990 Form

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018 Open to Public Inspection

Depa	artment of the Treasur hal Revenue Service	 Do not enter social security numbers on this form as it may be r Go to www.irs.gov/Form990 for instructions and the latest inf 		Open to Public Inspection
A	For the 2018 ca	lendar year, or tax year beginning , and ending		1
X	Address change	C Name of organization Hope And Comfort Inc.		over identification number
_	Name change		oom/suite E Teleph	none number
_	Initial return	659 Highland Avenue	617	-795-1608
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code	a) 11 (19) (19)	
-	Amandadation	Needham MA 02494	G Gross	receipts\$ 1,306,672
-	Application pending	F Name and address of principal officer. Jeff Feingold 47 Westerly Road Weston MA 02493	H(a) is this a group return fo H(b) Are all subordinates in If "No," attach a li	8 8
1	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		
J	Website: ► He	opeAndComfort.org	H(c) Group exemption num	nber 🕨
_	Form of organization:	X Corporation Trust Association Other ► L Yea	of formation: 2011	M State of legal domicile: MA
P	art I Su	mmary		
Activities & Governance	3 Number o 4 Number o	s box ▶ if the organization discontinued its operations or disposed of more than 25% f voting members of the governing body (Part VI, line 1a) f independent voting members of the governing body (Part VI, line 1b)	3	13
itie	F Total aum	ber of individuals employed in calendar year 2018 (Part V, line 2a)	5	
ctiv		ber of volunteers (estimate if necessary)	6	
Ā		lated husiness revenue from Dert //III, column (C) line 12		
		ated business taxable income from Form 990-T, line 38	76	
-	Divet uniela	ated business taxable income norm of in 950-1, inte 50	Prior Year	Current Year
-	8 Contributi	ons and grants (Part VIII, line 1h)	483,16	8 1,280,071
Revenue	All the second s	service revenue (Part VIII, line 2g)		C
eve	the second se	nt income (Part VIII, column (A), lines 3, 4, and 7d)	79.	5 10,964
Ř	and the second se	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		C
		nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	483,96	3 1,291,035
	13 Grants an	d similar amounts paid (Part IX, column (A), lines 1–3)		548,745
	14 Benefits p	aid to or for members (Part IX, column (A), line 4)		C
'n	15 Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5-10)	94,57	5 179,930
Expenses	16a Profession	nal fundraising fees (Part IX, column (A), line 11e)		C
cpe	b Total fund	Iraising expenses (Part IX, column (D), line 25) ► 31,255	and the second	
ŵ	17 Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	287,70	
	18 Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	382,27	
	19 Revenue	less expenses. Subtract line 18 from line 12	101,68	
Ces			Beginning of Current Year	
Net Assets or Fund Balances	20 Total asse	ets (Part X, line 16)	572,47	
at As	21 Total liabi	lities (Part X, line 26)		
		s or fund balances. Subtract line 21 from line 20	572,47	7 917,211
		nature Block		
U	nder penalties of p ue, correct, and co	erjury, I declare that I have examined this return, including accompanying schedules and statement implete. Declaration of preparer (other than officer) is based on all information of which preparer has	s, and to the best of my any knowledge.	knowledge and belief, it is
.5	-			
O:-	Ci	anature of officer	Da	ate

Here	Je	1.1.1.1.1	Feingold	Ĩ	President				_
	Type or	print na	me and title					Tana tan	
	Print/Type prepa	arer's na	ame Pr	eparer's signature	Date	Che	L"	PTIN	
Paid	Jeffery E	. Ric	chards		07/2	22/19 self		P0130162	_
Preparer	Firm's name		BacallConniff In	nc.		Firm's EIN	04	-26296	535
Use Only	Firm's address		111 State Street Boston, MA 0210	t 09-2905		Phone no.	617	-367-3	3250
May the IR		s retur	n with the preparer shown above?	(see instructions)				X Yes	No
		_	that a short the second state to state the state of the second state of the second state of the					Form 99	0 /2018)

For Paperwork Reduction Act Notice, see the separate instructions.

	and a former and the	na	45-1329518	Page 2
	8) Hope And Comfort I Statement of Program Service			
art III	Statement of Program Service Check if Schedule O contains a	response or note to any	line in this Part III	
1222	Uneck IT Schedule O Contains a	i copone a construction of the construction of		the season and
Briefly de	escribe the organization's mission: and Comfort distribu:	tes essential h	ygiene products su	ich as soap and
lope a	and Comfort distribu- paste to support and	improve the he	ealth, self esteem	and nygiene
tooth	paste to support and tion of school-aged	children and yo	oung adults in need	d.
educa	tion of school agea			
	organization undertake any significant pro	oram services during the year	r which were not listed on the	Yes X No
Did the	organization undertake any significant pro			
If "Yes,"	" describe these new services on Schedu organization cease conducting, or make	cionificant changes in how it (conducts, any program	Yes X No
Did the	organization cease conducting, of make	Significant energy		Tes I no
services	s? Cabadula O			
If "Yes,	" describe these changes on Schedule O be the organization's program service acc	mulichments for each of its	hree largest program services, as me	easured by
Describ	be the organization's program service acc ses. Section 501(c)(3) and 501(c)(4) organ	vizations are required to repor	t the amount of grants and allocation	s to others,
	0 - the E01(0)(3) and 5(11(C)(4) 0(00)	IZAUDITS are required to rep		
	I and revenue it any for each	program service repert		
) (Expenses \$ 87 ributed essential hydrogeneous the h	A AFO In turling graphs	of \$ 548,745) (R	evenue \$
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Disti	ributed essential hyd ort and improve the h	nealth, self es	teem and hygiene e	
suppo	ort and improve the i ol-aged children and	young adults i	n need.	
schoo	or-aged children ene			
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4b (Code N/A	e:) (Expenses \$	including grant		Revenue \$
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	art IV Checklist of Required Schedules 45-1329518		F	Page 3
1.4	art v Checkist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		121	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	11(11)1111-101-		
	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,	2		~
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1.
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			11.00
	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,"		1000	1.1
	complete Schedule D, Part III	- 8	_	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			x
	debt negotiation services? If "Yes," complete Schedule D, Part IV		-	-
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,			
· ·	VII, VIII, IX, or X as applicable.		1	
а		1.1	·	
	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	100000		1.2.1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d		11d	6	x
12	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110	1	X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address	(1) (1) (*******************************	1	
	the organization's separate of consolitated interior statements for the tax year monade a recenter that correct the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part			x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
1200	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		-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.			-
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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		-	1.0
1.5	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1.0	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			x
	Part VIII, lines 1c and 8a? If "Yes." complete Schedule G, Part II	18	-	-
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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		1	X
20a		20b	-	1
b 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	

and history

Form 990 (2018)

