN ACADEMY INC 61-1590650		P	age
<u> P</u>	art IV Checklist of Required Schedules (continued)			
,		<u></u>	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\vdash	X
) 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\vdash	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	-21	\vdash	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			-
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a				<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\Box
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	_26	$\sqcup \sqcup$	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	\vdash	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	[[i [v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		x
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
J 1	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-31		
-	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_ <u>-52</u>		
••	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	[
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		. [
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		,	
	Part VI	_37	 ↓	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		- 1	

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

Forn	n 990 (2017) HOPE CHRISTIAN ACADEMY INC 61-1590650		F	age
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
~	Check if Schedule O contains a response or note to any line in this Part V		т	\bot
			Yes	No
_				
b		\dashv	l	Ì
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	ŀ	x
25	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u>1c</u>	-	╁
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		 -	\dagger
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	-		
	account)?	4a		X
Ь	If "Yes," enter the name of the foreign country			\Box
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		ļ	
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		├
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
_	and services provided to the payor?	7a 7b		┢
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/6		\vdash
C	required to file Form 8282?	7c		[
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		\vdash
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		_	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ļ
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		ı	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			ĺ
b	Enter the amount of reserves the organization is required to maintain by the states in which			ĺ
_	the organization is licensed to issue qualified health plans Enter the amount of recovers on head		,	Í
C 14a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tay year?	14a		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	174		

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

	n 990 (2017) HOPE CHRISTIAN ACADEMY INC 61-1590650			age 6
P	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e insti	uctio	ns.
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management		Γ	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	┪		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar	ĺ	ĺ	ĺ
	committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent.			'
ь	Enter the number of voting members included in line 12, above, who are independent	┥		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		x
•	any other officer, director, trustee, or key employee?	2	<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		x
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6	-	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		-
' Q	one or more members of the governing body?	7a		x
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	'a		
U	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	- '-	_	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			_
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			_
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		l	
_	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
JC	DEY HAMBY 1125 N DOBSON RD			
CF	AZ 85224			

	HOPE CHR								61-159		Page 7
	•		Dir	ecto	ors,	Tr	uste	es,	Key Employees, Hig	hest Compensated	Employees, and
	Independent C								ta anno lina na Abra Dant	\ //J	
									to any line in this Part		
									t Compensated Employed		
organization's tax	x year				·		•		ion for the calendar year er	_	_
compensation E	inter -0- ın columns	(D), (E), and (F)) if n	o cor	mper	nsati	òn wa	as p		,, ,	f
	-		-		-				ons for definition of "key en	•	
who received rep		ion (Box 5 of Fo							er than an officer, director, rm 1099-MISC) of more that		
	he organization's fo ortable compensati								compensated employees reganizations	who received more than	
organization, mo	re than \$10,000 of	reportable comp	ensa	ation	from	the	orga	nıza	in the capacity as a former ation and any related organ	zations	
compensated em	nployees, and forme	er such persons							trustees, officers, key empl		
Check this be	ox if neither the org	anization nor an	y rel	ated	orga	nıza	tion c	com	pensated any current office	r, director, or trustee	
	(A) and Title	(B)	l			C) lition			(D)	(E)	(F) Estimated
Name	and Title	Average hours per	(d	lo not			than o	ne	Reportable compensation	Reportable compensation from	amount of
		week (list any					is both or/truste		from the	related organizations	other compensation
		hours for	1			_			organization	(W-2/1099-MISC)	from the
		related organizations	dra	ıstıtc	Officer	Keye	mg light	Former	(W-2/1099-MISC)		organization and refated
		below dotted	dual	tion	=	етрюуее	st co	ē,			organizations
		line)	Individual trustee or director	nstitutional trustee		yee	#]		
			ee	stee			Highest compensated employee				
(1) TROY R	EVNOTOS		┢	 			Ä				
(I) IROI R	EINOHDS	1.00	ł	l	l		} }		}		
DIRECTOR		0.00	x						o	o	0
	MCCORMICK	0.00	<u> </u>	I	<u> </u>	_	t				
(-, -, -, -, -, -, -, -, -, -, -, -, -, -		1.00	ļ	ł	l		} }				
DIRECTOR		0.00	x						l ol	o	. 0
(3) LAURA	PITT										
		1.00									
DIRECTOR		0.00	X						0	0	0
(4) TAMBRA	STUBER										
		1.00		1			l l				
DIRECTOR		0.00	X		<u> </u>				0	0	0
(5) KATHY	MOLL					•					
		40.00		l			1 1			_	_
PRINCIPAL		0.00			X		\sqcup		40,000	0	0
(6) JOEY H	AMBY										
		1.00	l				1			ا	
CHAIRMAN		0.00	<u> </u>		X	_	\vdash		0	0	0
(7) CLINTO	N SMITH	1									
MD 50 5 CT		1.00	l		ا ب	•				_	^
TREASURER	UANID	0.00	├-		X		\vdash		0	0	0
(8) VICKI	RAND	1 00									
SECRETARY		1.00	1		x		1 1		o	o	0
PHICKETAKI		0.00		Ь			\sqcup		<u>_</u>		

