

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2001**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2001 calendar year, or tax year beginning** , 2001, and ending , 20

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

**C Name of organization**  
**HOPE worldwide Consolidated Subsidiaries**

Number and street (or PO box if mail is not delivered to street address) Room/suite  
**353 W. LANCASTER AVE.**

City or town state or country, and ZIP + 4  
**WAYNE PA 19087**

**D Employer identification number**  
**91-1867491**

**E Telephone number**  
**610-254-8800**

**F Accounting method**  Cash  Accrual  
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

- H and I are not applicable to section 527 organizations*
- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes" enter number of affiliates ▶ **35 : Sch 1**
- H(c)** Are all affiliates included?  Yes  No  
(If "No" attach a list See instructions) **Schedule 2**
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I** Enter 4-digit GEN ▶ **3383**
- M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**G** Web site ▶ **www.hopeww.org**

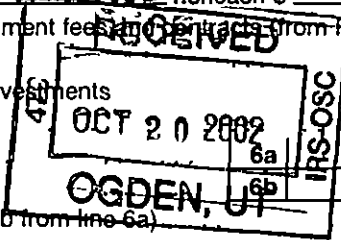
**J** Organization type (check only one) ▶  501(c) ( 3 ) ◀ (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	<b>4,817,684</b>		
	<b>b</b> Indirect public support	<b>1b</b>	<b>951,760</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>1,092,721</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>6,767,654</u> noncash \$ <u>94,511</u> )	<b>1d</b>		<b>6,862,165</b>	
	<b>2</b> Program service revenue including government fees and charges (from Part VII, line 93)	<b>2</b>		<b>142,269</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>		<b>0</b>	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>23,125</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>		<b>0</b>	
	<b>6a</b> Gross rents	<b>6a</b>	<b>0</b>		
	<b>b</b> Less rental expenses	<b>6b</b>	<b>0</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		<b>0</b>	
<b>7</b> Other investment income (describe ▶)	<b>7</b>		<b>0</b>		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>	<b>1,485</b>			
	<b>8b</b>	<b>1,878</b>			
	<b>8c</b>	<b>(393)</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		<b>(393)</b>		
<b>9</b> Special events and activities (attach schedule) <b>Schedule 3</b>					
<b>a</b> Gross revenue (not including \$ <u>811,667</u> of contributions reported on line 1a)	<b>9a</b>	<b>228,918</b>			
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	<b>179,406</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		<b>49,512</b>		
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>0</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>	<b>0</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		<b>0</b>	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>7,076,678</b>		
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>5,966,160</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>740,933</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>758,693</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		<b>0</b>	
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	<b>17</b>		<b>7,465,785</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>(389,107)</b>		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>1,060,178</b>		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>				
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>671,071</b>		



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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>1,002,249</u> noncash \$ <u>0</u> ) <sup>Sch 4</sup>	1,002,249	1,002,249		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc	0	0	0	0
26	Other salaries and wages	26,034	26,034	0	0
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	0	0	0	0
29	Payroll taxes	1,992	1,992	0	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	27,104	11,804	15,300	0
32	Legal fees	8,881	1,845	7,036	0
33	Supplies	74,541	45,506	23,577	5,458
34	Telephone	163,147	117,983	32,945	12,219
35	Postage and shipping	30,328	13,489	8,676	8,163
36	Occupancy	316,571	208,835	68,612	39,124
37	Equipment rental and maintenance	35,290	23,056	11,473	761
38	Printing and publications	70,513	36,781	3,065	30,668
39	Travel	365,883	274,263	52,271	39,349
40	Conferences, conventions, and meetings	19,569	13,516	6,002	51
41	Interest	12,504	11,261	1,208	35
42	Depreciation, depletion, etc (attach schedule) <sup>Sch 5</sup>	102,105	74,706	27,399	0
43	Other expenses not covered above (itemize) <sup>a Schedule 6</sup>	43a 5,209,074	4,102,840	483,369	622,865
	b	43b			
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	7,465,785	5,966,160	740,933	758,693

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,  
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? <sup>Schedule 7</sup>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a <u>Global Outreach - See Schedule 7</u>	
(Grants and allocations \$ <u>316,435</u> )	<u>4,103,035</u>
b <u>Mentoring - See Schedule 7</u>	
(Grants and allocations \$ <u>0</u> )	<u>917,165</u>
c <u>Youth Corps - See Schedule 7</u>	
(Grants and allocations \$ <u>0</u> )	<u>58,864</u>
d <u>U.S. Disaster Relief - See Schedule 7</u>	
(Grants and allocations \$ <u>123,827</u> )	<u>123,827</u>
e Other program services (attach schedule) (Grants and allocations \$ <u>566,403</u> )	<u>763,269</u>
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	<u>5,966,160</u>

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)
				Beginning of year		End of year
Assets	45	Cash — non-interest-bearing		82,503	45	73,938
	46	Savings and temporary cash investments		1,059,627	46	806,140
	47a	Accounts receivable	47a 6,870			
	b	Less allowance for doubtful accounts	47b 0	237,854	47c	6,870
	48a	Pledges receivable	48a 0			
	b	Less allowance for doubtful accounts	48b 0	0	48c	0
	49	Grants receivable		13,046	49	22,280
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51a	Other notes and loans receivable (attach schedule)	51a 0			
	b	Less allowance for doubtful accounts	51b 0	0	51c	0
	52	Inventories for sale or use		7,000	52	14,000
	53	Prepaid expenses and deferred charges		114,337	53	56,888
	54	Investments — securities (attach schedule) ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55a	Investments — land, buildings, and equipment basis	55a 0			
	b	Less accumulated depreciation (attach schedule)	55b 0	0	55c	0
56	Investments — other (attach schedule)		0	56	0	
57a	Land, buildings, and equipment basis	57a 509,652				
b	Less accumulated depreciation (attach schedule) <sup>Schedule 8</sup>	57b 402,066	151,135	57c	107,586	
58	Other assets (describe ▶ <u>Intercompany Receivables</u> )		31,310	58	4,711	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		1,696,812	59	1,092,413	
Liabilities	60	Accounts payable and accrued expenses		451,061	60	139,325
	61	Grants payable		0	61	0
	62	Deferred revenue		0	62	0
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule) <sup>Schedule 9</sup>		154,263	64b	97,903
	65	Other liabilities (describe ▶ <u>Intercompany Payables</u> )		31,310	65	184,114
66	<b>Total liabilities</b> (add lines 60 through 65)		636,634	66	421,342	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		1,060,178	67	671,071
	68	Temporarily restricted		0	68	0
	69	Permanently restricted		0	69	0
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds		0	70	0
	71	Paid-in or capital surplus, or land, building, and equipment fund		0	71	0
	72	Retained earnings, endowment, accumulated income, or other funds		0	72	0
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		1,060,178	73	671,071	
74	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)		1,696,812	74	1,092,413	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See Specific Instructions on page 27)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <b>Schedule 11</b> _____ and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	2,376
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <b>Schedule 12</b>		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	Schedule 13
91	The books are in care of <b>HOPE worldwide, Ltd.</b> Telephone no <b>610-254-8800</b> Located at <b>353 W. Lancaster Avenue, Wayne, PA</b> ZIP + 4 <b>19087</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
<b>93</b> Program service revenue					
<b>a</b> Program Fees - Autism Center					110,830
<b>b</b> Prgm Fees-Track Child Immunization Histor					22,351
<b>c</b> Nursing Center - Fees for Medical Svcs					9,088
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	23,125	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			01	(323)	
<b>101</b> Net income or (loss) from special events			01	49,512	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				72,314	142,269
<b>105</b> Total (add line 104, columns (B), (D), and (E))					214,583

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Provide specialized education services for children with autism in Texas.
93b	Provide child immunization information and tracking services to local community in Indiana.
93c	Provide medical services without regard to patient's ability to pay.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
Not Applicable	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)  
Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Date 10/15/02  
CFO

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information — (See separate instructions )**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization <b>HOPE worldwide Consolidated Subsidiaries</b>	Employer identification number <b>91-1867491</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None Please Refer to Schedule 13				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50 000	(b) Type of service	(c) Compensation
<b>Jess Asper</b> 8112 Loyola Blvd Los Angeles , CA 90045	<b>Tennis Program Director</b>	<b>98,600</b>
Total number of others receiving over \$50,000 for professional services ▶	0	

<b>Part III</b> <b>Statements About Activities</b> (See page 2 of the instructions )	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	x
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b> Sale, exchange, or leasing of property?	2a	x
<b>b</b> Lending of money or other extension of credit?	2b	x
<b>c</b> Furnishing of goods, services, or facilities?	2c	x
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	x
<b>e</b> Transfer of any part of its income or assets?	2e	x
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )	3	x
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	x
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

<b>Part IV</b> <b>Reason for Non-Private Foundation Status</b> (See pages 3 through 6 of the instructions )						
The organization is not a private foundation because it is (Please check only <b>ONE</b> applicable box )						
<b>5</b> <input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)						
<b>6</b> <input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V )						
<b>7</b> <input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)						
<b>8</b> <input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)						
<b>9</b> <input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____						
<b>10</b> <input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the <b>Support Schedule</b> in Part IV-A )						
<b>11a</b> <input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A )						
<b>11b</b> <input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A )						
<b>12</b> <input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions — subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the <b>Support Schedule</b> in Part IV-A )						
<b>13</b> <input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )						
Provide the following information about the supported organizations (See page 5 of the instructions )						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:75%; border-bottom: 1px solid black;">(a) Name(s) of supported organization(s)</td> <td style="width:25%; border-bottom: 1px solid black;">(b) Line number from above</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	(a) Name(s) of supported organization(s)	(b) Line number from above				
(a) Name(s) of supported organization(s)	(b) Line number from above					
<b>14</b> <input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )						

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

**Note.** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	5,242,544	6,413,015	6,754,987	3,358,625	21,769,171
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	33,464	7,072	62,263	3,369	106,168
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	5,276,008	6,420,087	6,817,250	3,361,994	21,875,339
24 Line 23 minus line 17	5,276,008	6,420,087	6,817,250	3,361,994	21,875,339
25 Enter 1% of line 23	52,760	64,201	68,173	33,620	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 437,507
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts					26b 99,243
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 21,875,339
d Add Amounts from column (e) for lines 18 <u>106,168</u> 19 <u>0</u> 22 <u>0</u> 26b <u>99,243</u>					26d 205,411
e Public support (line 26c minus line 26d total)					26e 21,669,928
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.06 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year (2000) <u>N/A</u> (1999) <u>N/A</u> (1998) <u>N/A</u> (1997) <u>N/A</u>					
b For any amount included in line 17 that was received from each person (other than "disqualified person"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2000) <u>N/A</u> (1999) <u>N/A</u> (1998) <u>N/A</u> (1997) <u>N/A</u>					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add Line 27a total _____ and line 27b total _____					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) <u>27f</u> N/A					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).					27g 0.00 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions )  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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, in 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, attach a separate statement )		
<hr/> <hr/> <hr/>		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
<hr/> <hr/> <hr/>		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a**  if the organization belongs to an affiliated group Check **b**  if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table —			
<b>If the amount on line 40 is —</b>			
Not over \$500,000	<b>The lobbying nontaxable amount is —</b>		
Over \$500,000 but not over \$1,000,000	20% of the amount on line 40		
Over \$1,000,000 but not over \$1,500,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,500,000 but not over \$17,000,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution.** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h )

Yes	No	Amount
	<b>x</b>	
	<b>x</b>	
	<b>x</b>	0
	<b>x</b>	0
	<b>x</b>	0
	<b>x</b>	0
	<b>x</b>	0
	<b>x</b>	0
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

Employer identification number

HOPE worldwide Consolidated Subsidiaries

91-1867491

Organization type (check one)

Filers of.

Section

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule**. (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule — see instructions )

**General Rule —**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules —**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

HOPE worldwide Consolidated Subsidiaries

91-1867491

**Part I** Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	---	\$ <u>707,450</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>	---	\$ <u>201,267</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>	---	\$ <u>181,063</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>	---	\$ <u>142,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>	---	\$ <u>478,287</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	-----	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization <b>HOPE worldwide Consolidated Subsidiaries</b>	NOT APPLICABLE	Employer identification number <b>91-1867491</b>
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**Part II**    **Noncash Property (See Specific Instructions )**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

<b>Name of organization</b> HOPE worldwide Consolidated Subsidiaries	NOT APPLICABLE	<b>Employer identification number</b> 91-1867491
---	----------------	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry)  
 For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once — see instructions) ▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	

HOPE *worldwide* Consolidated Subsidiaries  
 EIN 91-1867491  
 IRS form 990 Supporting Schedules  
 Year Ending December 31, 2001  
 Schedule 1

Form 990, Page 1, Line H(b)  
Statement of Affiliates Included in Group Return

	<u>Affiliate's Name</u>	<u>Address</u>	<u>EIN</u>
1	HOPE <i>worldwide</i> Alabama Inc	929 Hwy 101 Leeds, AL 35094	58-2525402
2	HOPE <i>worldwide</i> Arizona Inc	3922 E Lexington Ave Gilbert, AZ 85234	86-0773890
3	HOPE <i>worldwide</i> Colorado	9277 S Lark Sparrow Dr Highland Ranch, CO 80126	84-1282288
4	HOPE <i>worldwide</i> Florida Inc	14926 S W 142nd Court Miami, FL 33186	59-3284296
5	HOPE <i>worldwide</i> Georgia	400 Penmeter Ctr Terrace, Ste 120 Atlanta, GA 30346	58-2134994
6	HOPE <i>worldwide</i> Hawaii Ltd	1833 Kala Kaula Ave, 1001 Honolulu, HI 96815	99-0330446
7	HOPE <i>worldwide</i> Heartland Inc	5538 Barkley St Mission, KS 66202	74-2854741
8	HOPE <i>worldwide</i> Illinois Ltd	583 Brookside Road Barrington, IL 60010	36-3979639
9	HOPE <i>worldwide</i> Indiana Ltd	7108 Hickory Rd Indianapolis, IN 46259	35-1961075
10	HOPE <i>worldwide</i> Iowa, Inc	326 Finkbine Lane, Ste 12 Iowa City, IA 52246	42-1517770
11	HOPE <i>worldwide</i> - Kentucky	6600 Five Forks Dnve Pewee Valley, KY 40222	93-1228336
12	HOPE <i>worldwide</i> Los Angeles Ltd	5839 Green Valley Cir Ste 203 Culver City, CA 90230	95-4509867
13	HOPE <i>worldwide</i> Michigan Ltd	20510 Sheffield Rd Detroit, MI 48221	38-3215262
14	HOPE <i>worldwide</i> Mid Atlantic Ltd	6475 New Hampshire Ave Suite 704 Hyattsville, MD 20783	52-1899914
15	HOPE <i>worldwide</i> Minnesota Ltd	2931 Rhode Island Ave S St Louis Park, MN 55426	41-1792240
16	HOPE <i>worldwide</i> Montana	8121 Springtime Rd Missoula, MT 59803	81-0524640
17	HOPE <i>worldwide</i> Nevada Inc	4409 Rippling Brook Rd	88-0339760



**HOPE *worldwide* Consolidated Subsidiaries**  
**EIN 91-1867491**  
**IRS form 990 Supporting Schedules**  
**Year Ending December 31, 2001**  
**Schedule 1**

	North Las Vegas, NV 89030	
18 HOPE <i>worldwide</i> -New Jersey Inc	100 Hamilton Plaza, Ste 1400 Paterson, NJ 07505	22-3326943
19 HOPE <i>worldwide</i> New Mexico Ltd	1401 Pennsylvania N E , Apt 105 Albuquerque, NM 87110	85-0432467
20 HOPE <i>worldwide</i> New York Inc	100 Hamilton Plaza, Ste 1400 Paterson, NJ 07505	13-3789154
21 HOPE <i>worldwide</i> North Carolina Ltd	3020 Pickett Rd Ste 125 Durham, NC 27705	56-1891849
22 HOPE <i>worldwide</i> -Northern California, Ltd	1405 Marin Ave Foster City, CA 94404	94-3215631
23 HOPE <i>worldwide</i> Ohio Inc	4220 E Galbraith Rd Cincinnati, OH 44109	31-1445373
24 HOPE <i>worldwide</i> Oregon Inc	1512 S W First Court Gresham, OR 97080	93-1228335
25 HOPE <i>worldwide</i> Pennsylvania	353 W Lancaster Ave Wayne, PA 19087	91-1938839
26 HOPE <i>worldwide</i> Philadelphia Nursing Center	2221 N Broad St Philadelphia, PA 19132	91-1989544
27 HOPE <i>worldwide</i> San Diego Ltd	4645 Ruffman At , Suite L San Diego, CA 92111	33-0633407
28 HOPE <i>worldwide</i> South Carolina Ltd	17 Sage Fire Court Irmo, SC 29063	57-1009959
29 HOPE <i>worldwide</i> Tennessee Inc	11605 San Martin Way Knoxville, TN 37922	62-1580048
30 HOPE <i>worldwide</i> Texas	1026 W Main St Suite 201 Lewisville, TX 75067	75-2561144
31 HOPE <i>worldwide</i> - Utah Inc	835 E Edgemoor Rd Salt Lake City, UT 84103	87-0617910
32 HOPE <i>worldwide</i> Virginia	920 Earl Of Essex Virginia Beach , VA 23454	91-1938825
33 HOPE <i>worldwide</i> Washington	4445 189th Pl S E Issaquah, WA 98027	91-1739010
34 HOPE <i>worldwide</i> Wisconsin Ltd	97 Craig Avenue Madison, WI 53705	39-1817623
35 HOPE for Children-International Inc	353 W Lancaster Ave Wayne, PA 19087	54-1818162

**HOPE *worldwide* Consolidated Subsidiaries**  
**EIN 91-1867491**  
**IRS form 990 Supporting Schedules**  
**Year Ending December 31, 2001**  
**Schedule 2**

**Form 990, Page 1, Line H(c)**  
**Statement of Affiliates Not Included in Group Return**

<b><u>Affiliate's Name</u></b>	<b><u>Address</u></b>	<b><u>EIN</u></b>
1 HOPE for Children	24 Perimeter Center East Suite 2400 Atlanta, GA 30346	58-1937563
2 HOPE <i>worldwide</i> New England	12 Essex St Andover, MA 01810	04-3148787
3 HOPE <i>worldwide</i> Philadelphia	353 W Lancaster Ave Suite 200 Wayne, PA 19087	23-2711991

**HOPE worldwide Consolidated Subsidiaries**  
**EIN 91-1867491**  
**IRS form 990 Supporting Schedules**  
**Year Ending December 31, 2001**  
**Schedule 3**

**Form 990, Part I, Lines 9a,b,c**  
**Report of Fundraising Events**

The following information is furnished regarding the organization's fundraising events during the year

Total number of events 7

**Summary of the revenue and expenses of the three events generating the most gross receipts:**

<b>Fundraising Event:</b>	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>All Other</b>	<b>Total</b>
Gross Receipts	\$596,972	\$205,763	\$132,739	\$105,111	\$1,040,585
Less Contributions	(\$530,863)	(\$139,509)	(\$76,076)	(\$65,219)	(\$811,667)
Gross Revenue	\$66,109	\$66,254	\$56,663	\$39,892	\$228,918
Less Direct Expenses	(\$64,906)	(\$45,564)	(\$31,645)	(\$37,291)	(\$179,406)
Net Income/(loss)	<u>\$1,203</u>	<u>\$20,690</u>	<u>\$25,018</u>	<u>\$2,601</u>	<u>\$49,512</u>

**Description of Each Event:**

- (A) HOPE worldwide-GA Golf Event** Annual Golf Tournament fundraiser held in Atlanta to fund various HOPE *worldwide* programs located primarily in Georgia
- (B) HOPE worldwide-NC Golf Event** Annual golf tournament fundraiser held in Triangle and Charlotte to fund various HOPE *worldwide* programs located in North Carolina, Africa, and Caribbean
- (C) HOPE worldwide-TX Golf Event** Third annual golf tournament fundraiser held in the Dallas area to fund various HOPE *worldwide* programs located primarily in the southwestern states
- (All other events):** Other golf events held in Arizona, South Carolina, and Florida to fund various local and overseas programs of HOPE *worldwide*

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Form 990, Part II, Line 22  
Grants and Allocations

<u>Class of Activity</u>	<u>Donating Subsidiary</u>	<u>ORGANIZATION</u>	<u>GRANT</u>
<u>Grants Philippines Programs</u>	HOPE worldwide - Colorado	HOPE worldwide Ltd (Parent Corporation) 353 West Lancaster Ave Wayne PA 19087	\$3 000
<u>Grants Papua New Guinea Programs</u>	HOPE worldwide District of Columbia	HOPE worldwide Ltd (Parent Corporation) 353 West Lancaster Ave Wayne PA 19087	\$18 982
<u>Grants India Programs</u>	HOPE worldwide - District of Columbia	HOPE worldwide Ltd (Parent Corporation) 353 West Lancaster Ave Wayne PA 19087	\$144 000
<u>Grants Health Programs</u>	HOPE worldwide Florida	Lakeland Volunteers in Medicine 1021 Lakeland Hills Blvd Lakeland FL 33805	\$5 000
<u>Grants Adoption Services</u>	HOPE worldwide Georgia	HOPE for Children 1515 Johnson Ferry Rd Ste 200 Marietta GA 30062	\$250 000
<u>Grants Africa/Caribbean/Eastern Seaboard Programs</u>	HOPE worldwide Georgia	HOPE worldwide Ltd (Parent Corporation) 353 West Lancaster Ave Wayne, PA 19087	\$50 000
<u>Grants Russia Programs</u>	HOPE worldwide Illinois	HOPE worldwide Ltd (Parent Corporation) 353 West Lancaster Ave Wayne PA 19087	\$76 500
<u>Grants Philippines Programs</u>	HOPE worldwide - Illinois	HOPE worldwide, Ltd (Parent Corporation) 353 West Lancaster Ave Wayne PA 19087	\$1 468
<u>Grants Cambodia Programs</u>	HOPE worldwide Los Angeles	HOPE worldwide Ltd (Parent Corporation) 353 West Lancaster Ave Wayne, PA 19087	\$6 373
<u>Grants U.S. Disaster Relief</u>	HOPE worldwide - Florida	HOPE worldwide Ltd (Parent Corporation) 353 West Lancaster Ave Wayne, PA 19087	\$12 470
<u>Grants Africa/Caribbean/Eastern Seaboard Programs</u>	HOPE worldwide New Jersey	HOPE worldwide Ltd (Parent Corporation) 353 West Lancaster Ave Wayne PA 19087	\$68 930
<u>Grants U.S. Disaster Relief</u>	HOPE worldwide New Jersey	HOPE worldwide Ltd (Parent Corporation) 353 West Lancaster Ave Wayne PA 19087	\$111 358
<u>Grants Africa/Caribbean/Eastern Seaboard Programs</u>	HOPE worldwide North Carolina	HOPE worldwide Ltd (Parent Corporation) 353 West Lancaster Ave Wayne PA 19087	\$55 000
<u>Grants Health Programs</u>	HOPE worldwide Pennsylvania	HOPE worldwide - Philadelphia 353 West Lancaster Ave Wayne, PA 19087	\$57 018
<u>Grants Africa/Caribbean/Eastern Seaboard Programs</u>	HOPE worldwide - South Carolina	HOPE worldwide Ltd (Parent Corporation) 353 West Lancaster Ave Wayne PA 19087	\$45 000
<u>Grants Russia Programs</u>	HOPE worldwide - Texas	HOPE worldwide, Ltd (Parent Corporation) 353 West Lancaster Ave Wayne PA 19087	\$79 050
<u>Grants Russia Programs</u>	HOPE worldwide Wisconsin	HOPE worldwide Ltd (Parent Corporation) 353 West Lancaster Ave Wayne PA 19087	\$18 100
			<u>\$1,002,249</u>

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**Form 990, Part II, Line 42**  
**Depreciation Schedule**

<u>Subsidiary</u>	<u>2001 Depreciation Expense</u>	<u>Assets Depreciated</u>
HOPE <i>worldwide</i> -Arizona	\$537	Computer Equipment
HOPE <i>worldwide</i> -Colorado	\$1,669	Computer Equipment
HOPE <i>worldwide</i> -Florida	\$10,370	Computer Equipment, Furniture
HOPE <i>worldwide</i> -Georgia	\$32,040	Computer Equipment, Furniture, Leasehold Improvement
HOPE <i>worldwide</i> -Illinois	\$4,165	Computer Equipment, Furniture
HOPE <i>worldwide</i> -Los Angeles	\$13,967	Computer Equipment, Furniture
HOPE <i>worldwide</i> -Michigan	\$496	Computer Equipment
HOPE <i>worldwide</i> -Mid Atlantic	\$6,161	Computer Equipment, Furniture
HOPE <i>worldwide</i> -New Jersey	\$13,275	Computer Equipment, Furniture, Leasehold Improvement
HOPE <i>worldwide</i> -New York	\$3,812	Computer Equipment, Furniture
HOPE <i>worldwide</i> -North Carolina	\$641	Computer Equipment
HOPE <i>worldwide</i> Northern California	\$2,388	Computer Equipment, Furniture
HOPE <i>worldwide</i> -Ohio	\$296	Furniture
HOPE <i>worldwide</i> -Oregon	\$873	Computer Equipment
HOPE <i>worldwide</i> -Pennsylvania	\$980	Computer Equipment, Furniture
HOPE <i>worldwide</i> -San Diego	\$1,965	Computer Equipment, Furniture
HOPE <i>worldwide</i> -South Carolina	\$3,175	Computer Equipment, Furniture
HOPE <i>worldwide</i> -Tennessee	\$194	Computer Equipment
HOPE <i>worldwide</i> -Texas	\$3,903	Computer Equipment, Furniture
HOPE <i>worldwide</i> -Washington	<u>\$1,198</u>	Computer Equipment
<b>Total 2001 Depreciation Expense</b>	<b><u><u>\$102,105</u></u></b>	

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Form 990, Part II, Line 43a

Other Expenses

	<u>Total</u>	<u>Program Services</u>	<u>Mngmnt &amp; General</u>	<u>Fundraising</u>
Management Fees (to Parent)	\$4,015,675	\$3,048,752	\$443,803	\$523,120
Insurance	\$20,029	\$16,087	\$2,726	\$1,216
Bank Charges	\$9,074	\$7,372	\$1,422	\$280
Contracted Services	\$269,186	\$260,731	\$5,630	\$2,825
Gifts	\$38,902	\$14,347	\$2,561	\$21,994
Meals/Entertainment	\$76,042	\$61,135	\$7,311	\$7,596
Promotional Expenses	\$19,183	\$9,032	\$843	\$9,308
Licenses/fees	\$22,665	\$10,805	\$10,120	\$1,740
Special Events	\$55,553	\$5,940	-\$167	\$49,780
Other Program Expense	\$672,870	\$664,440	\$3,710	\$4,720
Miscellaneous	\$9,895	\$4,199	\$5,410	\$286
	<hr/>	<hr/>	<hr/>	<hr/>
<b>Total Other Expenses</b>	<b>\$5,209,074</b>	<b>\$4,102,840</b>	<b>\$483,369</b>	<b>\$622,865</b>

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**Form 990, Part III**

**Organization's Primary Exempt Purpose**

The subsidiaries of HOPE *worldwide* are dedicated to developing and funding programs to help the poor and needy

**Form 990, Part III**

**Statement of Program Service Accomplishments & Expenses**

**Global Outreach** - The United States' portion of a global effort aimed at providing health, education, development and care for women, children and the elderly. Health education efforts focus on the prevention of HIV/AIDS, smoking, lead, chip, and numerous health issues. Education programs include computer training, literacy, tutoring and mentoring. During 2001 the Global Outreach programs attracted over 63,000 volunteers, generating over 363,000 volunteer hours that affected over 358,000 people. Areas of volunteer focus in 2001 included mentoring, tutoring, environmental beautification, care for seniors, sports training, computer training, and blood drives.

Program Service Expenses for Global Outreach by subsidiary for 2001

<b><u>Subsidiary</u></b>	<b><u>Program Expense</u></b>	
Arizona	\$30,344	
Colorado	\$20,827	
Washington,DC	\$210,496	
Florida	\$427,403	
Georgia	\$550,230	
Hawaii	\$3,109	
Heartland	\$43,811	
Illinois	\$262,783	
Indiana	\$35,779	
Iowa	\$522	
Kentucky	\$3,669	
Los Angeles	\$378,047	
Michigan	\$31,558	
Minnesota	\$23,451	
Montana	\$5,115	
Nevada	\$443	
New Jersey	\$529,788	
New Mexico	\$5,020	
New York	\$102,430	
North Carolina	\$169,836	
Northern California	\$116,467	
Nursing Center	\$150,496	
Ohio	\$14,677	
Oregon	\$4,128	
Pennsylvania	\$229,692	
San Diego	\$140,532	
South Carolina	\$330,737	
Tennessee	\$76,087	
Texas	\$150,812	
Utah	\$22	
Virginia	\$3,643	
Washington	\$27,175	
Wisconsin	\$23,906	
<b>Total Global Outreach Program Expense</b>	<b><u>\$4,103,035</u></b>	<b>(Grants and Allocations \$316,435)</b>

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**Mentoring** - Subsidiaries of HOPE worldwide in several U S cities ran mentoring and tutoring programs designed to provide inner-city youths an opportunity to build confidence and social skills through the use of role models, recreation and tutoring. Mentoring programs active in 2001 among subsidiaries of HOPE worldwide include a cultural arts program in Paterson, NJ and New York, NY, golf and "Computer Geniuses" programs in Los Angeles, CA, foster care, mentoring, "Best Buddies", computer, and "Kid's Club" Programs in Chicago, IL, Saturday academy program in Raleigh, Durham, summer "Golf Camp" in Charlotte, NC, School of Autism program in Dallas Fort Worth, TX, other after-school programs in Atlanta, GA, Columbus, SC, and Raleigh-Durham, NC

<b>Mentoring Program Expense</b>	<u><u>\$917,165</u></u>
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**Youth Corps** - Two subsidiaries hosted programs of HOPE worldwide's Youth Corps. The Youth Corps is a summer youth program for high school and college students in collaboration with and funded by the International Churches of Christ. Participants learn valuable skills in leadership, communication and relationship building while providing community service to children in families disadvantaged by poverty, lack of education, and poor health. Participants performed in the HOPE for Kids Story Tree Gang (a theater group which uses skits involving puppetry, singing, and dancing to educate children and adults about literacy, immunizations, lead poisoning prevention, self-respect, and conflict resolution).

<b>Youth Corps Program Expense</b>	<u><u>\$58,864</u></u>
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**U S Disaster Relief** - In conjunction with HOPE worldwide's parent organization, the subsidiaries supported the Children's Aid Society 9/11 Fund, Twin Towers Fund, Uniformed Firefighters Association of New York, Dean Street Heroes Fund. These funds provided relief of suffering for families struck by the World Trade Center Disaster. Both civilian and rescue workers funds were distributed based on single criteria need. Also supported City Harvest which provided hot meals to relief workers at ground zero.

<b>U.S. Disaster Relief Program Expense</b>	<u><u>\$123,827</u></u>	(Grants and Allocations \$123,827)
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**Other/Non-U.S Programs** - The remainder of program expenses are allocated among program support of non-U S programs run by HOPE worldwide and small, developing programs in several subsidiaries.

<b>Other/Non-U.S Program Expense</b>	<u><u>\$763,269</u></u>	(Grants and Allocations \$566,403)
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<b>TOTAL PROGRAM EXPENSE</b>	<u><u>\$5,966,160</u></u>
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**Form 990, Part IV, Lines 57a & b**  
**Detail of Land, Buildings, Equipment and Depreciation**

Description	Fixed Assets				
	Balance				Balance
	1/1/2001	Adjustment	Additions	Deletions	12/31/2001
Leasehold Improvements	\$55,433		\$2,667	\$0	\$58,100
Furniture & Fixtures	\$262,207	-\$50,131	\$15,105	\$97,809	\$129,372
Computer Equipment	\$251,265	\$50,131	\$44,172	\$23,388	\$322,180
<b>Total</b>	<b>\$568,905</b>	<b>\$0</b>	<b>\$61,945</b>	<b>\$121,197</b>	<b><u>\$509,652</u></b>

Description	Accumulated Depreciation				
	Balance				Balance
	1/1/2001		Additions	Deletions	12/31/2001
Leasehold Improvements	\$32,450		\$19,844	\$0	\$52,294
Furniture & Fixtures	\$174,063		\$22,288	\$95,906	\$100,445
Computer Equipment	\$211,257		\$59,974	\$21,904	\$249,327
<b>Total</b>	<b>\$417,770</b>	<b>\$0</b>	<b>\$102,106</b>	<b>\$117,810</b>	<b><u>\$402,066</u></b>

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**Form 990, Part IV, Line 64b**

**Mortgages and Other Notes Payable**

Sub	Lender	Original Amount	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Purpose of Loan /Description	Security Provided	Balance Due 12/31/01
<b>Hww-FL</b>	Central/South America World Sector-ICC Churches	\$100,000	12/19/2000	N/A	Short-Term Loan	Prime + 2%	Working Capital Loan	None	\$55,765
<b>Hww-PA</b>	First Union Bank	\$11,000	1/24/2001	N/A	Short-Term Loan	Prime + 50%	Working Capital Loan	None	\$11,000
<b>Hww-OH</b>	First Union Bank	\$28,445	11/3/2000	N/A	Short-Term Loan	Prime + 50%	Working Capital Loan	None	\$1,138
<b>Hww-LA</b>	Wells Fargo Bank	\$30,000	9/18/2001	N/A	Short-Term Loan	Prime + 50%	Working Capital Loan	None	\$30,000

**Total** \$97,903

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Form 990, Part V

List of Officers, Directors, Trustees and Key employees

<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
HOPE <i>worldwide</i> - Alabama	Wendy Lowery 929 Hwy 101 Leeds, AL 35094	Director 2	0	0	0
	John Lowery 929 Hwy 101 Leeds, AL 35094	President 2	0	0	0
	Dr Daniel Moore 929 Hwy 101 Leeds, AL 35094	Director 2	0	0	0
	Vivian Moore 929 Hwy 101 Leeds, AL 35094	Director 2	0	0	0
	Rod Nealey 929 Hwy 101 Leeds, AL 35094	Director 2	0	0	0
	Betsy Nealy 929 Hwy 101 Leeds, AL 35094	Director 2	0	0	0
	Demond Hawthorne 929 Hwy 101 Leeds, AL 35094	Director 2	0	0	0
	Felisia Hawthorne 929 Hwy 101 Leeds, AL 35094	Director 2	0	0	0
	Mary Woolard 929 Hwy 101 Leeds, AL 35094	Director 2	0	0	0
	Fred Ganus 929 Hwy 101 Leeds AL 35094	Director 2	0	0	0
HOPE <i>worldwide</i> - Arizona	Ken Burford 3922 E Lexington Ave Gilbert, AZ 85234	Treasurer 2	0	0	0
	Larry Lytle 3922 E Lexington Ave Gilbert, AZ 85234	Secretary 2	0	0	0
	Rande Leonard 3922 E Lexington Ave Gilbert, AZ 85234	Director 2	0	0	0
	Steve Maxwell 3922 E Lexington Ave Gilbert, AZ 85234	President 2	0	0	0
HOPE <i>worldwide</i> - Colorado	Preston Shepherd 10504 Serengeti Drive Littleton, CO 80124	President 2	0	0	0

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List of Officers, Directors, Trustees and Key employees

<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
	Shelly Dana 10504 Serengeti Drive Littleton CO 80124	Director 2	0	0	0
	Alex Haley 10504 Serengeti Drive Littleton CO 80124	Director 2	0	0	0
	Gwen Haley 10504 Serengeti Drive Littleton, CO 80124	Director 2	0	0	0
	Paul Dugas 10504 Serengeti Drive Littleton, CO 80124	Director 2	0	0	0
	Sara Dugas 10504 Serengeti Drive Littleton, CO 80124	Director 2	0	0	0
HOPE <i>worldwide</i> - Florida	Terry Folker 14926 SW 142 Ct Miami, FL 33186	Director 2	0	0	0
	Grace Raymond 14926 SW 142 Ct Miami, FL 33186	Director 2	0	0	0
	Karlyn Battle 14926 SW 142 Ct Miami, FL 33186	Director 2	0	0	0
	Chantal Herron 14926 SW 142 Ct Miami FL 33186	Director 2	0	0	0
	Jeff Lee 14926 SW 142 Ct Miami, FL 33186	President 2	0	0	0
HOPE <i>worldwide</i> - Georgia	Craig Heigenck, MD 400 Perimeter Center Terrace Suite 120 Atlanta, GA 30346	Director 2	0	0	0
	Don Burroughs 400 Perimeter Center Terrace Suite 120 Atlanta, GA 30346	President 2	0	0	0
	Grzel Fas, M D 400 Perimeter Center Terrace Suite 120 Atlanta, GA 30346	Director 2	0	0	0
	Ozzie Giles 400 Perimeter Center Terrace Suite 120 Atlanta, GA 30346	Director 2	0	0	0

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List of Officers, Directors, Trustees and Key employees

<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
	John Gramigna 400 Penmeter Center Terrace Suite 120 Atlanta GA 30346	Director 2	0	0	0
	Kennard Hood, M D 400 Penmeter Center Terrace Suite 120 Atlanta, GA 30346	Director 2	0	0	0
	Anna Mana Shirmer 400 Penmeter Center Terrace Suite 120 Atlanta, GA 30346	Secretary 2	0	0	0
	Joe Sylve 400 Penmeter Center Terrace Suite 120 Atlanta, GA 30346	Treasurer 2	0	0	0
HOPE <i>worldwide</i> - Hawaii	Jim Santucci 1833 Kalakaua Ave , Ste 1001 Honolulu, HI 96815	President 2	0	0	0
	Elise Santucci 1833 Kalakaua Ave Ste 1001 Honolulu, HI 96815	Director 2	0	0	0
	Zosimo Anstia 1833 Kalakaua Ave , Ste 1001 Honolulu, HI 96815	Director 2	0	0	0
	Kim Ansta 1833 Kalakaua Ave , Ste 1001 Honolulu, HI 96815	Director 2	0	0	0
	Barry Bradshaw 1833 Kalakaua Ave , Ste 1001 Honolulu HI 96815	Vice President 2	0	0	0
HOPE <i>worldwide</i> - Heartland	Christopher Kafka DO 5538 Barkley St Mission, KS 66202	President 2	0	0	0
	Clyde King 5538 Barkley St Mission, KS 66202	Treasurer 2	0	0	0
	Eric G Ramsey 5538 Barkley St Mission, KS 66202	Secretary 2	0	0	0
	Gregg Marutzky 5538 Barkley St Mission, KS 66202	Director 2	0	0	0
HOPE <i>worldwide</i> - Illinois	Roberta Balsom 583 Brookside Rd Barrington, IL 60010	Director 2	0	0	0

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List of Officers, Directors, Trustees and Key employees

<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
	Lillie Dulaney 583 Brookside Rd Barrington IL 60010	Secretary 2	0	0	0
	Phil Lasarsky 583 Brookside Rd Barrington, IL 60010	President 2	0	0	0
	Cynthia Lubin-Langtiw 583 Brookside Rd Barrington, IL 60010	Director 2	0	0	0
	Ken Poirer 583 Brookside Rd Barrington, IL 60010	Director 2	0	0	0
	Blanca Vargas 583 Brookside Rd Barrington, IL 60010	Director 2	0	0	0
	Joe Whiteside 583 Brookside Rd Barrington, IL 60010	Director 2	0	0	0
HOPE <i>worldwide</i> - Indiana	Mike DeCamp 7108 Hickory Rd Indianapolis, IN 46259	Director 2	0	0	0
	Becky Holeman 7108 Hickory Rd Indianapolis, IN 46259	Director 2	0	0	0
	Dan Lafever 7108 Hickory Rd Indianapolis, IN 46259	President 2	0	0	0
	Michelle Latney 7108 Hickory Rd Indianapolis, IN 46259	Director 2	0	0	0
	Mark Morris 7108 Hickory Rd Indianapolis, IN 46259	Director 2	0	0	0
	Lois Perry 7108 Hickory Rd Indianapolis, IN 46259	Director 2	0	0	0
	Robyn Brown 7108 Hickory Rd Indianapolis, IN 46259	Director 2	0	0	0
HOPE <i>worldwide</i> - Iowa	Jeff Warren 325 Finkbine Ln , Ste 12 Iowa City, IA 52246	President 2	0	0	0
	Tom Ordway 325 Finkbine Ln , Ste 12 Iowa City, IA 52246	Director 2	0	0	0
	Heidy Casey 325 Finkbine Ln , Ste 12 Iowa City, IA 52246	Director 2	0	0	0

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<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
HOPE <i>worldwide</i> - Kentucky	Jennifer Rieger 6600 Five Forks Drve Pewee Valley, KY 40222	Vice President 2	0	0	0
	Tim Rieger 6600 Five Forks Drive Pewee Valley KY 40222	President 2	0	0	0
	William McBnde 6600 Five Forks Drive Pewee Valley, KY 40222	Director 2	0	0	0
	Jim Span 6600 Five Forks Drive Pewee Valley, KY 40222	Director 2	0	0	0
	Eric Siegel, MD 6600 Five Forks Drve Pewee Valley, KY 40222	Director 2	0	0	0
	Sue Wilbur 6600 Five Forks Drve Pewee Valley KY 40222	Secretary 2	0	0	0
HOPE <i>worldwide</i> - Los Angeles	Francine Atterberry MD 5839 Green Valley Cir , #203 Culver City, CA 90230	Director 2	0	0	0
	Albert Baird 5839 Green Valley Cir , #203 Culver City, CA 90230	Director 2	0	0	0
	Belinda Towns, MD 5839 Green Valley Cir , #203 Culver City, CA 90230	Director 2	0	0	0
	Charles E Bray, Jr 5839 Green Valley Cir , #203 Culver City, CA 90230	Director 2	0	0	0
	Kim Waymer 5839 Green Valley Cir , #203 Culver City, CA 90230	Secretary 2	0	0	0
	Doug Webber 5839 Green Valley Cir , #203 Culver City, CA 90230	President 2	0	0	0
HOPE <i>worldwide</i> Michigan	Frank Barbee 20510 Sheffield Rd Detroit MI 48221	Director 2			
	Kim Basin 20510 Sheffield Rd Detroit, MI 48221	Director 2	0	0	0
	Carl Espy 20510 Sheffield Rd Detroit, MI 48221	Director 2	0	0	0

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<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
	Kim Espy 20510 Sheffield Rd Detroit MI 48221	Director 2	0	0	0
	Elizabeth Kobe, DO 20510 Sheffield Rd Detroit, MI 48221	Director 2	0	0	0
	Gregory Moots 20510 Sheffield Rd Detroit, MI 48221	Director 2	0	0	0
	Kathleen Moots 20510 Sheffield Rd Detroit, MI 48221	President 2	0	0	0
	Cheryl Nagel, RN 20510 Sheffield Rd Detroit, MI 48221	Director 2	0	0	0
	Lee Woods 20510 Sheffield Rd Detroit, MI 48221	Director 2	0	0	0
HOPE <i>worldwide</i> Mid-Atlantic	James C Blough 6475 New Hampshire Rd Hyattsville, MD 20783	Treasurer 2	0	0	0
	Pamela Lockett 6475 New Hampshire Rd Hyattsville MD 20783	Director 2	0	0	0
	Marcia Fennel Montemoyer, M D 6475 New Hampshire Rd Hyattsville, MD 20783	Director 2	0	0	0
	Torod Neptune 6475 New Hampshire Rd Hyattsville, MD 20783	Vice President 2	0	0	0
	Marcos Pesquera 6475 New Hampshire Rd Hyattsville, MD 20783	Director 2	0	0	0
	Rick Tittmann 6475 New Hampshire Rd Hyattsville, MD 20783	President 2	0	0	0
HOPE <i>worldwide</i> - Minnesota	Alex Borrelli 2931 Rhode Island Ave South St Louis Park, MN 55426	President 2	0	0	0
	Melanie Dowling 2931 Rhode Island Ave South St Louis Park, MN 55426	Director 2	0	0	0
	Carla Simpson 2931 Rhode Island Ave South St Louis Park, MN 55426	Director 2	0	0	0

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List of Officers, Directors, Trustees and Key employees

<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
	Leon Johnson 2931 Rhode Island Ave South St Louis Park, MN 55426	Director 2	0	0	0
	Suzanne Baity 2931 Rhode Island Ave South St Louis Park, MN 55426	Director 2	0	0	0
HOPE <i>worldwide</i> - Montana, Inc	Darvin Rush 8121 Springtime Rd Missoula MT 59803	Treasurer 2	0	0	0
	Dawn Dodson 8121 Springtime Rd Missoula, MT 59803	Secretary 2	0	0	0
	Kay Jennings 8121 Springtime Rd Missoula, MT 59803	President 2	0	0	0
HOPE <i>worldwide</i> - Nevada	Mark Stadtmiller 4409 Rippling Brook Drive North Las Vegas, NV 89030	President 2	0	0	0
	Amy Stadtmiller 4409 Rippling Brook Drive North Las Vegas NV 89030	Secretary 2	0	0	0
	Don Reid 4409 Rippling Brook Drive North Las Vegas, NV 89030	Treasurer 2	0	0	0
	Anna Eschvera 4409 Rippling Brook Drive North Las Vegas NV 89030	Director 2	0	0	0
	Rebecca St Peter 4409 Rippling Brook Drive North Las Vegas, NV 89030	Director 2	0	0	0
HOPE <i>worldwide</i> - New Jersey	Katherine Chiles 100 Hamilton Place, Ste 1400 Paterson, NJ 07505	Vice President 2	0	0	0
	Lawton Chiles 100 Hamilton Place, Ste 1400 Paterson, NJ 07505	President 2	0	0	0
	Carol Gill MD 100 Hamilton Place Ste 1400 Paterson, NJ 07505	Director 2	0	0	0
	Joseph Landero 100 Hamilton Place, Ste 1400 Paterson, NJ 07505	Director 2	0	0	0
	Shendan Wright 100 Hamilton Place, Ste 1400 Paterson, NJ 07505	Director 2	0	0	0

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List of Officers, Directors, Trustees and Key employees

<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
HOPE <i>worldwide</i> - New Mexico	David Romine 1401 Pennsylvania N E , Apt 105 Albuquerque, NM 87110	President 2	0	0	0
	Gary Harrell 1401 Pennsylvania N E , Apt 105 Albuquerque, NM 87110	Director 2	0	0	0
	Darryl Macias 1401 Pennsylvania N E , Apt 105 Albuquerque NM 87110	Director 2	0	0	0
HOPE <i>worldwide</i> New York	Sam Powell 100 Hamilton Place Suite 1400 Paterson, NJ 07505	Director 2	0	0	0
	Mike Patterson 100 Hamilton Place Suite 1400 Paterson, NJ 07505	Director 2	0	0	0
	Katherine Chiles 100 Hamilton Place Suite 1400 Paterson, NJ 07505	Vice President 2	0	0	0
	Lawton Chiles 100 Hamilton Place Suite 1400 Paterson, NJ 07505	President 2	0	0	0
	Jackie Brit 100 Hamilton Place Suite 1400 Paterson, NJ 07505	Director 2	0	0	0
	Wyatt Cash 100 Hamilton Place Suite 1400 Paterson, NJ 07505	Director 2	0	0	0
	HOPE <i>worldwide</i> - North Carolina	William B West 3020 Pickett Rd , Ste 125 Durham, NC 27705	Director 2	0	0
Gerard Shepherd 3020 Pickett Rd , Ste 125 Durham, NC 27705	President 2	0	0	0	
Stephen Gregory 3020 Pickett Rd , Ste 125 Durham, NC 27705	Director 2	0	0	0	
Pamela McQuide 3020 Pickett Rd , Ste 125 Durham, NC 27705	Director 2	0	0	0	
Ernest Osias 3020 Pickett Rd Ste 125 Durham, NC 27705	Director 2	0	0	0	
Elwood Peters 3020 Pickett Rd , Ste 125 Durham NC 27705	Director 2	0	0	0	

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<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
HOPE <i>worldwide</i> - Northern California	Lori Kotkowski 1405 Marlin Ave Foster City, CA 94404	Director 2	0	0	0
	Walter Kotkowski 1405 Marlin Ave Foster City, CA 94404	Director 2	0	0	0
	Michael B Mount 1405 Marlin Ave Foster City, CA 94404	Director 2	0	0	0
	Monnie E Mount 1405 Marlin Ave Foster City, CA 94404	Director 2	0	0	0
	John Talaferro 1405 Marlin Ave Foster City, CA 94404	President 2	0	0	0
	Pam Talaferro 1405 Marlin Ave Foster City, CA 94404	Secretary 2	0	0	0
	Judy Tyson 1405 Marlin Ave Foster City, CA 94404	Treasurer 2	0	0	0
	Paul Tyson 1405 Marlin Ave Foster City, CA 94404	Director 2	0	0	0
	Mary Ellen Ynes 1405 Marlin Ave Foster City, CA 94404	Director 2	0	0	0
	Rob Ynes 1405 Marlin Ave Foster City, CA 94404	Director 2	0	0	0
HOPE <i>worldwide</i> - Ohio	Diane Craig, M D 4220 E Galbraith Rd Cincinnati, OH 44109	Director 2	0	0	0
	Bill Goshorn 4220 E Galbraith Rd Cincinnati, OH 44109	Director 2	0	0	0
	Pete McCreary 4220 E Galbraith Rd Cincinnati, OH 44109	President 2	0	0	0
	Judith Dilts 4220 E Galbraith Rd Cincinnati, OH 44109	Director 2	0	0	0
	Claudia McGee 4220 E Galbraith Rd Cincinnati, OH 44109	Director 2	0	0	0
	Nick Spring 4220 E Galbraith Rd Cincinnati, OH 44109	Director 2	0	0	0

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List of Officers, Directors, Trustees and Key employees

<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
	Rob Strollo 4220 E Galbraith Rd Cincinnati, OH 44109	Director 2	0	0	0
HOPE <i>worldwide</i> - Oregon	Cindy Bartley 1512 S W First Court Gresham OR 97080	Director 2	0	0	0
	John DiGiorgio 1512 S W First Court Gresham, OR 97080	President 2	0	0	0
	Lauren DiGiorgio 1512 S W First Court Gresham, OR 97080	Director 2	0	0	0
	Dave Wardwell 1512 S W First Court Gresham, OR 97080	Director 2	0	0	0
	A' lee Wardwell 1512 S W First Court Gresham, OR 97080	Director 2	0	0	0
	Guy Mapstone 1512 S W First Court Gresham, OR 97080	Director 2	0	0	0
	Doreen Mapstone 1512 S W First Court Gresham, OR 97080	Director 2	0	0	0
HOPE <i>worldwide</i> - Pennsylvania, Inc	Patncia A Gempel 353 W Lancaster Ave Wayne PA 19087	President 2	0	0	0
	Walter A Evans 353 W Lancaster Ave Wayne, PA 19087	Director 2	0	0	0
	Jeannie Frednck 353 W Lancaster Ave Wayne, PA 19087	Director 2	0	0	0
	Henry Wells 353 W Lancaster Ave Wayne, PA 19087	Director 2	0	0	0
HOPE <i>worldwide</i> Ltd Philadelphia Nursing Center	Patricia A Gempel 353 W Lancaster Ave Wayne, PA 19087	President 2	0	0	0
	Walter A Evans 353 W Lancaster Ave Wayne, PA 19087	Director 2	0	0	0
	Jeannie Frednck 353 W Lancaster Ave Wayne, PA 19087	Director 2	0	0	0
	Henry Wells 353 W Lancaster Ave Wayne, PA 19087	Director 2	0	0	0

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<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
HOPE <i>worldwide</i> - San Diego	Don Abel 4645 Ruffman At Suite "L" San Diego, CA 92111	Director 2	0	0	0
	Mark Banks 4645 Ruffman At Suite "L" San Diego, CA 92111	Director 2	0	0	0
	Leonard Brown 4645 Ruffman At Suite "L" San Diego, CA 92111	Director 2	0	0	0
	Rosemary Castillo 4645 Ruffman At Suite "L" San Diego, CA 92111	Director 2	0	0	0
	Samuel Holty 4645 Ruffman At Suite "L" San Diego, CA 92111	Director 2	0	0	0
	Jerry Jordan 4645 Ruffman At Suite "L" San Diego, CA 92111	President 2	0	0	0
	Richard Hackett 4645 Ruffman At Suite "L" San Diego, CA 92111	Director 2	0	0	0
HOPE <i>worldwide</i> - South Carolina	Audrey Rhodes Boyd, MD 17 Sage Fire Court Irmo, SC 29063	Vice President 2	0	0	0
	Gary Bell, MD 17 Sage Fire Court Irmo, SC 29063	President 2	0	0	0
	Paul Fant 17 Sage Fire Court Irmo, SC 29063	Treasurer 2	0	0	0
	Paul Ramsey 17 Sage Fire Court Irmo, SC 29063	Director 2	0	0	0
	Kent Lesesne 17 Sage Fire Court Irmo, SC 29063	Secretary 2	0	0	0
	Scott Savage 17 Sage Fire Court Irmo, SC 29063	Director 2	0	0	0
HOPE <i>worldwide</i> - Tennessee	Manlyn Grant 11605 San Martin Way Knoxville, TN 37922	Director 2	0	0	0
	Jean Gregory 11605 San Martin Way Knoxville, TN 37922	Director 2	0	0	0
	Tony Helton 11605 San Martin Way Knoxville TN 37922	President 2	0	0	0

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List of Officers, Directors, Trustees and Key employees

<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
	John Rahe, M D 11605 San Martin Way Knoxville, TN 37922	Director 2	0	0	0
	Jim Taylor 11605 San Martin Way Knoxville, TN 37922	Director 2	0	0	0
	Connie Taylor 11605 San Martin Way Knoxville, TN 37922	Director 2	0	0	0
	Tony Reeves 11605 San Martin Way Knoxville, TN 37922	Director 2	0	0	0
	Paul Campanis 11605 San Martin Way Knoxville, TN 37922	Director 2	0	0	0
HOPE <i>worldwide</i> Texas	Robert Gauntt 1026 W Main St Suite 201 Lewisville, TX 75067	Director 2	0	0	0
	William Hooper 1026 W Main St Suite 201 Lewisville, TX 75067	Director 2	0	0	0
	Stephen Ozanne, MD 1026 W Main St Suite 201 Lewisville, TX 75067	Treasurer 2	0	0	0
	Yolanda Contreras Taylor, MD 1026 W Main St Suite 201 Lewisville TX 75067	President 2	0	0	0
	Gordon Young 1026 W Main St Suite 201 Lewisville, TX 75067	Director 2	0	0	0
	Kellie Stokes 1026 W Main St Suite 201 Lewisville, TX 75067	Secretary 2	0	0	0
HOPE <i>worldwide</i> - Utah, Ltd	Daniel Millburn 835 E Edgehill Rd Salt Lake City, UT 84103	Director 2	0	0	0
	Michelle Millburn 835 E Edgehill Rd Salt Lake City, UT 84103	Director 2	0	0	0
	Dena Thompson 835 E Edgehill Rd Salt Lake City, UT 84103	Director 2	0	0	0
	Ray Thompson 835 E Edgehill Rd Salt Lake City, UT 84103	President 2	0	0	0

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List of Officers, Directors, Trustees and Key employees

<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title Hours per week</u>	<u>Compensation</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Account or Other Allowances</u>
HOPE <i>worldwide</i> - Virginia, Ltd	Lynley Cejas 920 Earl of Essex Virginia Beach, VA 23454	Director 2	0	0	0
	Rodolfo Cejas 920 Earl of Essex Virginia Beach, VA 23454	Director 2	0	0	0
	Jim Feldhausen 920 Earl of Essex Virginia Beach, VA 23454	Director 2	0	0	0
	Enc Lipton 920 Earl of Essex Virginia Beach, VA 23454	President 2	0	0	0
	Kim Versage 920 Earl of Essex Virginia Beach, VA 23454	Director 2	0	0	0
	Paul Versage 920 Earl of Essex Virginia Beach, VA 23454	Director 2	0	0	0
HOPE <i>worldwide</i> - Washington	Bruce Pflaumer 4445 189th Place S E Issaquah, WA 98027	Director 2	0	0	0
	Mack Strong 4445 189th Place S E Issaquah, WA 98027	Director 2	0	0	0
	Greg Tacher 4445 189th Place S E Issaquah, WA 98027	President 2	0	0	0
	Patli Taylor 4445 189th Place S E Issaquah, WA 98027	Director 2	0	0	0
	Joe Upton 15650 185th Ave NE Woodville, WA 98072	Director 2	0	0	0
HOPE <i>worldwide</i> - Wisconsin	George Cross 97 Craig Ave Madison, WI 53705	Director 2	0	0	0
	James Hamann 97 Craig Ave Madison, WI 53705	Director 2	0	0	0
	Sue Krochalk 97 Craig Ave Madison, WI 53705	Director 2	0	0	0
	Ray A Dupree 97 Craig Ave Madison, WI 53705	President 2	0	0	0

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**Schedule 10**

**List of Officers, Directors, Trustees and Key employees**

<u>Subsidiary</u>	<u>Name &amp; Address</u>	<u>Title</u> <u>Hours per week</u>	<u>Compensation</u>	<u>Contributions</u> <u>to Employee</u> <u>Benefit Plans</u>	<u>Expense</u> <u>Account or</u> <u>Other Allowances</u>
HOPE for Children, International	Jan Jordan 353 W Lancaster Ave Wayne, PA 19087	Director 2	0	0	0
	Randolph Jordan 353 W Lancaster Ave Wayne, PA 19087	President 2	0	0	0
	Gerry Frødenck 353 W Lancaster Ave Wayne, PA 19087	Director 2	0	0	0
	TOTALS		0	0	0

**HOPE *worldwide* Consolidated Subsidiaries**  
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**Schedule 11**

**Form 990, Part VI, Line 80b**  
**Name of related organizations**

<b><u>Name/Address</u></b>	<b><u>Federal EIN #</u></b>	<b><u>Status</u></b>
1 HOPE <i>worldwide</i> , Ltd (Parent, Delaware)	04-3129839	Exempt
2 HOPE <i>worldwide</i> - New England	04-3148787	Exempt
3 HOPE <i>worldwide</i> - Philadelphia	23-2711991	Exempt
4 HOPE for Children, Inc	58-1937563	Exempt

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**Schedule 12**

**Form 990, Part VI, Line 90a**

**List of States With Which Return is Filed**

Arizona  
California  
District of Columbia  
Georgia  
Illinois  
Maryland  
Minnesota  
New Jersey  
New York  
Pennsylvania  
Tennessee  
Virginia

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**Schedule 13**

**Form 990, Part VI, Line 90b**  
**Employees for March 12, 2001**

All of the affiliated organizations that are a part of this return entered into a contractual agreement with HOPE worldwide, Ltd (Parent) on January 1, 1999 Per the agreement, HOPE worldwide, Ltd (Parent) agrees to provide an array of program and management services, including personnel services, to the affiliated organizations For the pay period including March 12, 2001 HOPE worldwide, Ltd (Parent) retained 113 employees that were providing personnel services to the affiliated organizations

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

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)

**Note:** Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization <b>HOPE worldwide Consolidated Subsidiaries</b>	Employer identification number <b>91-1867491</b>
	Number, street, and room or suite no. If a PO box, see instructions <b>353 W. Lancaster Ave.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Wayne, PA 19087</b>	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) 3383. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until August 15, 20 02 to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year 20 01 or

►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct, and complete and that I am authorized to prepare this form

Signature  Title CFO Date 5/8/02

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.**

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>HOPE worldwide Consolidated Subsidiaries</b>	Employer Identification number <b>91-1867491</b>
	Number, street, and room or suite no. If a PO box, see instructions <b>353 W Lancaster Avenue, Suite 200</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Wayne, PA 19087</b>	

Check type of return to be filed (File a separate application for each return)

Form 990   
  Form 990-EZ   
  Form 990-T (sec 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) 3383 If this is for the **whole group**, check this box  If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until November 15, 2002

5 For calendar year 2001, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension Additional time required to gather and consolidate the information from the more than 30 subsidiary corps. involved - following the recent completion of our annual audit

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature [Signature] Title VP-Finance/Admn (CFO) Date 8/12/02

**Notice to Applicant — To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a PO box number
	City or town, province or state, and country (Including postal or ZIP code)