Form	990 (2018) Hope And Comfort Inc.	45-1329518		P	age 4
Pa	art IV Checklist of Required Schedules (continued)			_	
			_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for do	omestic individuals on	1		
	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 compen				
	organization's current and former officers, directors, trustees, key employees, and hig	hest compensated	1		
	employees? If "Yes," complete Schedule J	in production of the second	23	-	X
(4a	Did the organization have a tax-exempt bond issue with an outstanding principal amo				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If	"Yes," answer lines 24b			~
	through 24d and complete Schedule K. If "No," go to line 25a	and the experimentation of the total of the experimentation of the second s	24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary per		24b		-
c	Did the organization maintain an escrow account other than a refunding escrow at any	y time during the year	240		
	to defease any tax-exempt bonds?	during the user?	240		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time		24d	-	-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization end		250		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L,		25a		A
b	Is the organization aware that it engaged in an excess benefit transaction with a disquere and that the transaction has not been recorded on any of the exception's prior				-
	year, and that the transaction has not been reported on any of the organization's prior	Forms 990 or 990-E27	25b		x
20	If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from	or payables to any	200	-	
26	current or former officers, directors, trustees, key employees, highest compensated e				
	그 승규님 가슴 것을 만들는 것 같은 것님께서 것을 것 같아. 많은 것 같은 것 같은 것 같은 것을 것 같아. 것을 것 것 같아. 한 것 같아. 것 같아. 것 같아. 것 같아. 것 같아. 것 같아. 것	inployees, or	26		x
	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee	kay amployee	20	1	
27	substantial contributor or employee thereof, a grant selection committee member, or		-		-
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part		27		x
20	Was the organization a party to a business transaction with one of the following partie			1000	1815
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
	A current or former officer, director, trustee, or key employee? If "Yes," complete Sch	adule I Part IV	28a		x
a	A family member of a current or former officer, director, trustee, or key employee? If				
b	Schedule L, Part IV		28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a	family member thereof)			
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedu		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," of		29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar		1.00	1.2-1	1.1.1
50	conservation contributions? If "Yes," complete Schedule M		30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes,"	complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net a	assets? If "Yes."			
52	complete Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organiz	ation under Regulations	1.00	1.0	
55	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,	15.1	1.00	57
	비행사 안에 선생님이 있었다. 방법에 감독하는 것에 비싼 것이 가지 않는 것이 가지 않는 것이 없는 것이 없는 것이 없는 것이 같이 없는 것이다.	n a na na an	34	<u></u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)	?	35a	0.000	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any				1.1
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedu	lle R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exe			1.7	h.p.
	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 n	ot a related organization	110		52
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete	ete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O f	or Part VI, lines 11b and	1.1		1.1
	19? Note. All Form 990 filers are required to complete Schedule O.		38		X
Pa	art V Statements Regarding Other IRS Filings and Tax Compl	lance			
_	Check if Schedule O contains a response or note to any line	in this Part V		Yes	No
		1a 2	-	Tes	110
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	The function of the state of th			
c	Did the organization comply with backup withholding rules for reportable payments to reportable gaming (gambling) winnings to prize winners?		1c		x
	reportable gaming (gampling) winnings to prize winners?	and the second of the second		1	-

Form	990 (2018) Hope And Comfort Inc. 45-1329			P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			
	anning the second s		-	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 2		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return Nate. If the arm of line and 2a is marked than 250		2b	x	-
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)	20		x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3a 3b	-	~
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	- HOLM - X - HOLM - I	30	-	
44	a financial account in a foreign country (such as a bank account, securities account, or other financia		4a		x
b	If "Yes," enter the name of the foreign country: >	accounty?	40		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FRAR)	-4		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	ne	0.000		11
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	*14.311			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			
	and services provided to the payor?		7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as	1.125		
	required to file Form 8282?		70	_	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1	L
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	ract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by the	1.00		-
	sponsoring organization have excess business holdings at any time during the year?		8	-	-
9	Sponsoring organizations maintaining donor advised funds.			1	2000
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?	(and an	9b	-	-
10	Section 501(c)(7) organizations. Enter:	ale de la companya de	1		
а	Initiation feed and outplier contribution and and and and and and and and and an	10a			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	Local L			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources	3.00			
	against amounts due or received from them.)	116	120		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Forr		12a		100
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?		100	120	1
	Note. See the instructions for additional information the organization must report on Schedule O.		2		
b		136			
	the organization is licensed to issue qualified health plans	130	_		
C	Enter the amount of reserves on hand		14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O	146	-	
b	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eration or			1
15	excess parachute payment(s) during the year?	2. 1. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	nt income?	16		X
16	If "Yes." complete Form 4720, Schedule O.	VERICIA	-		

		18) Hope And Comfor		45-1329		-				age 6
Pa	irt VI	Governance, Manageme response to line 8a, 8b, or 10 Check if Schedule O contains	Db below, describe the circ	umstances, processes, oi						ns. X
Sec	tion A.	Governing Body and Man	agement						_	
	Establish				i.	. 1	12	-	Yes	No
1a		e number of voting members of the		[10] S. M.	() = (1a	13			1
		are material differences in voting rig verning body delegated broad auth		0						6
		ee, explain in Schedule O.	only to an executive committe	se or sirillar						
b		e number of voting members includ	led in line 1a above who are	independent		1b	13			
2		officer, director, trustee, or key em		the second se		10 1	10			
÷.,		er officer, director, trustee, or key e			P Mill			2	x	
3		organization delegate control over i		ily performed by or under the	e direct	e nin				
		ion of officers, directors, or trustee						3		x
4		organization make any significant o			the second			4		X
5		organization become aware during						5		X
6	Did the	organization have members or stoc	kholders?					6	11.00	X
7a	Did the	organization have members, stock	holders, or other persons who	had the power to elect or ap	point			12	1111	1.25
	one or n	nore members of the governing boo	dy?					7a		X
b	Are any	governance decisions of the organ	ization reserved to (or subject	t to approval by) members,						1.6
		lders, or persons other than the go						7b	-	X
8	Did the	organization contemporaneously de	ocument the meetings held or	written actions undertaken d	during the year	by th	e following:	100		1.000
а		erning body?		(0.00)(0,)(2,1))(0,1)(0,1)(0,1)(0,1)(0,1)(0,1)(0,1)(8a	X	-
b		mmittee with authority to act on be			in the second	1,000	10.01	8b	x	-
9		any officer, director, trustee, or key			ached at			9		x
	the orga	inization's mailing address? If "Yes	" provide the names and add	resses in Schedule O	w the Intern	al D	avanua Ca		-	1 A
Sec	tion B.	Policies (This Section B red	quesis mornation abou	i policies noi requirea p	line miern	arn	evenue oc	ue./	Yes	No
10-	Didthe	evention have least chapters h	ranchas, or affiliatos?					10a	103	X
10a		organization have local chapters, b did the organization have written p		ning the activities of such ch	anters	ci os ci	0 4 0 1			
b		and branches to ensure their ope						106	1.0	
11a		organization provided a complete				he fo	rm?	11a	x	1
b		e in Schedule O the process, if any					(11) A. (1	
12a		organization have a written conflict						12a	х	
b		ficers, directors, or trustees, and ke			could give rise	to co	nflicts?	12b	х	1
c		organization regularly and consiste						111		1
		e in Schedule O how this was done						12c	X	-
13	Did the	organization have a written whistlel	blower policy?		et e seine			13	x	-
14	Did the	organization have a written docum	ent retention and destruction p	policy?			1 - 11-71-119	14	x	
15	Did the	process for determining compensa	tion of the following persons i	nclude a review and approva				1.2	-	1
	indepen	dent persons, comparability data, a	and contemporaneous substa	ntiation of the deliberation ar	nd decision?			1.000	-	1000
а	The org	anization's CEO, Executive Directo	or, or top management official				a	15a	X	
b		fficers or key employees of the org		Contraction (Contraction)	-			15b	-	X
		to line 15a or 15b, describe the pro			and the second s					1
16a		organization invest in, contribute a	ssets to, or participate in a join	nt venture or similar arranger	ment			10-	-	x
		axable entity during the year?			2.42			16a	-	-
b	If "Yes,"	did the organization follow a writte	en policy or procedure requirin	g the organization to evaluat	e its					1
		ation in joint venture arrangements		aw, and take steps to salegu	and the			16b		1
200		ation's exempt status with respect	to such arrangements?		10001001-00000	44	200 k (1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1.00		1
		Disclosure states with which a copy of this Fo	rm 990 is required to be filed	MA						_
17	List the	6104 requires an organization to n	nake its Forms 1023 (1024 or	1024-A if applicable), 990, a	nd 990-T (Sec	tion 5	501(c)			1.000
18		y) available for public inspection. In				1000				
		n website X Another's website		Other (explain in Schedule O						
19		e in Schedule O whether (and if so				st pol	icy, and			
		I statements available to the public					1014			
20	State th	e name, address, and telephone n	umber of the person who pos	sesses the organization's bo	oks and record	is 🕨				
		eingold	47 West	erly Road			rear.			
	eston	r 9000		1	MA 0249	3	61	7-51	2-1	185

Form 990 (2018)

Form 990 (2	2018) Hope And Comfort Inc.	45-1329518	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Independent Contractors	Key Employees, Highest Compensated Er	
and the second	Check if Schedule O contains a response or note t	o any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest	Compensated Employees	
1a Complet organization	te this table for all persons required to be listed. Report compensi stax year.	ation for the calendar year ending with or within the	
	I of the organization's current officers, directors, trustees (whethon, Enter -0- in columns (D), (E), and (F) if no compensation was		
 List al 	I of the organization's current key employees, if any. See instruc	tions for definition of "key employee."	
who receive	e organization's five current highest compensated employees (or d reportable compensation (Box 5 of Form W-2 and/or Box 7 of F and any related organizations.		
	I of the organization's former officers, key employees, and highe f reportable compensation from the organization and any related		

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list.any	(C) Position (do not check more than or box, unless person is both a officer and a director/fruste					ee) the		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations balow dotted line)	Individual (rustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(012/1033/0030/	organization and related organizations	
(1) Jeff Feingold											
	30,00	1.1						0	0	0	
President	0.00	X	_	-	-		-	0	0	0	
(2) Loren Feingold	2.50								1.1		
Director	0.00	X				= 1	1.15	0	0	0	
(3) June Ferestien	2.50										
Director	0.00	x			l	-		0	0	0	
(4) Amy Reich Weil	2.50										
Director	0.00	x	1		1.1			0	0	0	
(5) Ralph Letner	2.50										
Director	0.00	x		1				0	0	0	
(6) John O'Connor Director	2.50	x						0	0	0	
(7) Michelle Hipwood	2.50	x						0	0	0	
(8)Ryan Debin	2.50								0	0	
Director	0.00	X	-	-	-		-	0	0	0	
(9) Betsy Rosen Director	2.50	x						o	0	0	
(10) Sharon Reilly Director	2.50	x						0	0	0	
(11) Cheryl Schondek	2.50							0	0	0	
Director	0.00	X		i	1		-	U	V	Form 990 (2018	

Form 990 (2018) Hope And Part VII Section A. Officers,					mpl	oyee	s, an	45-132 d Highest Compensate	d Employees (continued)			Page
(A) Name and title	week b (list any o			(C Posi check i ess per	c) ition more rson i	than o s both r/truste	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	
	hours for rélated organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	a	from the ganization nd related ganization:	
(12) Ezra Levine Director	2.50 0.00	x				d		0	0			c
(13) Yolanda Taylo Director	2.50 0.00	x						0	0			c
111[***]E*******												
	n n haaja a kaja aya aya ana akaa	-							-			
. (11)(11)(11)(11)(11)(11)(11)(11)(11)(11												
))((((((((((((((((((((((((((((((((((((-							
et teriel (estimation) contains some one	omoscomost omet											
1b Sub-total					(-)	es j						
c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion A	4	0GE	eas					-	
2 Total number of individuals (in	cluding but not	limite	d to	thos	e lis	ted a	bove) who received more than	n \$100,000 of			
reportable compensation from	the organizatio	n 🕨	0	_	_	1	-				Ye	s No
3 Did the organization list any fo	rmer officer, di	recto	r, or	trust	ee, l	key e	mplo	yee, or highest compens	ated	10		-
employee on line 1a? If "Yes," 4 For any individual listed on line	complete Sche	dule	J for	such	h ind	dividu	ation	and other compensation	from the		3	X
organization and related organ	izations greate	r than	1 \$15	50,00	0? /	If "Ye	s," co	omplete Schedule J for su	uch			v
5 Did any person listed on line 1	a receive or ac	crue	com	nens	atio	n fron	n anv	unrelated organization o	or individual		4	X
for services rendered to the or	ganization? If "	Yes,"	com	plete	Sc	hedu	le J f	or such person	and the second s	~	5	X
Section B. Independent Contracto					-				the \$100.000 of		_	_
1 Complete this table for your fiv compensation from the organized	e highest comp zation. Report of	comp	ensa	tion	for t	he ca	alend	ar year ending with or wit	hin the organization's tax ye	ear.		
	(A) business address						110	Descri	(B) iption of services		Compe	c) Insation
			-	-	-		1			_	-	
				-								
2 Total number of independent or received more than \$100,000	contractors (inc of compensatio	luding on fro	g but m the	not e org	limit	ed to ation	thos	e listed above) who	0			

Form 990 (2018) Hope And Comfort Inc. Part VIII Statement of Revenue

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Page 9

		Check if Schedule				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Its	1a	Federated campaigns	1a				TOTOTAG		012-014
Srar	b	Membership dues	1b						
S, B	c	Fundraising events	1c						
Sift ar	d	Related organizations	1d		50				
s, o	e	Government grants (contributions)	1e						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,	280,071				
dor	g	Noncash contributions included in lines 1a	a-1f: S		755,070				
a Co	h	Total. Add lines 1a-1f			▶	1,280,071			
ue					Busn. Code				
Program Service Revenue	2a	This is the second		Local					
Re	b						E	1	
vice	с		± 53 = ± 6 0.0 0 6 1	INTERNA					
Ser	d								
E	e								
ogr	f	All other program service reve	enue	arite d					
ď		Total. Add lines 2a-2f							
	3	Investment income (including	dividends	, intere	st,				
		and other similar amounts)			•	2,898		1	2,898
	4	Income from investment of ta	x-exempt	bond pr	roceeds ►				
	5	Royalties							
	16	(i) Real	10.41	(ii) P	ersonal				
	6a	Gross rents						/	
	b	Less: rental exps.							
	c	Rental inc. or (loss)							in and
	d	Net rental income or (loss)							
	7a	Gross amount from (i) Securitie	s	(ii)	Other				
		sales of assets other than inventory 23	,703					1.0	
	b	Less: cost or other							
		basis & sales exps. 15	,637						
	c	Gain or (loss) 8	,066						
					•	8,066			8,066
		Gross income from fundraising ev							
une		(not including \$							
ove		of contributions reported on line 1	c).					1	
Other Revenu		See Part IV, line 18				2	1.6		
thei	b	Less: direct expenses	b						
ō			draising e	vents	•				
		Gross income from gaming activit							
		See Part IV, line 19							
	b	Less: direct expenses	b						
		Net income or (loss) from ga	ming activ	ities	•				
		Gross sales of inventory, less						the second second second	
		returns and allowances							
	b	Less: cost of goods sold	b						100
		Net income or (loss) from sal	les of inve	ntory					
		Miscellaneous Revenue			Busn. Code				1
	11a								
	b	· · · · · · · · · · · · · · · · · · ·							
	c	***************************************							
		All other revenue							
		Total. Add lines 11a-11d			•				
	12	Total revenue. See instructi			▶ [1,291,035	(0 0	10,964

Form 990 (2018) Hope And Comfort Inc. Part IX Statement of Functional Expenses

45-1329518

Total expenses Program service Management and Fund	_	Check if Schedule O contains a response				
ard consist operaments. See Part IV, Ine 21 548,745 548,745 2 Grants and other assistance to domestic individuals. See Part IV, Ine 22 5anta and other assistance to foreign organization, recing operaments, and foreign organization, recing operaments, and foreign midividuals. See Part IV, Ine 15 548,745 548,745 4 Benefits paid to or for members 5 5 Compensation of current officers, directors, trustees, and key employees 6 6 Compensation rol included source, to disqualified persons (as offend under section 4556(1)(1) and persons descriptions (include section 401(4) and 403(4)) employee contributions 9 1477,625 125,481 7,381 7 Other sataries and wages 1477,625 125,481 7,381 9 Person pairs of non-employees; and nangement 10,823 9,200 541 9 Deer employee benefits 12,291 10,447 615 10 Payrol taxes 16,814 11,770 5,044 11 Fees for services (non-employees); a Management 16,814 11,770 5,044 12 Avertising and promotion 17,149 4,287			(A) Total expenses			(D) Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governmens, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to of tor members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officiers, directors, trustees, and key employees 7 Other satisfies and wages 8 Pension plan accruits and contributions (fielded section 401(k) and 403(k) employer contributions) 9 Other satisfies and wages 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal 14 for services (non-employees): a Management b Legal 15 Portestional fundrasing services. See Part IV, line 17 16 Intervention management fees 16 Occupancy 17 7, 49 16 Conservices, conventions, and meetings 16 Conservices, conventions, and meetings 16 Conservices, conv	1	Grants and other assistance to domestic organizations				
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 unclude above, to disqualified presson (as cellined under section 45580(17)) and presson described in section 45580(17) and presson described in 455, obtain to Legat 147, 625 125, 481 7, 381 9 Other employee benefits 12, 291 10, 447 615 10 Payroll taxes 16, 814 11, 7, 70 5, 044 10 Legat 16, 814 11, 7, 70 5, 044 11 Robust 10, 447 615 12 Adventing and promotion 17, 149 4, 287 13 Office expenses 60, 232 60, 232 14 Information technology 17, 149 4, 287 14 Royatilise </td <td></td> <td></td> <td>548,745</td> <td>548,745</td> <td></td> <td></td>			548,745	548,745		
3 Grafts and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lins 15 and 16 	2	and the second				
apartations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees Image: Compensation of current officers, directors, trustees, and key employees 7 Other sataries and wages Image: Compensation of current officers, directors, trustees, and contributions (include section 401(k) and 403(b) employer contributions) Image: Compensation of current officers, directors, provide the comployees 9 Other employee benefits Image: Compensation of current officers, directors, provide the comployees Image: Compensation of current officers, directors, provide the comployees 9 Other employee benefits Image: Compensation of current officers, directors, provide the comployees Image: Compensation of current officers, directors, provide the comployees 9 Other employee benefits Image: Compensation of current officers, directors, provide the comployees Image: Compensation of current officers, directors, provide the comployees 9 Other expenses Image: Compensation of comployees Image: Compensation of comployees 10 Other expenses Image: Compensation of comployees	3					
4 Benefits paid to of or members 5 Compensation of current officers, directors, trustees, and key employees		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees						
tustees, and key employees	1.2	Constraints and the second se second second sec				
6 Compensation not included above, to stagualified persons (as defined under section 4556(r)(1) and persons described in section 4556(r)(2)(8) 147, 625 125, 481 7, 381 7 Other salaries and wages 10, 823 9, 200 541 8 Pension plan acruals and contributions (include section 4056(r)(4)(8) 10, 823 9, 200 541 9 Other employee benefits 9, 191 7, 812 460 10 Payroll taxes 12, 291 10, 447 615 11 Fees for services (non-employees): 16, 814 11, 770 5, 044 1 Fees for services (non-employees): 10 4, 969 2, 130 1 Legal 16, 814 11, 770 5, 044 1 Forestional fundrating services. See Part IV. Ine 17 17 14 16 17, 149 4, 287 12 Advertising and promotion 17, 149 4, 287 14 14 14 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 10 16	5	and the first of the state of the state with state of the				
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7 Other salaries and wages 147,625 125,481 7,381 8 Pension plan accusals and contributions (inclute section 40(k) and 40(k) employer contributions) 9,191 7,812 460 9 Other employee benefits 9,191 7,812 460 10 Payroll taxes 9,191 7,812 460 11 Fees for services (non-employees): 16,814 11,770 5,044 a Management 16,814 11,770 5,044 5,044 b Legal 16,814 11,770 5,044 5,044 c Accounting 7,099 4,969 2,130 5,044 5,044 c Accounting 7,099 4,287 5,044 5,044 5,044 5,044 c Accounting 17,149 4,287 5,044 5,0		persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruits and contributions (include section 401(k) and 402(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): Management 10,823 b Legal 12,291 C Accounting 16,814 11,770 5,044 C Accounting 7,099 4 blegal 9 Other employees to Scelege (0) Advertising and promotion 17,149 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalites 16 0cupancy 17 Travel 18 Payments of travel or entertainment expenses 19 Conferences, conventions, and meetings 10 10 11 10 21 Payments of filiates 22 Depreciation, depletion, and amoritization 31 Insurance 21 Payments of filiates 22 Depreciation, depletion, and amoritization <						
section 401(k) and 403(b) employer contributions) 10,823 9,200 541 9 Other employee bendfix 9,191 7,812 460 10 Payroll taxes 12,291 10,447 615 11 Fees for services (non-employees): a a a 16,814 11,770 5,044 a Accounting 16,814 11,770 5,044	7		147,625	125,481	7,381	14,763
9 Other employee bendits 9 191 7 812 460 10 Payroll taxes 12,291 10,447 615 11 Fees for services (non-employees): a Management 12,291 10,447 615 12,291 10,447 615 12,291 10,447 615 14 Legal 16,814 11,770 5,044 7,099 4,969 2,130 1 Lobbying	8	and a set of the set of the second of the set	10.000	0.000	F 44	1 000
10 Payroll taxes 12,291 10,447 615 11 Fees for services (non-employees): a Management						<u>1,082</u> 919
11 Fees for services (non-employees): a Management 16,814 11,770 b Legal 16,814 11,770 c Accounting 7,099 4,969 2,130 d Lobbying 9 9 2,130 10 d Lobbying 9 10,999 4,969 2,130 10 d Lobbying 9 10,999 4,969 2,130 10 d Lobbying 9 117,149 10,287 10	9					
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b Legal 16,814 11,770 5,044 c Accounting 7,099 4,969 2,130 d Lobbying 9	11		and the second se		and the second sec	
c Accounting 7,099 4,969 2,130 d Lobbying 7,099 4,969 2,130 e Professional fundraising services. See Part IV, line 17 9 9 10 f Investment management fees 9 9 10 10 g Other, (filter 11g anout exceeds 10% of line 25, column (A) anount, list line 11g expenses on Schedule 0.) 17,149 4,287 12 Advertising and promotion 17,149 4,287 13 Office expenses 60,232 60,232 16 Occupancy 60,232 60,232 17 Travel 9 9 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 19 Conferences, conventions, and meetings 2,648 2,648 12 Payments to affiliates 2,648 2,648 12 Payments to affiliates 2,648 2 19 Depreciation, depletion, and amortization 610 610 13 Insurance 610 610 610 24 Other expenses intime 24e, if line 24e expenses on Schedule 0.) 76,158 76,158 25, 621 5, 621 5, 621 5, 621 20 Uses and subscript			10 014	11 770	E 044	
d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 g Otter, (film 11g anout acceds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 17, 149 12 Advertising and promotion 17, 149 13 Office expenses 9 14 Information technology 9 15 Royalties 60, 232 16 Occupancy 60, 232 17 Travel 9 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 19 Conferences, conventions, and meetings 1 20 Interest 1 21 Payments to affiliates 2 22 Depreciation, depletion, and amortization 2, 648 23 Insurance 61.0 24 Other expenses in line 24e, If line 24e amount, list line 24e expenses on Schedule 0.) 76, 158 3 76, 158 1 4 Miscellaneous expenses 5, 621 5, 621 5, 621 5, 621 5, 621 6 Website 7, 622 7, 621 6 All other expenses 7, 621 1 7 76, 158 16, 171						
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (filme 11g anount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization above (List miscellaneous expenses on Schedule 0.) 18 Payments to occurred above (List miscellaneous expenses on Schedule 0.) 14 Insurance 15 Royaltine 24, or local public officials 16 Occurred travel or expenses on Schedule 0.) 17 Fast 18 Payments to affiliates 22 Ce48 24 Other expenses on Schedule 0.) 3 Insurance 10 G1.0			7,099	4,909	2,130	
f Investment management fees image: state of the 25, column (A) amount, its life try expenses on Schedule 0.) 12 Advertising and promotion 17, 149 4, 287 12 Advertising and promotion image: state of travel of entertainment expenses for any federal, state, or local public officials image: state of travel or entertainment expenses for any federal, state, or local public officials 13 Conferences, conventions, and meetings image: state of travel of entertainment expenses for any federal, state, or local public officials 14 Interest image: state of travel of entertainment expenses for any federal, state, or local public officials 15 Conferences, conventions, and meetings image: state of travel of entertainment expenses for any federal, state, or local public officials 14 Interest image: state of travel of entertainment expenses for any federal, state, or local public officials 15 Conferences, conventions, and meetings image: state of travel of entertainment expenses for any federal, state, or local public officials 16 Depreciation, depletion, and amortization (A) amount, list line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) image: state state of the 25, column (A) amount, list line 24e expenses on Schedule 0.) 16 Miscellaneous expenses image: state of the 25, column (A) amount, list line 24e expenses on Schedule 0.)		The second				
g Other. (If line 11g amount acceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 17,149 4,287 12 Advertising and promotion 13 Office expenses	1.1					
(A) arount, list line 11g expenses on Schedule 0.) 17,149 4,287 12 Advertising and promotion		A STATE OF THE REPORT OF THE R				
13 Office expenses	g		17,149	4,287		12,862
14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 21 Insurance 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule O.) 24 Products to charity 25 Total functional expenses. Add lines 1 through 24e	12	Advertising and promotion				1775 Lab 12
15 Royalties 60,232 60,232 60,232 16 Occupancy 60,232 60,232 60,232 17 Travel 60,232 60,232 60,232 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 60,232 60,232 60,232 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 60,232 60,232 60,232 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 60,232 60,232 60,232 19 Conferences, conventions, and meetings	13	Office expenses				
16 Occupancy 60,232 60,232 17 Travel	14	Information technology				
17 Travel	15	Royalties		-		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Products to charity b Miscellaneous expenses c Dues and subscriptions d Website e All other expenses 25 Total functional expenses. Add lines 1 through 24e	16	Occupancy	60,232	60,232		
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Products to charity b Miscellaneous expenses c Dues and subscriptions d Website e All other expenses 7, 621 7, 621 7, 621 7, 621 25 Total functional expenses. Add lines 1 through 24e	17	Travel				
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a Products to charity b Miscellaneous expenses c Dues and subscriptions d Website e All other expenses 7, 621 7, 621 25 Total functional expenses. Add lines 1 through 24e	18					
20 Interest	19	the second se		· · · · · · · · · · · · · · · · · · ·		
22 Depreciation, depletion, and amortization 2,648 2,648 23 Insurance 610 610 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 610 610 a Products to charity 76,158 76,158 b Miscellaneous expenses 5,621 5,621 c Dues and subscriptions 4,027 4,027 d Website 7,621 7,621 e All other expenses. Add lines 1 through 24e 930,654 883,228 16,171	20					
23 Insurance 610 610 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 610 610 a Products to charity 76,158 76,158 b Miscellaneous expenses 5,621 5,621 c Dues and subscriptions 4,027 4,027 d Website 7,621 7,621 e All other expenses 7,621 7,621 25 Total functional expenses. Add lines 1 through 24e 930,654 883,228 16,171	21	Payments to affiliates				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Products to charity b Miscellaneous expenses c Dues and subscriptions d A, 000 <	22	Depreciation, depletion, and amortization				
above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)aProducts to charitybMiscellaneous expensescDues and subscriptionsdWebsiteeAll other expenses7, 6217, 62125Total functional expenses. Add lines 1 through 24e	23	Insurance	610	610		
(A) amount, list line 24e expenses on Schedule O.) 76,158 76,158 a Products to charity 76,158 76,158 b Miscellaneous expenses 5,621 5,621 c Dues and subscriptions 4,027 4,027 d Website 4,000 3,600 e All other expenses 7,621 7,621 25 Total functional expenses. Add lines 1 through 24e 930,654 883,228 16,171	24					
a Products to charity 76,158 76,158 b Miscellaneous expenses 5,621 5,621 c Dues and subscriptions 4,027 4,027 d Website 4,000 3,600 e All other expenses 7,621 7,621 25 Total functional expenses. Add lines 1 through 24e 930,654 883,228 16,171		line 24e amount exceeds 10% of line 25, column				
b Miscellaneous expenses 5,621 5,621 c Dues and subscriptions 4,027 4,027 d Website 4,000 3,600 e All other expenses 7,621 7,621 25 Total functional expenses. Add lines 1 through 24e 930,654 883,228 16,171						100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100
c Dues and subscriptions 4,027 4,027 d Website 4,000 3,600 e All other expenses 7,621 7,621 25 Total functional expenses. Add lines 1 through 24e 930,654 883,228 16,171	a	T REPRESENTED A DECEMPTER OF THE PRESENCE AND A DECEMPTER OF T				
d Website 4,000 3,600 e All other expenses 7,621 7,621 25 Total functional expenses. Add lines 1 through 24e 930,654 883,228 16,171	b	I A MARKAN AND A VALUE AND AND A DAMAGE AND A REAL AND A				
e All other expenses 7,621 7,621 25 Total functional expenses. Add lines 1 through 24e 930,654 883,228 16,171		Two exceptions of the second s				400
25 Total functional expenses. Add lines 1 through 24e 930, 654 883, 228 16, 171	- 13	100000000000000000000000000000000000000				400
25 Total failetional expenses. Add lines i failedgin and					16,171	31,255
AD ADDREADS A ADDREADS DE LOIX D DE	C. C		550,054	005,220	20/2/2	01/100
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)	26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if				

Form 990 (2018) Hope And Comfort Inc. Part X Balance Sheet

45-1329518

	Check if Schedule O contains a response or	note to any in	e in this Fait A	/41		(D)
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			41,890	1	129,305
2	Savings and temporary cash investments			390,356	2	467,214
3	Pledges and grants receivable, net				3	10,000
4	Accounts receivable, net				4	
5	Loans and other receivables from current and form	er officers, dire	ectors,			
	trustees, key employees, and highest compensated	d employees.				
	Complete Part II of Schedule L				5	
6	Loans and other receivables from other disqualified	persons (as o	defined under section	-		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and conti	ibuting employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary					
	organizations (see instructions). Complete Part II o	f Schedule L			6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use			73,223	8	217,375
9	Prepaid expenses and deferred charges			2,819	9	
10a	Land, buildings, and equipment: cost or				1	
110	other basis. Complete Part VI of Schedule D	10a	16,928		1	in the stand
b	Less: accumulated depreciation	10b	7,738	6,220	10c	9,190
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	1		57,969	13	71,764
14	Intangible assets				14	
15	ON A C D INTE 44				15	12,555
16	Total assets. Add lines 1 through 15 (must equal I	ine 34)		572,477	16	917,403
17	Accounts payable and accrued expenses				17	192
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Par	t IV of Schedu	le D		21	
22	Loans and other payables to current and former of	ficers, director	S,			
	trustees, key employees, highest compensated em	ployees, and	· · · · · · · · · · · · · · · · · · ·			
	disqualified persons. Complete Part II of Schedule				22	
23	Secured mortgages and notes payable to unrelated	d third parties			23	
24	Unsecured notes and loans payable to unrelated th				24	
25	Other liabilities (including federal income tax, paya					
	parties, and other liabilities not included on lines 17	7-24). Complet	e Part X			
	of Schedule D		-1		25	100
26	Total liabilities. Add lines 17 through 25		[ww]	0	26	192
	Organizations that follow SFAS 117 (ASC 958),		X and			
3	complete lines 27 through 29, and lines 33 and	34.		100 500		004 175
27	Unrestricted net assets			489,508		824,175
28	Temporarily restricted net assets			82,969	1	93,036
29			in the second h		29	
5	Organizations that do not follow SFAS 117 (AS	C 958), check	here and	-		
	complete lines 30 through 34.				-	
30					30	
2 31			ait senten		31	
Vet Assets of Fund balances 22 28 29 30 31 32 31 32 32	· 영화 25 영화 15 영화 20 명이 20 명이 있는 16 12 12 12 12 12 12 12 12 12 12 12 12 12	me, or other fu	inds	572,477	32	917,211
33	Total net assets or fund balances			572,477	33 34	917,403
34	Total liabilities and net assets/fund balances	and the second second		512,411	34	Form 990 (201)

Form 990 (2018)

Pa	rt XI Reconciliation of Net Assets				ge 1:
-	Check if Schedule O contains a response or note to any line in this Part XI	-			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,29		
2	Total expenses (must equal Part IX, column (A), line 25)	2		30,	
3	Revenue less expenses. Subtract line 2 from line 1	3		60,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		72,	
5	Net unrealized gains (losses) on investments	5		15,	647
6	Donated services and use of facilities	6	_	_	
7	1 2 2 2 1 V 2 2 2 2 2 2 2 2 2 2 2 2 2 2	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			5	
-		10	9:	17,	211
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		Links on Links		No
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		2a	-	x
	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: IX Separate basis Consolidated basis Were the use of the term of the term of the term of ter		25	x	
	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		2b 2c	x	
c 3a	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				x

SCHEDULE A

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.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Attach to Form 990 or Form 990-EZ.