SECRETARY

(9)

(10)

(11)

Part VII

Sub-total

received more than \$100,000 of compensation from the organization

(2017) HOPE CHI							s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unte	Pos check ess pe nd a d	more rson ı	than or s both r/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
		ļ .	-							
									,	
	 									
-total					_		•	40,000		
al from continuation sh al (add lines 1b and 1c)		Secti	on A	`				40,000		
	(including but not l	imite	d to	those	e list	ed al	oove) who received more than \$	100,000 of	
	former officer, dir	ector	, or t					yee, or highest compensate	ed	Yes N

			1 63	1110				
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		x				
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<u>-</u>	-	x				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		x				
Section B. Independent Contractors								

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (B)
Description of services (C) Compensation Total number of independent contractors (including but not limited to those listed above) who

0

		Check if Schedule	O contair	ns a response c				<u>,</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u> </u>	1a	Federated campaigns	1a					
ža Par	b	Membership dues	1b					
S, C	С	Fundraising events	1c					
Sift P	d	Related organizations	1d					İ
S, E	е		1e					
Sign	f	All other contributions, gifts, grants,			1			
至		and similar amounts not included above	1f	12,581				
20	g	Noncash contributions included in lines 1a	1f \$		j			}
Program Service Revenue Contributions, Gifts, Grants land Other Similar Amounts	h	Total. Add lines 1a-1f_		•	12,581			
J e	Busn (
χe	2a	PROGRAM SERVICE REV	ENUE		511,264	511,264		ļ
8	b							
Ğ.	C							
Se	d							
E	e			ļ <u>-</u>				
ğ	f	All other program service reve	nue	<u> </u>		_,		<u> </u>
<u></u>		Total. Add lines 2a-2f			511,264			
	3	Investment income (including	dıvıdends,	interest,	1 240	1 242		[
		and other similar amounts)			1,349	1,349		
	4	Income from investment of tax	-exempt be	ond proceeds				
	5	Royalties	~	(12)				
		(i) Real		(ii) Personal		ì		Ì
	6a							1 -
	b	Less rental exps						
	C	Rental inc or (loss)					•	· · · · · · · · · · · · · · · · · · ·
	d 7a	Net rental income or (loss) Gross amount from (i) Securities		(II) Other				
		sales of assets						
	h	other than inventory Less cost or other						
		basis & sales exps						
	С	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising eve	nts					<u> </u>
Other Revenue	Vu	(not including \$						
, ve		of contributions reported on line 1c)	Ì					
ď		See Part IV, line 18	a	i				
the s	b	Less direct expenses	ь					
ō		Net income or (loss) from fund	raising eve	ents •			•	
		Gross income from gaming activitie						
		See Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ing activitie	es 🕨				
	10a	Gross sales of inventory, less						
		returns and allowances	a					
	b	Less cost of goods sold	b		İ			
	С	Net income or (loss) from sale	s of invento	ory				
		Miscellaneous Revenue		Busn Code				
	11a		•					
	b							
	С							
-	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
	42	Total revenue See instruction	_	. .	525.194	512 613	0	٥ .

