

2010 TAX RETURN

Client Copy

Client: HOPE4SDE

Prepared for: HOPE FOR SDEROT INC
303 E GURLEY ST NUM 204
PRESCOTT, AZ 86301
858-395-2090

Prepared by: Lalit K Khurana EA
LK AND ASSOCIATES
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Date: April 6, 2011

Comments:

Route to: _____

Form **990-EZ**

Short Form
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)

OMB No. 1545-1150

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning _____, **2010, and ending** _____

B Check if applicable: **C**
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending
HOPE FOR SDEROT INC
303 E GURLEY ST NUM 204
PRESCOTT, AZ 86301

D Employer identification number
26-3775328

E Telephone number
858-395-2090

F Group Exemption Number _____ ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (ck only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 177,579.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>	
1	Contributions, gifts, grants, and similar amounts received	1	177,579.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	177,579.
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	550.
14	Occupancy, rent, utilities, and maintenance	14	3,955.
15	Printing, publications, postage, and shipping	15	1,336.
16	Other expenses (describe in Schedule O)	16	See Schedule O
17	Total expenses. Add lines 10 through 16	17	173,060.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,322.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,281.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	959.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

Part V Other Information (Note the statement requirements in the instructions for Part V.) See Schedule O

Check if the organization used Schedule O to respond to any question in this Part V. **X**

	Yes	No
Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	<input type="checkbox"/>	<input type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input type="checkbox"/>
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	<input type="checkbox"/>	<input type="checkbox"/>
Section 501(c)(7) organizations. Enter:	38b	N/A
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.	<input type="checkbox"/>	<input type="checkbox"/>
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.	<input type="checkbox"/>	<input type="checkbox"/>
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0.	<input type="checkbox"/>	<input type="checkbox"/>
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
List the states with which a copy of this return is filed ▶ None	<input type="checkbox"/>	<input type="checkbox"/>

a The organization's books are in care of ▶ **DENISE GANULIN** Telephone no. ▶ **858-395-2090**
 Located at ▶ **330 E GURLEY ST NUM 240 PRESCOTT AZ** ZIP + 4 ▶ **86301**

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/> X

Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43**

	Yes	No
a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

	Yes	No
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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.

Sign Here	Signature of officer		Date		
	STEWART GANULIN Type print name and title.		President		
Paid Preparer Use Only	Print/type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Lalit K Khurana EA	Lalit K Khurana EA			N/A
	Firm's name ▶ LK AND ASSOCIATES	Firm's address ▶ 3000 W MACARTHUR BLVD STE 330 SANTA ANA, CA 92704-7948		Firm's EIN ▶ N/A	Phone no. (714) 850-1680

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

BAA Form 990-EZ (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

HOPE FOR SDEROT INC

Employer identification number

26-3775328

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

To help the injured and poor of Sderot.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

+ Distributed food to 9100 families. (36,400 people)

+ Served 2180 lunch meals.

+ Held 3 Hanukah parties for:

+ 100 adults injured by Kassam rocket attacks

+ 165 High school students

+ 250 Grade school children

+ Distributed 250 gift baskets for Rosh Ha Shana.

+ Distributed 250 gift baskets for Tu'bish vat.

+ Completed 14 home repair projects.

+ Paid 6 medical bills, 3 medication bill, 3 electric bills and 2 rent payments.

Purchased 11 electric fans for the elderly.

Supplied tuition for 1 child and school supplies for 6 children.

Provider perishable food for 10 families.

Provider food for Rosh Chodesh 8 times (120 people)

Provider baby blankets and or baby clothing to 25 families.

Provider walkers to 9 elderly people.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

HOPE FOR SDEROT INC

26-3775328

Form 990-EZ, Part I, Line 16
Other Expenses

AUTO INSURANCE.....	\$	857.
AUTO REGISTRATION.....		686.
AUTO REPAIRS.....		2,663.
BENEVOLENT.....		6,184.
CELL PHONE.....		2,399.
Depreciation.....		436.
ENTERTAINMENT.....		855.
FOOD FOR EVENTS.....		5,182.
FOOD PROGRAM.....		129,324.
FOR NEEDY.....		252.
FUEL.....		3,255.
GIFTS.....		2,213.
HANUKAH.....		2,947.
HOLIDAY CLOWNS.....		514.
MISCELLANEOUS.....		1,341.
Office Expenses.....		1,798.
OUTREACH.....		974.
PARKING & TOLL.....		91.
REPAIRS.....		4,540.
SCHOOL PROGRAM.....		3,555.
SECURITY.....		43.
Supplies.....		990.
TAXES.....		782.
Travel.....		489.
WEBSITE.....		690.
Total	\$	<u>173,060.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures.....	\$ 680.	\$ 408.
Inventories.....	198.	0.
Machinery and Equipment.....	411.	247.
Total	<u>\$ 1,289.</u>	<u>\$ 655.</u>