

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# 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)

▶ 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. 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.*

OMB No. 1545-1150

# 2011

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization**  
**HOPE 2 ONE LIFE, INC.**

**D Employer identification number**  
**64-0954902**

**E Telephone number**  
**406-861-3166**

**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:** ▶ **WWW.HOPE2ONELIFE.ORG**

**J Tax-exempt status** (check 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 or a section 527 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** ▶ \$ **74,285.**

**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

| <b>Revenue</b>                                                                                              | <b>1</b> Contributions, gifts, grants, and similar amounts received                                                                                                                                                 | <b>1</b>       | <b>51,712.</b> |  |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|--|
|                                                                                                             | <b>2</b> Program service revenue including government fees and contracts                                                                                                                                            | <b>2</b>       |                |  |
|                                                                                                             | <b>3</b> Membership dues and assessments                                                                                                                                                                            | <b>3</b>       |                |  |
|                                                                                                             | <b>4</b> Investment income                                                                                                                                                                                          | <b>4</b>       |                |  |
|                                                                                                             | <b>5a</b> Gross amount from sale of assets other than inventory                                                                                                                                                     | <b>5a</b>      |                |  |
|                                                                                                             | <b>b</b> Less: cost or other basis and sales expenses                                                                                                                                                               | <b>5b</b>      |                |  |
|                                                                                                             | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                    | <b>5c</b>      |                |  |
|                                                                                                             | <b>6</b> Gaming and fundraising events                                                                                                                                                                              |                |                |  |
|                                                                                                             | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                      | <b>6a</b>      |                |  |
|                                                                                                             | <b>b</b> 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) | <b>6b</b>      | <b>19,213.</b> |  |
| <b>c</b> Less: direct expenses from gaming and fundraising events                                           | <b>6c</b>                                                                                                                                                                                                           | <b>3,450.</b>  |                |  |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | <b>6d</b>                                                                                                                                                                                                           | <b>15,763.</b> |                |  |
| <b>7a</b> Gross sales of inventory, less returns and allowances                                             | <b>7a</b>                                                                                                                                                                                                           | <b>3,360.</b>  |                |  |
| <b>b</b> Less: cost of goods sold <b>SEE SCHEDULE O</b>                                                     | <b>7b</b>                                                                                                                                                                                                           | <b>2,158.</b>  |                |  |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                     | <b>7c</b>                                                                                                                                                                                                           | <b>1,202.</b>  |                |  |
| <b>8</b> Other revenue (describe in Schedule O)                                                             | <b>8</b>                                                                                                                                                                                                            |                |                |  |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                             | <b>9</b>                                                                                                                                                                                                            | <b>68,677.</b> |                |  |
| <b>Expenses</b>                                                                                             | <b>10</b> Grants and similar amounts paid (list in Schedule O) <b>SEE SCHEDULE O</b>                                                                                                                                | <b>10</b>      | <b>8,635.</b>  |  |
|                                                                                                             | <b>11</b> Benefits paid to or for members                                                                                                                                                                           | <b>11</b>      |                |  |
|                                                                                                             | <b>12</b> Salaries, other compensation, and employee benefits                                                                                                                                                       | <b>12</b>      |                |  |
|                                                                                                             | <b>13</b> Professional fees and other payments to independent contractors                                                                                                                                           | <b>13</b>      | <b>538.</b>    |  |
|                                                                                                             | <b>14</b> Occupancy, rent, utilities, and maintenance                                                                                                                                                               | <b>14</b>      |                |  |
|                                                                                                             | <b>15</b> Printing, publications, postage, and shipping                                                                                                                                                             | <b>15</b>      | <b>831.</b>    |  |
|                                                                                                             | <b>16</b> Other expenses (describe in Schedule O) <b>SEE SCHEDULE O</b>                                                                                                                                             | <b>16</b>      | <b>58,479.</b> |  |
|                                                                                                             | <b>17 Total expenses.</b> Add lines 10 through 16                                                                                                                                                                   | <b>17</b>      | <b>68,483.</b> |  |
| <b>Net Assets</b>                                                                                           | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                           | <b>18</b>      | <b>194.</b>    |  |
|                                                                                                             | <b>19</b> 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)                                                          | <b>19</b>      | <b>26,135.</b> |  |
|                                                                                                             | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                      | <b>20</b>      | <b>0.</b>      |  |
|                                                                                                             | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                   | <b>21</b>      | <b>26,329.</b> |  |

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

Form **990-EZ** (2011)

Part II Balance Sheets. (see the instructions for Part II.)