	IT IX Statement of Functional Exp				
<u>Sect</u>	tion 501(c)(3) and 501(c)(4) organizations must co			mplete column (A)	
	Check if Schedule O contains a respond include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21			1	
2	Grants and other assistance to domestic				
2	Individuals See Part IV, line 22				
3	Grants and other assistance to foreign				· ·
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
	· · · · · · · · · · · · · · · · · · ·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	370,659	370,659	· · · · · · · · · · · · · · · · · · ·	
7 8	Other salaries and wages Pension plan accruals and contributions (include	310,039	310,039		
0	·				
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
10	Payroll taxes	30,098	30,098		
11	Fees for services (non-employees)	30,030	30,030		
	I	İ			
a	Management				
C	Accounting				
	Lobbying		-		
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion			·	
13	Office expenses	166	166		
14	Information technology				
15	Royalties				
16	Occupancy				
	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	j			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,989	4,989		
24	Other expenses Itemize expenses not covered				, , ,
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	J			_
	(A) amount, list line 24e expenses on Schedule O)				
а	RENT	24,695	24,695		
b	CURRICULUM	14,659	14,659		
С	EQUIPMENT	10,879	10,879		
d	SCHOOL SUPPLIES	7,563	7,563	,	
е	All other expenses	23,122	23,122	·	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	486,830	486,830	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

<u> </u>	ait /	Check if Schedule O contains a response or note to any line	in this Part X			
	-	onesic in conjugate of contains a response of meta to any into		(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing		257,537	1	194,645
	2	Savings and temporary cash investments		195,478	2	268,525
	3	Pledges and grants receivable, net	Ī		3	<u> </u>
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, direct	ctors,			
	1	trustees, key employees, and highest compensated employees				
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as de	efined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	outing employers and			
ध		sponsoring organizations of section 501(c)(9) voluntary employees	beneficiary			
	l	organizations (see instructions) Complete Part II of Schedule L	Ł		6	
Assets	7	Notes and loans receivable, net			7	
ď	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				,
	ł	other basis Complete Part VI of Schedule D 10a	31,617			
	b	Less accumulated depreciation 10b	25,424	8,258	10c	6,193
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11	_		13	
	14	Intangible assets	Ļ		14	
	15	Other assets See Part IV, line 11	L		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		461,273	16	469,363
	17	Accounts payable and accrued expenses		247,601	17	217,327
	18	Grants payable	<u> </u>		18	
	19	Deferred revenue	<u> </u> _		19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule	D		21	
es	22	Loans and other payables to current and former officers, directors,				
		trustees, key employees, highest compensated employees, and				
Liabilities		disqualified persons Complete Part II of Schedule L	<u> </u>		22	
~	23	Secured mortgages and notes payable to unrelated third parties	-		23	
	24	Unsecured notes and loans payable to unrelated third parties	L		24	
	25	Other liabilities (including federal income tax, payables to related the	1	ì	1	
		parties, and other liabilities not included on lines 17-24) Complete	Part X			
		of Schedule D	<u> </u> =	047 601	25	017 207
	26	Total liabilities. Add lines 17 through 25		247,601	26	217,327
s		Organizations that follow SFAS 117 (ASC 958), check here ▶	X and	Í		•
ıce		complete lines 27 through 29, and lines 33 and 34.		212 672		252 036
alaı	27	Unrestricted net assets	-	213,672	27	252,036
Ö	28	Temporarily restricted net assets	-		28	
5	29	Permanently restricted net assets			29	
ř		Organizations that do not follow SFAS 117 (ASC 958), check he	ere ▶ 📙 and			
Net Assets or Fund Balances		complete lines 30 through 34.	1	}		
SSe	30	Capital stock or trust principal, or current funds	<u> </u>		30	
t A	31	Paid-in or capital surplus, or land, building, or equipment fund	<u>. </u>		31	
Š	32	Retained earnings, endowment, accumulated income, or other fund	ıs –	212 672	32	252 026
	33	Total net assets or fund balances	-	213,672	33	252,036 469,363
	34	Total liabilities and net assets/fund balances		461,273	34	407,303

<u>Forn</u>	h 990 (2017) HOPE CHRISTIAN ACADEMI INC 61-1590650			<u>Ра</u>	ge 12
Pa	Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 194</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>830</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u>38,</u>	364
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	13,	672
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	_ 2	<u>52,</u>	036
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Ш.
				Yes	No
1	Accounting method used to prepare the Form 990		_		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O]_		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			ŀ	′ ′
	reviewed on a separate basis, consolidated basis, or both			1	'
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		ļ		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	L	L
	If the organization changed either its oversight process or selection process during the tax year, explain in		,		
	Schedule O			_ !	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				ĺ
	the Single Audit Act and OMB Circular A-133?		3a	L	 _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>