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

	2018
	Open to Public
	Inspection
cat	ion number

OMB No. 1545-0047

Part I	organization	Hope And Co	mfort Inc.		45-13	ntification number				
and the second second	Reaso			s must compl	ete this part.) See instructi					
ne organ			use it is: (For lines 1 through 12							
1			ssociation of churches describe	the second se						
2)(A)(ii). (Attach Schedule E (Fo							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 1	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:									
5		on operated for the benefi o)(1)(A)(iv). (Complete Pa	COOP and a substance where a	ed or operated by	a governmental unit described in	1				
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community	trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II.)						
9	and the second sec	The contract of the contract of the contract of the contract of the	영양 사내는 이번 사람이 가려지 않는 것 이가 가지 않는 것 같아요. 아니는 것이 많아졌다. 것 않는 것 않		conjunction with a land-grant coll e, city, and state of the college o					
0 X	An organization receipts from support from	activities related to its exe gross investment income	empt functions—subject to certa and unrelated business taxable	income (less see						
			30, 1975. See section 509(a)(d exclusively to test for public set							
					ictions of, or to carry out the purp	OSES				
• Ц	of one or more	e publicly supported organ	nizations described in section 5	509(a)(1) or secti	on 509(a)(2). See section 509(a on and complete lines 12e, 12f, a	1)(3).				
a b	the supporting	rted organization(s) the p g organization. You must supporting organization	ower to regularly appoint or elec complete Part IV, Sections A supervised or controlled in conn	ct a majority of th and B. nection with its su	ed organization(s), typically by gi e directors or trustees of the pported organization(s), by havir hat control or manage the suppo	g				
c	organizati	on(s). You must comple	te Part IV, Sections A and C.		with, and functionally integrated					
100	its suppor	ted organization(s) (see in	nstructions). You must comple	te Part IV, Secti	ons A, D, and E.					
d	that is not	functionally integrated. T	he organization generally must	satisfy a distribut	ction with its supported organization requirement and an attentive	tion(s) ness				
			I must complete Part IV, Sect							
e	Check thi	s box if the organization re	eceived a written determination on-functionally integrated supp	from the IRS that	t it is a Type I, Type II, Type III					
		hber of supported organization		orting organizatio	41.					
		The second se								
f	T TOVIGE THE TO		and the second s	1 (1)((1)((1)((1)(1)(1)(1)(1)(1)(1)(1)(1)(
(i) Name	e of supported panization	(ii) EIN	the supported organization(s). (iii) Type of organization (described on lines 1–10	(iv) Is the organiza	tion (v) Amount of monetary rning support (see	(vi) Amount of other support (see instructions)				
(I) Name	Concerning the second second		the supported organization(s). (iii) Type of organization	(iv) is the organiza listed in your gover document?	tion (v) Amount of monetary ning support (see instructions)					
(I) Nami org	Concerning the second second		the supported organization(s). (iii) Type of organization (described on lines 1–10	(iv) Is the organiza	tion (v) Amount of monetary ning support (see instructions)	other support (see				
(I) Nami org	Concerning the second second		the supported organization(s). (iii) Type of organization (described on lines 1–10	(iv) is the organiza listed in your gover document?	tion (v) Amount of monetary ning support (see instructions)	other support (see				
(I) Namo org A)	Concerning the second second		the supported organization(s). (iii) Type of organization (described on lines 1–10	(iv) is the organiza listed in your gover document?	tion (v) Amount of monetary ning support (see instructions)	other support (see				
(i) Name org A)	Concerning the second second		the supported organization(s). (iii) Type of organization (described on lines 1–10	(iv) is the organiza listed in your gover document?	tion (v) Amount of monetary ning support (see instructions)	other support (see				
(I) Nami org A) B)	Concerning the second second		the supported organization(s). (iii) Type of organization (described on lines 1–10	(iv) is the organiza listed in your gover document?	tion (v) Amount of monetary ning support (see instructions)	other support (see				
(I) Nami org A) B)	Concerning the second second		the supported organization(s). (iii) Type of organization (described on lines 1–10	(iv) is the organiza listed in your gover document?	tion (v) Amount of monetary ning support (see instructions)	other support (see				
(I) Nami org A) B) C)	Concerning the second second		the supported organization(s). (iii) Type of organization (described on lines 1–10	(iv) is the organiza listed in your gover document?	tion (v) Amount of monetary ning support (see instructions)	other support (see				
(I) Namo org A) B) C) D)	Concerning the second second		the supported organization(s). (iii) Type of organization (described on lines 1–10	(iv) is the organiza listed in your gover document?	tion (v) Amount of monetary ning support (see instructions)	other support (see				
(i) Name	Concerning the second second		the supported organization(s). (iii) Type of organization (described on lines 1–10	(iv) is the organiza listed in your gover document?	tion (v) Amount of monetary ning support (see instructions)	other support (see				

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

nequie A (Form

	rt II	rm 990 or 990-EZ) 2018 Hop Support Schedule for Or (Complete only if you chec Part III. If the organization	ganizations I ked the box o	n line 5, 7, or 8	ections 170(b of Part I or if t)(1)(A)(iv) and he organization	n failed to qu	(vi)	Pag der
Sec	tion A.	Public Support	rails to quality		s listed below,	biedde compien	to r art m.)		
		(or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018		(f) Total
1	membe	rants, contributions, and rship fees received. (Do not any "unusual grants.")							
2	organiz	enues levied for the ation's benefit and either paid opended on its behalf			-				
3	furnishe	ue of services or facilities ed by a governmental unit to the ation without charge							
4	Total. A	dd lines 1 through 3		1	1		· · · · · · · · · · · · · · · · · · ·		
5	each pe governn support line 1 th	tion of total contributions by erson (other than a mental unit or publicly ed organization) included on hat exceeds 2% of the amount on line 11, column (f)							
6		upport. Subtract line 5 from line 4		10000					
the second se		Total Support						-	-
Calen	dar year	(or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	-	(f) Total
7	Amount	is from line 4				1			_
8	paymer rents, ro	ncome from interest, dividends, hts received on securities loans, byalties, and income from sources							
9	activitie	ome from unrelated business s, whether or not the business arly carried on	-						
10	loss fro (Explain	ncome. Do not include gain or m the sale of capital assets n in Part VI.)				-			
11		upport. Add lines 7 through 10			1				
12 13	First fiv	eceipts from related activities, etc. ve years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	I TAX VALUE I HARRING	12	
Sec		ation, check this box and stop here Computation of Public Su		tage					
14		support percentage for 2018 (line 6			nn (f))		1	14	
15		support percentage from 2017 Sch					8 8 8 8 8 9 8 9 8 9 8 9 8 9 M 1	15	
16a	33 1/3%	6 support test-2018. If the organ	ization did not che	eck the box on line	13, and line 14 is	33 1/3% or more,	check this		•
b	33 1/39	d stop here. The organization qual % support test—2017. If the organ	ization did not che	eck a box on line 1	3 or 16a, and line	15 is 33 1/3% or n	nore, check	nin nanim mad	Constant (
17a	10%-fa	cts-and-circumstances test—201 more, and if the organization meet	8. If the organization	tion did not check	a box on line 13, 1	6a, or 16b, and lin nd stop here. Exp	e 14 is	11	
	Part VI	how the organization meets the "fa	cts-and-circumsta	ances" test. The o	rganization qualifie	s as a publicly sup	oported		
b	15 is 10 Explain	cts-and-circumstances test—201 0% or more, and if the organization i in Part VI how the organization me	7. If the organiza meets the "facts-	tion did not check and-circumstance	s" test, check this	6a, 16b, or 17a, a box and stop here	e.		
18	suppor Private instruct	e foundation. If the organization di	d not check a box	on line 13, 16a, 1	6b, 17a, or 17b, ch	neck this box and s	see		

Scher		e And Com				1329518	Page 3
Pa	rt III Support Schedule for Or (Complete only if you chec	ked the box on	line 10 of Part	I or if the organ	nization failed to		Part II.
200	If the organization fails to o tion A. Public Support	qualify under the	e tests listed be	low, please col	mplete Part II.)		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	10) 2016	(2) 2017	(e) 2018	(6) Tatal
1	Gifts, grants, contributions, and membership	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
	fees received. (Do not include any "unusual grants.")	64,252	679,970	437,164	483,168	1,267,775	2,932,329
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	64,252	679,970	437,164	483,168	1,267,775	2,932,329
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons	22,500	50,000	65,000	25,000	50,000	212,500
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					E H	
c	Add lines 7a and 7b	22,500	50,000	65,000	25,000	50,000	212,500
8	Public support. (Subtract line 7c from line 6.)						2,719,829
Sec	tion B. Total Support				1		
Caler	idar year (or fiscal year beginning in) 🕨 📘	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	64,252	679,970	437,164	483,168	1,267,775	2,932,329
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				795	2,898	3,693
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b				795	2,898	3,693
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,		1.111.1	10.000.000		Contraction of the	
	and 12.)	64,252	679,970	437,164	483,963	1,270,673	2,936,022
14	First five years. If the Form 990 is for the		second, third, four	rth, or fifth tax year	r as a section 501(c)(3)	•
Car	organization, check this box and stop here tion C. Computation of Public Su		906				
15	Public support percentage for 2018 (line 8.			n (fi)		15	92.64%
16	Public support percentage for 2018 (inte of Public support percentage from 2017 Sche					16	90.34%
	tion D. Computation of Investme						
17	Investment income percentage for 2018 (li			column (f))		17	%
18	Investment income percentage from 2017	Schedule A, Part II	I, line 17		and a service state and a	18	%
19a	33 1/3% support tests—2018. If the orga 17 is not more than 33 1/3%, check this be	ox and stop here. 1	The organization qu	ualifies as a public	ly supported organ	nization	• X
b	33 1/3% support tests—2017. If the orga line 18 is not more than 33 1/3%, check th	nization did not che	ck a box on line 14	f or line 19a, and li	ine 16 is more that	n 33 1/3%, and	• 🗆
20	Private foundation. If the organization die	d not check a box o	n line 14, 19a, or 1	9b, check this box	and see instruction	ons	> 🗋

DAA

Par	t IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, con and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Pa Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Sections A	art I, complet	e	
Sect	ion A. All Supporting Organizations			-
4	Are all of the propagation's supported propagations liked by some in the propagation's supervise	-	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	1.000		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2		
	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	1		
	(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	Sec. 1	1.000	
	organization made the determination.	3b		
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.	30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If)	10000
	"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	1		
	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		
	Did the organization support any foreign supported organization that does not have an IRS determination			
c	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)	8	6 9	
	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			
	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		1	1
	was accomplished (such as by amendment to the organizing document).	_5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		Concession in the	
	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	Σ		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	8		
	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.	6	1.000	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
· ·	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			-
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
. <u>.</u>	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	1	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		1	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	-	-
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	96	-	1
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	90		
10	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	36		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100		
~	determine whether the organization had excess business holdings.)	10b		

11a 11b 11c	Yes	No
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Part V	Check here if the organization satisfied the Integral Part Test as a qualifying trust	on Nov. 20, 19	70 (explain in Part VI).	
Section	instructions. All other Type III non-functionally integrated supporting organization n A - Adjusted Net Income	ns must comple	(A) Prior Year	B) Current Year (optional)
1 N	let short-term capital gain	1		(Spanney
	Recoveries of prior-year distributions	2	100 A 100 A	
3 C	Other gross income (see instructions)	3		1
4 A	dd lines 1 through 3.	4		
	Depreciation and depletion	5		
6 P	Portion of operating expenses paid or incurred for production or			
	ction of gross income or for management, conservation, or			
	tenance of property held for production of income (see instructions)	6		1
	Other expenses (see instructions)	7		1
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	ggregate fair market value of all non-exempt-use assets (see actions 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		· · · · · · · · · · · · · · · · · · ·
	Discount claimed for blockage or other actors (explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 5	Subtract line 2 from line 1d.	3		
4 0	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			1.1
see i	nstructions).	4		1
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Aultiply line 5 by .035.	6		
7 F	Recoveries of prior-year distributions	7		
8 N	Ainimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
emer	rgency 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).

Parl	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	tions (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt po	urposes					
2	Amounts paid to perform activity that directly furthers exempt purp	oses of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the orga (provide details in Part VI). See instructions.	anization is responsive					
9	Distributable amount for 2018 from Section C. line 6						
10	Line 8 amount divided by line 9 amount						
10	Line o amount divideo by line o amount	(i)	(ii)	(iii)			
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6			the second second			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.		-	-			
3	Excess distributions carryover, if any, to 2018						
а	From 2013		1 martine and				
b	From 2014		and the second s				
c	From 2015						
d	From 2016						
e	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
1	Carryover from 2013 not applied (see instructions)						
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$			and the second s			
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j and 4c.						
8	Breakdown of line 7:						
	Excess from 2014						
1.1	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018			1			

Schedule A (Form 990 or 990-E	Z) 2018 Hope	And Comfort	Inc.		45-1329518	Page 8
Part VI Supplem III, line 12 B, lines 1 3a, and 3	ental Information. ; Part IV, Section A and 2; Part IV, Sec b; Part V, line 1; Pa and 6. Also comple	Provide the explan , lines 1, 2, 3b, 3c, tion C, line 1; Part rt V, Section B, line	ations required 4b, 4c, 5a, 6, 9a IV, Section D, Iir a 1e; Part V, Sec	a, 9b, 9c, 11a, 11b nes 2 and 3; Part tion D, lines 5, 6,	Part II, line 17a or b, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
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