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

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Table with 2 columns: Description of program service, Expenses. Rows 28-32 describe various program services and total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

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

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Lists officers like NADINE M. HART, MARTIN K. LUCAS, etc.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.
37b Did the organization file Form 1120-POL for this year? 37b X
38a 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? 38a X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a 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.
40b 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 40b X
40c 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.
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X
41 List the states with which a copy of this return is filed. 41 NONE
42a The organization's books are in care of 42a NADINE HART AND WILLIAM HART Telephone no. 4068613166
Located at 1294 YELLOWSTONE AVE #1, BILLINGS, MT ZIP + 4 59102
42b 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)? 42b X
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X
44c Did the organization receive any payments for indoor tanning services during the year? 44c X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
45b 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 instructions) 45b X

|    |                                                                                                                                                                                               |     |    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                               | Yes | No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?<br>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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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  |
| 49b | 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) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| NONE                                                           |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |

f Total number of other employees paid over \$100,000  NONE

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."  NONE

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

d Total number of other independent contractors each receiving over \$100,000  NONE

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: NADINE HART, CHAIRMAN Date: \_\_\_\_\_

Type or print name and title

|                               |                                                               |                              |          |                                                 |           |
|-------------------------------|---------------------------------------------------------------|------------------------------|----------|-------------------------------------------------|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                    | Preparer's signature         | Date     | Check <input type="checkbox"/> if self-employed | PTIN      |
|                               | RAE LYNN JORDAN                                               | RAE LYNN JORDAN              | 05/16/12 |                                                 | P00315598 |
|                               | Firm's name <b>GALUSHA HIGGINS &amp; GALUSHA, PC</b>          | Firm's EIN <b>81-0272932</b> |          | Phone no. <b>406-248-1681</b>                   |           |
|                               | Firm's address <b>303 N. BROADWAY #503 BILLINGS, MT 59103</b> |                              |          |                                                 |           |

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **HOPE 2 ONE LIFE, INC.** Employer identification number **64-0954902**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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 exempt 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).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|                                                                                                                                                                                    | Yes             | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | <b>11g(i)</b>   |    |
| (ii) A family member of a person described in (i) above? .....                                                                                                                     | <b>11g(ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....                                                                                                    | <b>11g(iii)</b> |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|------------------------------------------------------------------|----|-------------------------------------------------------------|----|-------------------------|
|                                    |          |                                                                                             | Yes                                                                     | No | Yes                                                              | No | Yes                                                         | No |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| <b>Total</b>                       |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                      | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  |          |          | 46,998.  | 47,103.  | 51,712.  | 145,813.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        |          |          | 46,998.  | 47,103.  | 51,712.  | 145,813.  |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          | 145,813.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                        | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                   |          |          | 46,998.  | 47,103.  | 51,712.  | 145,813.                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....                                                        |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                                                                                    |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                                                                      |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                      |          |          |          |          |          | 145,813.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                      |          |          |          |          | 12       | 22,573.                  |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                     |           |        |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|-------------------------------------|
| <b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                              | <b>14</b> | 100.00 | %                                   |
| <b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                    | <b>15</b> | 100.00 | %                                   |
| <b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                            |           |        | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                         |           |        | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           |        | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           |        | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....                                                                                                                                                                                                                                                                  |           |        | <input type="checkbox"/>            |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                           | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)                                                                                                                                 |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)                                                                                         |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|                                                                                                        |           |  |   |
|--------------------------------------------------------------------------------------------------------|-----------|--|---|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> |  | % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....                      | <b>16</b> |  | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                    |           |  |   |
|--------------------------------------------------------------------------------------------------------------------|-----------|--|---|
| <b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> |  | % |
| <b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....                        | <b>18</b> |  | % |

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

Name of the organization

HOPE 2 ONE LIFE, INC.

Employer identification number

64-0954902

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)



|                                                      |                                                     |
|------------------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>HOPE 2 ONE LIFE, INC.</b> | Employer identification number<br><b>64-0954902</b> |
|------------------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                  |
|------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | <b>ATKINSON FOUNDATION</b><br><hr/> 1720 SO AMPHETT BLVD SUITE 100<br><hr/> SAN MATEO, CA 94402-2710<br><hr/>                      | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | <b>NATIONAL GROUNDWATER RESEARCH AND EDUCATION FOUNDATION</b><br><hr/> 601 DEMPSEY RD<br><hr/> WESTERVILLE, OH 43081-8978<br><hr/> | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            | <hr/> <hr/> <hr/> <hr/>                                                                                                            | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            | <hr/> <hr/> <hr/> <hr/>                                                                                                            | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            | <hr/> <hr/> <hr/> <hr/>                                                                                                            | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            | <hr/> <hr/> <hr/> <hr/>                                                                                                            | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            | <hr/> <hr/> <hr/> <hr/>                                                                                                            | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|                                                          |                                                         |
|----------------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>HOPE 2 ONE LIFE, INC.</b> | Employer identification number<br><br><b>64-0954902</b> |
|----------------------------------------------------------|---------------------------------------------------------|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

|                                                                 |                                                                |
|-----------------------------------------------------------------|----------------------------------------------------------------|
| <b>Name of organization</b><br><br><b>HOPE 2 ONE LIFE, INC.</b> | <b>Employer identification number</b><br><br><b>64-0954902</b> |
|-----------------------------------------------------------------|----------------------------------------------------------------|

**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization HOPE 2 ONE LIFE, INC.

Employer identification number 64-0954902

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Horizontal lines provided for listing states.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |                                                                             | (a) Event #1    | (b) Event #2 | (c) Other events | (d) Total events                |
|-----------------|-----------------------------------------------------------------------------|-----------------|--------------|------------------|---------------------------------|
|                 |                                                                             | WORLD WATER DAY |              | 6                | (add col. (a) through col. (c)) |
|                 |                                                                             | (event type)    | (event type) | (total number)   |                                 |
| Revenue         | <b>1</b> Gross receipts .....                                               | 9,724.          |              | 9,489.           | 19,213.                         |
|                 | <b>2</b> Less: Charitable contributions .....                               |                 |              |                  |                                 |
|                 | <b>3</b> Gross income (line 1 minus line 2) .....                           | 9,724.          |              | 9,489.           | 19,213.                         |
| Direct Expenses | <b>4</b> Cash prizes .....                                                  |                 |              |                  |                                 |
|                 | <b>5</b> Noncash prizes .....                                               |                 |              |                  |                                 |
|                 | <b>6</b> Rent/facility costs .....                                          |                 |              |                  |                                 |
|                 | <b>7</b> Food and beverages .....                                           |                 |              |                  |                                 |
|                 | <b>8</b> Entertainment .....                                                |                 |              |                  |                                 |
|                 | <b>9</b> Other direct expenses .....                                        | 2,164.          |              | 1,286.           | 3,450.                          |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                 |              |                  | ( 3,450 )                       |
|                 | <b>11</b> Net income summary. Combine line 3, column (d), and line 10 ..... |                 |              |                  | 15,763.                         |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |                                                                                | (a) Bingo                                                           | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming                                                    | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|
| Revenue         | <b>1</b> Gross revenue .....                                                   |                                                                     |                                                                     |                                                                     |                                                  |
| Direct Expenses | <b>2</b> Cash prizes .....                                                     |                                                                     |                                                                     |                                                                     |                                                  |
|                 | <b>3</b> Noncash prizes .....                                                  |                                                                     |                                                                     |                                                                     |                                                  |
|                 | <b>4</b> Rent/facility costs .....                                             |                                                                     |                                                                     |                                                                     |                                                  |
|                 | <b>5</b> Other direct expenses .....                                           |                                                                     |                                                                     |                                                                     |                                                  |
|                 | <b>6</b> Volunteer labor .....                                                 | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                  |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....     |                                                                     |                                                                     |                                                                     | ( )                                              |
|                 | <b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 ..... |                                                                     |                                                                     |                                                                     |                                                  |

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

|                                      |            |  |   |
|--------------------------------------|------------|--|---|
| <b>a</b> The organization's facility | <b>13a</b> |  | % |
| <b>b</b> An outside facility         | <b>13b</b> |  | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

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Director/officer     Employee     Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**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

**2011**

Open to Public  
Inspection

Name of the organization

HOPE 2 ONE LIFE, INC.

Employer identification number

64-0954902

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

**INCOME:**

|                                      |        |
|--------------------------------------|--------|
| 1. GROSS RECEIPTS                    | 3,360. |
| 2. RETURNS AND ALLOWANCES            | 0.     |
| 3. LINE 1 LESS LINE 2                | 3,360. |
| 4. COST OF GOODS SOLD (LINE 13)      | 2,158. |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) | 1,202. |

**COST OF GOODS SOLD:**

|                                               |        |
|-----------------------------------------------|--------|
| 6. INVENTORY AT BEGINNING OF YEAR             | 0.     |
| 7. MERCHANDISE PURCHASED                      | 0.     |
| 8. COST OF LABOR                              | 0.     |
| 9. MATERIALS AND SUPPLIES                     | 2,158. |
| 10. OTHER COSTS                               | 0.     |
| 11. ADD LINES 6 THROUGH 10                    | 2,158. |
| 12. INVENTORY AT END OF YEAR                  | 0.     |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) | 2,158. |

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: GRANTS

GRANTEE NAME: NEW HOPE INTERNATIONAL HOSPITAL

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,955.

ACTIVITY CLASSIFICATION: GRANTS

GRANTEE NAME: AMANI FOR AFRICA USA FOUNDATION

**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

**2011**

Open to Public  
Inspection

Name of the organization **HOPE 2 ONE LIFE, INC.** Employer identification number **64-0954902**

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,955.

ACTIVITY CLASSIFICATION: GRANTS

GRANTEE NAME: THE RWANDA SCHOOL PROJECT

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,955.

ACTIVITY CLASSIFICATION: GRANTS

GRANTEE NAME: BOSCOE SCHOOL

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 125.

ACTIVITY CLASSIFICATION: GRANTS

GRANTEE NAME: DENIS ODONG SCHOOL

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 690.

ACTIVITY CLASSIFICATION: GRANTS

GRANTEE NAME: AID SPIRIT USA

GRANTEE RELATIONSHIP: BOARD MEMBER OF THE ORGANIZATION SERVES ON THE

BOARD OF THE DONEE ORGANIZATI

AMOUNT GIVEN: 1,955.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 8,635.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:



**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

**2011**

Open to Public  
Inspection

Name of the organization

HOPE 2 ONE LIFE, INC.

Employer identification number

64-0954902

| DESCRIPTION OF OTHER EXPENSES:                        | AMOUNT: |
|-------------------------------------------------------|---------|
| WATER PROJECTS                                        | 30,816. |
| HEALTH CARE/MEDICAL SUPPORT PROJECTS                  | 7,833.  |
| CLINIC BUILD                                          | 13,313. |
| FEM FARM, MISSION TEAM HOUSING, MEALS, TRANSPORTATION | 3,249.  |
| AIRLINE EXTRA BAGGAGE FEES FOR MISSION SUPPLIES       | 400.    |
| INSURANCE                                             | 797.    |
| BANK SERVICE FEES                                     | 179.    |
| UGANDA MISSION 2011 TEAM MEMBER PLANE TICKET          | 1,600.  |
| WEBSITE FEE                                           | 179.    |
| QUICKBOOKS TRAINING FEE                               | 113.    |
| TOTAL TO FORM 990-EZ, LINE 16                         | 58,479. |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - RESOURCES FOR CLEAN WATER,  
HEALTH CARE AND EDUCATIONAL RESOURCES FOR IMPOVERISHED PEOPLE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

CONSTRUCTION OF A CLINIC ON THE FAMILY EMPOWERMENT FARM,

UGANDA - CANAAN FARM CONTINUED WITH FUNDING AND COMPLETION

OF THE FIRST FIVE ROOMS FOR PATIENT EXAMS, PHARMACY,

WAITING ROOM AND NURSE STATION, FIRST WARD COMPLETED AND EXTERIOR OF

CLINIC, WINDOWS AND PAINTING. REFUGEES FROM THE LRA WAR AND

IMPOVERISHED PERSONS IN THE SURROUNDING VILLAGES, POTENTIALLY 6,500

PERSONS WILL BENEFIT. NEAREST HOSPITAL OR CLINIC IS 40 KM AWAY.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

**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

**2011**

Open to Public  
Inspection

Name of the organization

HOPE 2 ONE LIFE, INC.

Employer identification number

64-0954902

DRILLING OF NEW DEEP SOLAR POWERED WATER WELL WITH STORAGE

TANK AND ADDITIONAL HAND PUMP. WATER PLANNED TO BE PIPED

TO CLINIC, LATRINE, KITCHEN, GARDEN PLOT, ORCHARD,

HOUSING.

DRIP IRRIGATION KITS FOR GARDENS ON FEM FARM, WIPOLO VILLAGE IN UGANDA.

BIO-SAND WATER FILTER CONSTRUCTION FOR KAMPALA VILLAGE. BIO SAND WATER

FILTER MAINTENANCE AND QUALITY TESTING.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDICAL/HEALTH CARE SUPPORT TO 3 NORTHERN UGANDA

ORPHANAGES IN KITGUM, UGANDA. MEDICAL/HEALTH SUPPORT FOR

DR. AMBROSOLI MEMORIAL HOSPITAL IN KALONGO, UGANDA.

SUPPORT FOR AWAL IDP CAMP AND WIPOLO VILLAGE WITH SCHOOL SUPPLIES,

HYGIENE SUPPLIES, CLOTHES AND SEEDS. BENEFITTING 100'S OF PERSONS.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

1.UGANDA MISSION TEAM PROJECTS: VILLAGE HEALTHCARE WORKER TRAINING,

SUPPLIES, VILLAGE HEALTH CLINIC MEDICATIONS, SUPPLIES. TRANSPORT COSTS

OF SUPPLIES AND UGANDAN ESCORTS TO THE FAMILY EMPOWERMENT UGANDA-

CANAAN FARM, NORTHERN UGANDA ORPHANAGES IN KITGUM AND HOSPITAL IN

KALONGO AND SURROUNDING VILLAGES. COSTS OF THE TEAM TRANSPORTATION OF

SUPPLIES AND MEDICAL EQUIPMENT FROM US TO UGANDA: HYGIENE KITS, WATER

TEST KITS, COLPOSCOPY MACHINE, MEDICAL AND WATER SUPPLIES, CLOTHES,

SCHOOL SUPPLIES, ETC. BENEFITTING 1000'S. \$3,249

2.UGANDA MISSION 2012 TEAM MEMBER AIRLINE TICKET FUNDRAISED THROUGH

PERSONAL LETTER CAMPAIGN. \$1600

**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

**2011**

Open to Public  
Inspection

Name of the organization **HOPE 2 ONE LIFE, INC.** Employer identification number **64-0954902**

**3. AIRLINE FEES FOR EXCESS BAGGAGE/TUBS OF SUPPLIES TO BE TRANSPORTED**

**FROM THE US TO UGANDA. \$400**

**4. WEBSITE FEE: \$179**

**5. DIRECTORS AND OFFICERS INSURANCE. \$797**

**6. BANK SERVICE CHARGES. \$179**

**7. QUICKBOOKS COMPUTER PROGRAM TRAINING. \$113**

**GRANTS \$ 0. EXPENSES \$ 6,517.**

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.**

**THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.**

# 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  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

|                                                                |                                                                                                                       |                                                                                               |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>Type or print</b>                                           | Name of exempt organization or other filer, see instructions.<br><b>HOPE 2 ONE LIFE, INC.</b>                         | Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>64-0954902</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>PO BOX 21112</b>                         | Social security number (SSN) <input type="checkbox"/>                                         |
|                                                                | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>BILLINGS, MT 59104</b> |                                                                                               |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For                       | Return Code | Application Is For       | Return Code |
|------------------------------------------|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-EZ                              | 01          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

**NADINE HART AND WILLIAM HART**

- The books are in the care of ▶ **1294 YELLOWSTONE AVE #1 - BILLINGS, MT 59102**  
 Telephone No. ▶ **4068613166** FAX No. ▶ \_\_\_\_\_
- 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) \_\_\_\_\_. 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.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2011** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|                                                                                                                                                                                              |           |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| <b>3a</b> 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>3a</b> | \$ | 0. |
| <b>b</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. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> | \$ | 0. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning \_\_\_\_\_, 2011, and ending \_\_\_\_\_, 20\_\_\_\_

**2011**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**HOPE 2 ONE LIFE, INC.**

**64-0954902**

Name and title of officer

**NADINE HART  
CHAIRMAN**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|                                                                        |                                                                                  |                        |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|
| <b>1a</b> Form 990 check here ▶ <input type="checkbox"/>               | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> _____        |
| <b>2a</b> Form 990-EZ check here ▶ <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....                      | <b>2b</b> <u>68677</u> |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>          | <b>b Total tax</b> (Form 1120-POL, line 22) .....                                | <b>3b</b> _____        |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>            | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....     | <b>4b</b> _____        |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>              | <b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....      | <b>5b</b> _____        |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **GALUSHA HIGGINS & GALUSHA, PC** to enter my PIN **06060**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**81050812345**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ **05/16/12**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**