Form **990** (2017)

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

HOPE CHRISTIAN ACADEMY INC

Employer identification number 61-1590650

P	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this part) See instruction	ons						
The	orga	nization is no	a private foundation because	se it is (For lines 1 through 12,	check on	y one box	()							
1	\bigcap			sociation of churches described				\star						
2	X	A school des	scribed in section 170(b)(1)	A)(ii). (Attach Schedule E (Forr	n 990 or 9	990-EZ))								
3	П			ce organization described in se				00						
4	H	· ·	•	d in conjunction with a hospital				nospital's name.						
	ш	city, and stat	,					, , , , , , , , , , , , , , , , , , , ,						
5	\Box	• .		of a college or university owned	or operat	ed by a d	overnmental unit described in							
	ш	-	(b)(1)(A)(iv). (Complete Part	•	J. 5/2-1-1									
6	\Box			or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organizat	ion that normally receives a	nat normally receives a substantial part of its support from a governmental unit or from the general public ion 170(b)(1)(A)(vi). (Complete Part II)										
8	П			170(b)(1)(A)(vi). (Complete Part	t II)									
9	Н	·-		scribed in section 170(b)(1)(A)(i		ed in con	junction with a land-grant colle	ege						
-		•	•	of agriculture (see instructions)			•							
10			on that normally receives (1) more than 33 1/3% of its supp	port from	contributi	ons, membership fees, and gr	oss						
	لسا	receipts from	activities related to its exer	npt functions—subject to certained unrelated business taxable in	exception	ns, and (2) no more than 33 1/3% of its							
			_	0, 1975 See section 509(a)(2)	•		· ·							
11	\Box			exclusively to test for public safe										
12	Ħ	_						oses						
		of one or mo	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes if 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 12g											
	а		•	••	• •		•	-						
	a	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the												
				omplete Part IV, Sections A a										
	b													
				ting organization vested in the s										
		organiza	tion(s) You must complete	Part IV, Sections A and C.										
	С			supporting organization operated tructions) You must complete				rith,						
	d	Type III	non-functionally integrated	I. A supporting organization ope	erated in o	onnection	n with its supported organization	on(s)						
		that is no	t functionally integrated. The	e organization generally must sa	atisfy a dis	stribution	requirement and an attentiven	ess						
			•	nust complete Part IV, Section										
	е			eived a written determination fron n-functionally integrated support			s a Type I, Type II, Type III							
	f		nber of supported organizati		0 0			ſ						
	g		ollowing information about th					_						
—- (i)	Name	e of supported	(n) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount	of					
	org	anization		(described on lines 1–10		ır governing	support (see	other support (
				above (see instructions))		ment?	instructions)	instructions)					
					Yes	No	. 							
(A)														
(B)		<u></u>					-							
								<u> </u>						
(C)														
(D)														
(E)														
					 -			 						
otal	l													

HOPE CHRISTIAN ACADEMY INC 61-1590650 Schedule A (Form 990 or 990-EZ) 2017 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) (d) 2016 (a) 2013 (b) 2014 (c) 2015(e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Section B. Total Support (ć) 2015 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (d) 2016 (e) 2017 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 14 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2017. 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 organization

10%-facts-and-circumstances test-2016. 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 supported organization

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

Schedule A (Form 990 or 990-EZ) 2017

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

20

| 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)

Se	ction	Ā.	AII	Suppo	ortina	Ore	ganizations
v	CLICII	~.	~…	CUDD	/I CII I M	~.,	quilleutionio

			Yes	1
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			<u> </u>
	organization was described in section 509(a)(1) or (2)	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	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			l
	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		ł	
	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)		l	
	purposes	4c		
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		ŀ	
	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)	5a		L.
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	1 .	_	l_

- benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)
- 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.
- 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.
- 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.
- 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
- 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		
Schedule A (I	Form 990	or 990-	EZ) 201

7

8

9a

9b

9c

10a

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а		_		
	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		I
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	İ		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Ì		
	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		٠,	} ,
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2_		<u> </u>
Sect	ion 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	-		
	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)	1		
<u>Sect</u>	ion 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			l
	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	·	1	
	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			ł
	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		_	
<u> </u>	supported organizations played in this regard	3		L
Sect	on 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			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction)	ions)		
	Ash des Tash Assured to a set the best of	ſ	V-	A1 -
	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		٠	
	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	ا _م ا		
_	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		l

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ons	i age u
. 1 Check here if the organization satisfied the Integral Part Test as a qualifying trus			 See
instructions. All other Type III non-functionally integrated supporting organization			
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		<u> </u>
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)
Aggregate fair market value of all non-exempt-use assets (see			
Instructions for short tax year or assets held for part of year)			1 %
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 integ	rated Type III s	upporting organization	(see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

	rt.V Type III Non-Functionally Integrated 509(a)(3		tions (continued)	Page
	rt.V Type III Non-Functionally Integrated 509(a)(3	of Supporting Organiza	tions (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rnosas		Current rear
_ <u>-</u>	Amounts paid to supported organizations to accomplish exempt purpo Amounts paid to perform activity that directly furthers exempt purpo			
	organizations, in excess of income from activity	ses of supported		
<u></u>	Administrative expenses paid to accomplish exempt purposes of su	innorted organizations		
_ 3	Amounts paid to acquire exempt-use assets	pported organizations		
	Qualified set-aside amounts (prior IRS approval required)			
_ 5	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			<u> </u>
_ ,	Distributions to attentive supported organizations to which the organ	 		
	(provide details in Part VI) See instructions	nzadon la rasponenta		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
<u>a</u>				
b	From 2013			
c	From 2014			•
d	From 2015			
е	From 2016			
<u>f</u>	Total of lines 3a through e			, ,
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)		· <u>··</u> ······	
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
	Section D, line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2017 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			<u> </u>
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			<u> </u>
	and 4c			
8	Breakdown of line 7	_		
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016	 		<u> </u>
_	HYCOCC TOTAL (11)	,		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 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 D (Form 990)

Bepartment of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public

OMR No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HOPE CHRISTIAN ACADEMY INC 61-1590650 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

P	art III Organizations Maintainir	ng Collections o	f Art, His	storical T	reasures,	or Othe	r Similar A	<u>Issets</u>	(contin	ued)	
. 3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other record	ds, check a	any of the fol	llowing that a	are a signif	icant use of its	S			
а	Public exhibition	d 🗌	Loan or e	xchange pro	grams						
b	Scholarly research	e 🗌	Other								
C	Preservation for future generations										
4	Provide a description of the organization's	collections and explain	in how they	y further the	organization	's exempt	purpose in Pa	irt			
	XIII										
5	During the year, did the organization solicit	or receive donations	of art, hist	orical treasu	res, or other	sımılar				_	_
	assets to be sold to raise funds rather than	to be maintained as	part of the	organization	's collection	?			Ye	s	No
P	art IV Escrow and Custodial Ar	_									
	Complete if the organization	n answered "Yes	s" on For	m 990, Pa	ırt IV, line	9, or rep	orted an an	nount (on Forn	1	
	990, Part X, line 21										
1a	Is the organization an agent, trustee, custo	dian or other interme	diary for co	ontributions o	or other asse	ets not				_	,
	included on Form 990, Part X?								Ye	s L	No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing tal	ble							
								├	Amoun	<u> </u>	
	Beginning balance						1c	} ——			
d	Additions during the year						_1d	├			
е	Distributions during the year						<u>1e</u>	├──			
f	Ending balance						_ <u>1f</u>	Ь			1
	Did the organization include an amount on								Ye	s	No
	If "Yes," explain the arrangement in Part XII	Check here if the e	explanation	has been pr	rovided on P	art XIII					L
Pa	art V Endowment Funds.		" -	000 Da	مصا ۱/۱ اسم	10					
	Complete if the organizatio						(d) These was	book	(0) 500		
4	Bannan aforasa balana	(a) Current year	(6) P	rior year	(c) Two ye	ars back	(d) Three year	S Dack	(0) FOU	years b	Dack
	Beginning of year balance		 		<u> </u>		_		 		
D	Contributions		 		<u> </u>				 		
C	Net investment earnings, gains, and										
	losses Grants or scholarships		 						 		_
	Other expenditures for facilities and		 						 		
-	programs										
f	Administrative expenses		†					 -	 -		
	End of year balance		 								
2	Provide the estimated percentage of the cu	rrent year end balanc	ce (line 1a	column (a))	held as		<u> </u>				
a		%	oc (iiiic 19,	001a.1111 (a))	110.4 40						
b	Permanent endowment ▶ %	,,									
c	Temporarily restricted endowment ▶	%									
_	The percentages on lines 2a, 2b, and 2c sh										
3a	Are there endowment funds not in the posse		ation that a	are held and	administere	d for the					
	organization by	J								Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requ	ired on Scl	hedule R?					3b		
_4	Describe in Part XIII the intended uses of th	e organization's ende	owment fur	nds							
Pa	rt VI Land, Buildings, and Equ	ipment.									
	Complete if the organization	n answered "Yes	on Forr	m 990, Pai	rt IV, line	11a See	Form 990,	Part >	<, line 1 ⋅	٥	_
	Description of property	(a) Cost or other	basis	(b) Cost or of	ther basis	(c) A	ccumulated	- 1	(d) Book	/alue	
		(investment))	(othe	er)	de	preciation				
1a	Land							Щ.			
b	Buildings										
С	Leasehold improvements										
d	Equipment				31 <u>,</u> 617		25,42	4		6,1	<u> 93</u>
	Other					<u> </u>					
Total	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Par	t X, columi	n (B), line 10	c)			<u> </u>		6,1	<u> 193</u>

Part VII	Investments—Other Securities.		441 0 5 000 5 4 7 4 0
<u> </u>	Complete if the organization answered "Ye		
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial			
•	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12)▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line	e 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 13)		
Part IX	Other Assets.		· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Ye	es" on Form 990. Part IV. line	11d. See Form 990. Part X. line 15
	(a) Descrip		(b) Book value
(1)			
(2)			
(3)			
	······································		
(4)			
(5)			
(6)	 		
(7)			
(8)			
(9)	- 		
	(b) must equal Form 990, Part X, col (B) line 15)		
Part X	Other Liabilities.	"	44 446 O Francisco OOO Deat V
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
	line 25		
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		•
(2)			
(3)			
(4)			•
(5)			
(6)			
(7)			* •
(8)			• 2
(9)			•
	n (b) must equal Form 990, Part X, col (B) line 25) ▶		•
	uncertain tax positions. In Part XIII, provide the text of	the footnote to the organization's fin	ancial statements that reports the
Liavilly IOI I	uncertain tax positions in raft Am, provide the text of	the roothole to the organization 5 mil	ianolai statements mat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c

Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

5

Part XIII | Supplemental Information (continued)

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

HOPE CHRISTIAN ACADEMY INC

Employer identification number 61–1590650

_P	art I i			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1_	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	_		
	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	x	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media		 : .	,
	during the period of solicitation for students, or during the registration period if it has no solicitation program,	1	١.	i i
	п a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Part II	3	X	
	OUR POLICY IS LOCATED ON OUR WEBSITE AND ADVERTISING BROCHURE.	٦	1,2	7
				;
		-	٠,-	
		-	,	1.
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	_4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	х	
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II			
		.	•	
5	Does the organization discriminate by race in any way with respect to	1	• •	1
a	Students' rights or privileges?	5a		X
b	Admissions policies?	_5b		X_
				l
С	Employment of faculty or administrative staff?	_5c		<u> </u>
	Coballandora de albar Francial de Cabrara O	_		x
d	Scholarships or other financial assistance?	_5d		
e	Educational policies?	5e		x
f	Use of facilities?	5f		<u>x</u> _
g	Athletic programs?	5g		X
L	Others transport to set the O			
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	'		
		1. 1	_	.
		:	-	,
		_	:	
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
-	If you answered "Yes" on either line 6a or line 6b, explain on Part II			7
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through	17.0	أحشده	<u> </u>
	4 05 of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

HOPE CHRISTIAN ACADEMY INC

61-1590650

Page 2

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information. See instructions

SCHEDULE O (Form 990 or 990-EZ)

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.

provide any additional information.

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

OMB No 1545-0047

Name of the organization

HOPE CHRISTIAN ACADEMY INC

Employer identification number 61-1590650

FORM 990, PART I, LINE 6

PARENTS VOLUNTEER IN THE CLASSROOMS HELPING THE TEACHERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC