Department of the Treasury

EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax er section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



A	For th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and		TUN 30, 2021	inspection
-	Check li		criding U		
	applicat	SIGHTS FOR HOPE ENDOWMENT		D Employer identif	ication number
	Add				
	- Nam				
4	Initia			23-21297	36
	Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	lemi			(610)433	8-6018
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	531,462.
	Amer	ALLENTOWN, PA 18103		H(a) Is this a group r	etum
L	Appli	F Name and address of principal officer. MARTIN LANG		for subordinate	
	pend	^{mg} 845 W. WYOMING ST, ALLENTOWN, PA 18103	3	H(b) Are all subordinates	
Ì.	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c			list. See instructions
		te: N/A		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	I Year		M State of legal domicile: PA
	art I	Summary	1 1 100		W Diale of regar domicie, & EX
	1	Briefly describe the organization's mission or most significant activities: SUPPO	רא הא	F OPERATION	
loe	1.	ACTIVITIES OF SIGHTS FOR HOPE.		E OFERATION	
nar	2	Check this box	od of more	then 25% of its not a	nosto
Governance	3			1.0	1
ŝ				3	8
o đ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
ties	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	•••••		0
Activities	6	Total number of volunteers (estimate if necessary)		6	0
Ac				7 <u>a</u>	0.
-	Ь	Net unrelated business taxable income from Form 990-T. Part I, line 11		7 b	0.
			-	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		4,546.	260,793.
		Program service revenue (Part VIII, line 2g)		0.	0.
lev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		83,372.	74,395.
<u>a</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		87,918.	335,188.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		215,000.	365,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,954.	21,084.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		216,954.	386,084.
0		Revenue less expenses. Subtract line 18 from line 12		-129,036.	-50,896.
CS C	15		Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	00	2,659,028.	3,266,843.
Bal	20			2,055,020.	0.
vel,	21	Total liabilities (Part X, line 26)	0.00201	2,659,028.	3,266,843.
Da	22 rt II	Net assets or fund balances. Subtract line 21 from line 20		2,039,020.	5,200,045.
	_	· ·	and statem	and to the heat of m	w knowledge and heliet it is
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
uue,	correc	t, and competite. Declaration of prepare (other than officer) is based on all information of white Manual Manua	ich preparer		122
		Signature of officer		2-2-20 Date	
Sigr	1			Date	
Her	е	MARTIN LANG, PRESIDENT	_		
		Type or print name and title		in the second	DTIN
		Print/Type preparer's name Preparer's signature	a	ate Check	PTIN
Paid			CPA 0	1/31/22 self-employ	
Prep	arer	Firm's name CAMPBELL RAPPOLD & YURASITS LLP		Firm's EIN 🕨	23-1386942
Use	Only	Firm's address 1033 S CEDAR CREST BLVD			
		ALLENTOWN, PA 18103-5443		Phone no. (6	10)435-7489
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	n 990 (2020) FOUNDATION 23-2129736 Pag rt III Statement of Program Service Accomplishments
0.54	Check if Schedule O contains a response or note to any line in this Part III
ł	Briefly describe the organization's mission:
	SUPPORT THE OPERATIONS AND ACTIVITIES OF SIGHTS FOR HOPE.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
а	(Code:) (Expenses \$ 365,000. including grants of \$ 365,000.) (Revenue \$) (Revenue \$
	PRIMENTS TO SIGHTS FOR HOPE TO SUPPORT OPERATIONS
_	
)	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	(code:) (Expenses 5) (Hevenue 5) (Hevenue 5)
8 8 3	
8 8 10	Other program services (Describe on Schedule O.)
	(Expenses S including grants of S) (Revenue S
j,	

	n 990 (2020) FOUNDATION 23-2129	736	F	age 3
Pa	Int IV Checklist of Required Schedules			
2			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.		1.0	÷
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

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For	n 990 (2020) FOUNDATION 23-212	9736	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
		·	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):		-1.104	- 10
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes, " complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	17
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
96	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
97	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
50			x	
Par		38	11	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	110
		5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
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	5			

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Form 990 (2020) FOUNDATION FOUNDATION

22			ř –	1
0.	Enterthe symbol of employees and do Example 7. The first state of the second state of	_	Yes	No
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			v
36 H	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
-70	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
ь	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
	If "Yes," enter the name of the foreign country			1.1
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_	18.0	v
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
		5b		•
c 6a		5c	_	-
Ua	greater than processing and and the organization bollot			x
ь	any contributions that were not tax deductible as charitable contributions?	6a	-	⊢
U	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	~		
7		6b		
' a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	-		x
b		7a	_	
	Did the organization notify the donor of the value of the goods or services provided?	7b	_	<u> </u>
U U		-		x
Ь	to file Form 8282?	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	1 - T.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	=		1.0
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b		. 1	15.5
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	- 1	1-5	
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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SIGHTS FOR HOPE ENDOWMENT FOUNDATION

Form 990 (2020)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

			Yes	Т
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	8		
	If there are material differences in voting rights among members of the governing body, or if the governing			5
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1	
b	Enter the number of voting members included on line 1a, above, who are independent 1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
-	officer director trustee, or key employee?			
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		-
5				
	of officers, directors, trustees, or key employees to a management company or other person?	. 3	<u> </u>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4	-	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		1
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		j
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Ī
	persons other than the governing body?	7ь		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		100	-
а	The governing body?	8a	x	
Ь	Each committee with authority to act on behalf of the governing body?		X	-
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			-
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
	ter Brit ended (mis occubit Brequests miormation about policies not required by the internal Revenue Code.)			ī
0.0	Did the organization have least short-to have been as a filled a C		Yes	
Ua	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	1
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			i
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Ī
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1
	in Schedule O how this was done	12c		
3	Did the organization have a written whistleblower policy?			1
4	Did the organization have a written document retention and destruction policy?	14		1
	Did the process for determining compensation of the following persons include a review and approval by independent			1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l
		10		
a 6	The organization's CEO, Executive Director, or top management official	15a		ł
	Other officers or key employees of the organization	15b		ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			I
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			I
	taxable entity during the year?	16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1 <u> </u>		l
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			4
ect				1
	List the states with which a copy of this Form 990 is required to be filed $lacksquare{PA}$		_	į
7		(3)s only) avai	1
7 i B i	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)	(3)s only) avai	
7	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply.	(3)s only) avai	
7 i 3 i	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply.			
7 i B : •	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Image: Check all that apply. Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and section for the sect			
7 B : 1 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year.			
7 B 	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
7 3 9 9 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website UD on request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright JOHN SHARKEY - 610-433-6018			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records		ncial	

FOUNDATION

Form 990 (2020)

23-2129736 Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax yea

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	. unle	Pos check	rson	n e than is bo or/tru:	th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TODD DONNELLY	2.00							0	0	
VICE PRESIDENT	2 00	X	_	X				0.	0.	0.
(2) GARY PAVE BOARD MEMBER	2.00	x						o.	0.	0.
(3) LOWELL HAWK	2.00	1	-		-			0.	••	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(4) MARTIN LANG	2.00					1				1
PRESIDENT		x		X				0.	0.	0.
(5) RICHARD GERHART JR.	2.00									
BOARD MEMBER		X			_			0.	0.	0.
(6) EDWARD VOGRINS	2.00									
BOARD MEMBER	2 00	X				_	_	0.	0.	0.
(7) TOM REILLY SECRETARY	2.00	x		x				ο.	0.	0
(8) JOHN SHARKEY	2.00	Δ		^				0.	U •	0.
TREASURER	2.00	x		x				0.	ο.	0.
	-									·
				÷ ÷						
•			_							
·					-					
		<u></u>								
				_						
032007 12-23-20		<u> </u>		_		_				Form 990 (2020)

8

032007 12-23-20

SIGHTS	FOR	HOPE	ENDOWMENT
FOUNDAT	CION		

23-	21	20	72	6	0 0
	Z I	47	15	0	Page 8

FOUNDATI					1.1.11	W		= .	23-21	29	736	Pag
Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week	(do box, offic	not c unle:	Posi heck i ss per id a di	C) ition more rson i	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	ikey empioyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orgar	n the nizatio related
		1) 1)=1										
			_				_			_		
			_	_							_	
			_		_					-		
		_	_	_		_				-		
			_		_	_	_	1		+		
										+		
										+		
1b Subtotal c Total from continuation sheets to Part V						000		0.).).		
d Total (add lines 1b and 1c) Total number of individuals (including but r								0.	().		
compensation from the organization		036	iiste			y wi						es
B Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-				-			• •		ſ	3	
For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportabl	e co	mpe	ensat	tion	and	l oth		the organization		4	
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corr	accrue comper	satio	on fr	rom	any	unre	elate	d organization or indivi	dual for services	-	5	
ection B. Independent Contractors Complete this table for your five highest cc							rs th	at received more than	\$100.000 of comp	ensa		
the organization. Report compensation for (A)											(C)	
Name and business	address	NO	NE				1	Description of s	ervices	Co	mpens	ation
					_							
2 Total number of independent contractors (i		ot lim	nited	l to t	-		ted a	above) who received m	ore than			
\$100,000 of compensation from the organi	zation 🕨				0				h	F	orm 99	0 (20

SIGHTS FOR HOPE ENDOWMENT Form 990 (2020) FOUNDAT
Part VIII Statement of Revenue FOUNDATION

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		Check if Schedule O contains a response or note to any lin	e in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1:	a Federated campaigns 1a b 1b c Fundraising events 1c				
ilar İlar	•	d Related organizations 1d	1.	1.111.111.11		
Sins,	1	e Government grants (contributions) 1e				1 1 1 1 1 m
utio	1	All other contributions, gifts, grants, and	100		14 10 10 10	· · · · · · · · · · · · · · · · · · ·
đ		similar amounts not included above 1f 260,793.				
non		Noncash contributions included in lines 1a-1f 1g 1 Total. Add lines 1a-1f	260,793.	a ta ang kal		
2	<u> </u>	Business Code	200,1951		Construction of	
ø	2 8					
e vio						
Se	(
ran eve	(i				
Program Service Revenue	6					
۵.	f	All other program service revenue				
-		Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and	56 219			56 210
	4	other similar amounts)	56,218.			56,218.
	5					
	ľ	Royalties (i) Real (ii) Personal			1000	
	6 a	Gross rents 6a				
		Less: rental expenses 6b	1.			
	1	Rental income or (loss) 6c				
1	c	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other	1.2			
	1	assets other than inventory 7a 214, 451.			Constant 1	
o	b	Less: cost or other basis			5 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
nu e		and sales expenses 76 196, 274.	1.1.1			
leve	c	Gain or (loss) 7c 18,177.	18,177.	18,177.	12111	
Other Revenue		Ret gain or (loss)	10,177.	10,177.	1 million 100	
ŧ	0 0	including \$ of			i i cara territ	
-		contributions reported on line 1c). See	1.1.1.1.1.1.1.1			
		Part IV, line 18				
	b	Less: direct expenses 8b	1997 - N			
		Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a	· · · · ·			
		Less: direct expenses 9b				
		Net income or (loss) from garning activities				
	10 a	Gross sales of inventory, less returns		1.00		
		and allowances 10a				
		Less: cost of goods sold 10b		10-02-14-00-0-14		
-	C	Net income or (loss) from sales of inventory Business Code				
Miscellaneous Revenue	11 a					на на селото на на П
ane Due	b					
evel:	c					
, ^{Ais}		All other revenue				
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions	335,188.	18,177.	0.	56,218.
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SIGHTS FOR HOPE ENDOWMENT FOUNDATION

Form 990 (2020)

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	Int IX Statement of Functional Expense				
Seci	tion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
_	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	365,000.	365,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				·).
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting				
ď	Lobbying				
e	Professional fundraising services. See Part IV, line 17	18,931.		18,931.	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	10,951.		10,951.	
g	column (A) amount, list line 11g expenses on Sch 0.)				
40					
12	Advertising and promotion				
13 14	Office expenses				
15	Information technology				
16	Royalties				
17	Occupancy				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,153.		2,153.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	1,100			
а					
b					
с					
d				1	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	386,084.	365,000.	21,084.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Check here 🕨

if following SOP 98-2 (ASC 958-720)

11 2020.05050 SIGHTS FOR HOPE ENDOWMENT F 46350-11

SIGHTS FOR HOPE ENDOWMENT FOUNDATION

Form 990 (2020)
Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, directo			
	trustee, key employee, creator or founder, substantial contributor, or 3	5%		
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as define			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)	3)	6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	2 706	9	1,871
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
Ь	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	2,656,322.	12	3,264,972
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,266,843
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 3	06	1 . A.	
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third	(((,	24	
	parties, and other liabilities not included on lines 17-24). Complete Part	×		
00			25	
26	of Schedule D Total liabilities. Add lines 17 through 25	0.	26	C
+	Organizations that follow FASB ASC 958, check here 🕨 🗴		20	
1	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	2,466,019.	27	3,073,834
28	Net assets with donor restrictions		28	193,009
20	Organizations that do not follow FASB ASC 958, check here	199,009.	20	155,005
1	and complete lines 29 through 33.			
29			20	
	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	3 366 043
32	Total net assets or fund balances	2,659,028.	32	3,266,843
33	Total liabilities and net assets/fund balances	2,659,028.	33	3,266,843 Form 990 (202

Form **990** (2020)

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SIGHTS	FOR	HOPE	ENDOWMENT
FOUNDAT	TON		

	n 990 (2020) FOUNDATION	23-2	2129736	Page 12
Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33!	5,188.
2	Total expenses (must equal Part IX, column (A), line 25)	2	386	5,084.
3	Revenue less expenses. Subtract line 2 from line 1	3	-50),896.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,659	9,028.
5	Net unrealized gains (losses) on investments	5	658	3,711.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,266	5,843.
Pa	rt XII Financial Statements and Reporting			x

	Sheck in Schedule C contains a response of note to any line in this Part All			LAJ
			Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		000	
	separate basis, consolidated basis, or both:	11.10		
	Separate basis Consolidated basis Both consolidated and separate basis	150		
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		= 1	S. 1. S.
	consolidated basis, or both:		- 1	
	Separate basis 🛛 Consolidated basis 💭 Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	-	Ĩ.	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ЗЬ		
		-	000	0000

Form 990 (2020)

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g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Is the organization isset in your overning document? (v) Amount of monetary support (see instructions) (vi) Amount of the support (see instructions) SIGHTS FOR HOPE 23-1352260 7 X 365,000.	SCHEDULE A						_		OMB No. 1545-0047
Operation of the second state o	(Form 990 or 990-EZ)	c							2020
Interaction Description Description Description Impercention Name of the organization SIGHTS FOR NOP EXDOW/MNY Employer identification num 23-2129736 Part I Reason for Public Charity Status. (All organizations must complete this part) does instructions. 1 A church, convention of churches, or association of churches described in section TOD() (MA(R)). 24-24 Status (MI (MI (MI charbs chore)) is a complete this part) does instruction of the section TOD (MA(R)). End to a private instruction of the section TOD (MA(R)). End to a comparisotion operated comparisotion operated in accident or accident on the section TOD (MA(R)). End to a comparisotion operated for the benefit of a college or university owned or operated by a governmental unit described in section TOD (MA(R)). End to a comparisotion operated for the benefit of a college or university owned or operated to regeneration operated to regeneration operated for the benefit of a college or university or anonanity must described in action. TOD (MA(R)). End to a college or university or anonanity must described in section. TOD (MA(R)). End to a college or university or anonanity must described in action. End to a college or university or anonanity must described in action. Tod (MA(R)). End to a college or university or anonanity must described in action. TOD (MA(R)). End to a college or university or anonanity must described in action. End to a college or university or anonanity must described in action. Top (MA(R)). End			49	47(a)(1) nonexempt ch	aritable t	rust.	I OF A SECTION		2020
Name of the organization SIGHTS Engloyed Identification num 23 - 2129736 Part1 Reason for Public Charify Status: (All regarizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For fine 1 through 12, check only one box). A church, convertion of churche.or association of churches or association of actuation 5000 (1/40). 2 A school described in section TODD(11/40). A school described in section TODD(11/40). 3 A hospital or a cooperative hospital service cagnization described in section TODD(11/40). Enter the hospital's name chy, and state. 5 An organization operated for the benefit of a collego or university owned or operated by a governmental unit described in section TODD(11/40). Enter the hospital's name chy, and state. 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section TOD(11/40,14). 7 An organization that normally receives a substantial part of its support from contributions, memberahi part college or university: 8 A community trust described in section TOD(1/40,14) operated in conjunction with a land grant college or university: 9 An organization that normally receives association of acturches causes acquired by the organization organization organization organization organization organization organization organization action tha support tho more than 33 (7% of its support more co		1					information		
Pert I Reason for Public Charity Status; (Mirganizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box). A church, convention of churches, or association of churches described in section T70b(11(A)(I)). 2 A school described in section T00b(11(A)(I)). A school described in section T70b(11(A)(I)). 3 A hospital or a cooperate of cognization described in section T70b(11(A)(I)). Enter the hospital's name edit, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section T70b(11(A)(I)). Enter the hospital's name edit, or local government or governmental unit described in section T70b(11(A)(I)). Enter the hospital's name edit, or local government or governmental unit described in section T70b(11(A)(I)). Enter the name of the organization text hormally receives aubstantial part of its support from a governmental unit described in section T70b(11(A)(I)). Enter the name, city, and state of the college or university: 10 An organization text hormally receives (I) more thm 33 1/3% of its support from contributions, membership fees, and gross needpts for a governmental unit described in section 500(Q)(I). 11 An organization equitation described in section T70b(11(A)(I)) for the name and unit or from the garant college or university: 10 An organization of particle describes in support from contributions, membership fees, and gross needpts for	Name of the organization				lone and	and latest	intermation.	Employe	
The organization is not a private foundation because it is (for lines 1 through 12, check only one box) A check convention of churches, or association of Aurohes described in section 170(b)(1)(A)(i). A check convention of churches, or association of Aurohes described in section 170(b)(1)(A)(ii). A check are such organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name ofly, and state: A congenization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). Enter the hospital's name ofly, and state: A congenization operated for the operated for the operated in according to a governmental unit described in section 170(b)(1)(A)(iv). A congenization operated for the operated in section 170(b)(1)(A)(v). A congenization that normally receives a substantial part of its support from a governmental unit of section 170(b)(1)(A)(v). A congenization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and greas receipts for activities related to its section 170(b)(1)(A)(v). (Complete Part II.) A congenization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and greas receipts for activities related to its section 170(b)(1)(A)(v). (Complete Part II.) A congenization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and greas receipts for activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from contributions, membership fees, and greas receipts for activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support for monthibutions, membership fees, and greas receipts for activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support of granization and an attributions (3), 1975 Se				CHO PHILOSE DELIGATION IN THE				2	23-2129736
1 A church, convention of churches, or association of churches discribed in section 170(b)(1)(A)(ii). 2 A shool described in section 170(b)(1)(A)(iii). 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). 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)(iv). (Complete Part II.) 7 An organization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) 9 An organization that normally receives (1) more than 33 1/3% of its support from continutures, membrasing less, and gross receipts for activities related to its warpof tartions, subject to cartial exceptions; and (2) no more than 33 1/3% of its support from granization after June 50, (197) 10 An organization organization described in section 509(a)(2). Section 509(a)(2). Complete Part II.) 11 An organization organization described in section 509(a)(3). Section 509(a)(3). 12 M organization dual described in section 509(a)(3). <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>ns.</td> <td></td>								ns.	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2		iction Act N	Notice see the Instr	uctions for Form 000 a	r 000.57	022001.01			

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SIGHTS FOR HOPE ENDOWMENT FOINDATION

	edule A (Form 990 or 990-EZ) 2020 F art II Support Schedule for	Organization	s Described in			nd 170(b)(1)(A)(v	
	(Complete only if you checke	ed the box on line (5, 7, or 8 of Part I	or if the organizati	on failed to qualify	under Part III. If the	e organization
-	fails to qualify under the test	s listed below, plea	ase complete Parl	: III.)			
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	The second second			
	by each person (other than a			1	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	The last	
	governmental unit or publicly	1. 1 A C.	2.111.11	14 T 1 1 1 1 1 1 1 1 1			
	supported organization) included	1,710 L	- 11 - 11 - 11		1,810,10,810		
	on line 1 that exceeds 2% of the		1. S.				
	amount shown on line 11,			10.20.000	1	h in ngratsi s	
	column (f)	a Transie		S of a long of the			
6	Public support. Subtract line 5 from line 4.					in the second second	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4					(-/	(1) · • · · · ·
8	Gross income from interest,			·			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					1.	
9	Net income from unrelated business						
	activities, whether or not the	1					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			_			
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (l	ine 6, column (f), d	livided by line 11.	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14				%
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies	•		•		,	
b	33 1/3% support test - 2019. If the o	rganization did no	t check a box on l	line 13 or 16a. and	line 15 is 33 1/39	6 or more, check th	is hox
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	t - 2020. If the ora	anization did not	check a hox on line	e 13, 16a or 16b	and line 14 is 10%	or more
	and if the organization meets the facts						
	meets the facts-and-circumstances te						
	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the facts-and-circu						
	Private foundation. If the organization						
<u> </u>	intereste realizations in the organization	and not check a		a, 100, 17a, 01 171	O, OHOUR LINE DOX (and see instructions	

Schedule A (Form 990 or 990-EZ) 2020

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SIGHTS FOR HOPE ENDOWMENT Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		1				1
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-				1,		
-	ization's benefit and either paid to						
	en europeide el con Station la la la						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				h		
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
See	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6			·			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_		<u> </u>					
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst second third	fourth or fifth tay	vear as a section	501(c)(3) organizati	ion
	characteristics is an end of an in the second				-		ып, ▶□
Sec	tion C. Computation of Publi		rcentage	****************************		******	
	Public support percentage for 2020 (li			column (ft)		15	%
	Public support percentage from 2019		The first of the second second second second			16	%
	tion D. Computation of Inves						70
	Investment income percentage for 20		The state of the second second second second	ne 13. column (fl)	en Maria Morra	17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						
ь	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
	3 01-25-21					edule A (Form 990) or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION

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(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Part IV | Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

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Pa	edule A (Form 990 or 990-EZ) 2020 FOUNDATION 2	3-212973	36 P	age 5
-	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	_	X
	A family member of a person described in line 11a above?	11b		X
c	A 35% controlled entity of a person described in line 11a or 11b above?/f "Yes" to line 11a, 11b, or 11c, provide			
Coc	detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			_
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ficers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	oorted		1
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	14 million (1997)		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		х
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		110	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			_
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	2		-
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1.11	100	
	supported organizations played in this regard.			
	ion E. Type III Functionally Integrated Supporting Organizations	3		_
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru			
1		lctions).		
	The organization satisfied the Activities Test. Complete line 2 below.			
а	The organization in the negative of each of the supervised supervised to a Complete Park Chatter		2220U	
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
a b c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	y (s ee instructio		No
a b c 2	The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entit Activities Test. Answer lines 2a and 2b below.	y (see instructio	Yes	
a b c 2 a	The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity. Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	y (see instructio	Tes	
a b c 2 a	The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entit</i> Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	y (see instructio	Tes	
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a b c 2 a b	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.		Tes	
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Schedule A (Form 990 or 990-EZ) 2020

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Part	le A (Form 990 or 990-EZ) 2020 FOUNDATION V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ		23-2129736 Pa
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	-4
Sectior	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
	ellection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
7 0	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aç	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a Av	rerage monthly value of securities	1a		
b Av	verage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
	otal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other factors			
(e)	plain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
	ibtract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
se	e instructions).	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	ultiply line 5 by 0.035.	6		
7 Re	coveries of prior-year distributions	7		
8 M	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount		1.8.6.	Current Year
1 Ac	justed net income for prior year (from Section A, line 8, column A)	1		
2 En	ter 0.85 of line 1.	2		
3 Mi	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 En	ter greater of line 2 or line 3.	4		
5 Inc	come tax imposed in prior year	5		
6 Di	stributable Amount. Subtract line 5 from line 4, unless subject to			
en	lergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 FOUNDATION

23-2129736 Page 7

_	tion D - Distributions	and any any or any org	anizations (contin	ued)	0
	A DESCRIPTION OF A DESC				Current Year
1 2	Amounts paid to supported organizations to accomplish exercise			1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
2	organizations, in excess of income from activity	sec . Second projection of the		2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets	200040000		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive	e		
-	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount	1		10	
ection E - Distribution Allocations (see instructions) (i) (ii) Underdistribution Pre-2020			ns	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			1	ц17 ¹¹ т 1, т т т
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020			2.10	
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				- Style State
_	Applied to underdistributions of prior years				
-	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
i.	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			-	
ŀ	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount			-	
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if			-	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2021. Add lines 3j			-	
	and 4c.				
-	Breakdown of line 7:				The second
-	Excess from 2016			-	
_	Excess from 2017				
_	Excess from 2018				
	Excess from 2019				
_	Excess from 2020				
<i>a</i>					

Schedule A (Form 990 or 990-EZ) 2020

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SIGHTS FOR HOPE ENDOWMENT Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION

2	3-	2	1	2	9	7	3	6	Page 8

 Part VI
 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

32028 01-25-21	2020.05050	21	Schedule A (Form 990 or 990-EZ)

	n 990) ment of the Treasury Revenue Service	Part IV, line	ete if the organization answered ¹ 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, ▶ Attach to Form 990. a.gov/Form990 for instructions ar	11e, 11f, 12a, or 12	2Ь.		2U Open 1 Inspec	to Public
	e of the organizati	on SIGHTS FOR H	IOPE ENDOWMENT	iu the latest illorn		Employer	identificati	ion numb
Par		FOUNDATION	or Advised Eurode or Othe	- Cincilan Frond			3-2129	
Fdi	THE OWNER AND A DESCRIPTION OF A DESCRIP	n answered "Yes" on Form 99	or Advised Funds or Othe	r Similar Funds	S OF AC	counts.	Complete if	the
	organizatio	Tanawered Tes off off as	(a) Donor advi	ised funds	(b)	Funds and	other acco	ounts
1	Total number at er	nd of year						
2		f contributions to (during year						
3		f grants from (during year)						
4		end of year						
5	Did the organizatio	n inform all donors and dono	r advisors in writing that the assets	held in donor advis	sed funds	5		
	are the organizatio	n's property, subject to the o	rganization's exclusive legal contro	N?			🔲 Yes	
6	Did the organizatio	n inform all grantees, donors,	and donor advisors in writing that	grant funds can be	used on	ly		
			f the donor or donor advisor, or for					
	impermissible priva	te benefit?					Yes	
Par	0.22 0.00 52	(5) 1. 12 Solve 1. 13 Solve	lete if the organization answered ""		Part IV, li	ne 7.		
1			he organization (check all that appl	ly).				
	1 A second se		mple, recreation or education)	Preservation of		A STATE OF A		ea
	<u> </u>	natural habitat	L	Preservation of	a certifie	ed historic s	tructure	
~		of open space				3		
			held a qualified conservation cont	ribution in the form	of a cons			
	day of the tax year				-		t the End of	the lax y
b	Total number of co	icted by conservation easeme				2a		
						2b		
		ation concorrects on a cortific	d bistoria atructura included in (a)					
			d historic structure included in (a)			2c		
d 3	Number of conserv listed in the Nation Number of conserv	ation easements included in al Register	d historic structure included in (a) (c) acquired after 7/25/06, and not ansferred, released, extinguished, o	on a historic struct	ure	2d	g the tax	
d 3 4 5	Number of conserv listed in the Nation Number of conserv year Number of states v Does the organizat violations, and enfo	ation easements included in a la Register	(c) acquired after 7/25/06, and not	on a historic struct	ure e organizi	2d ation during	Yes	
d 3 4 5 6 7	Number of conserv listed in the Nation Number of conserv year Number of states v Does the organizat violations, and enfo Staff and volunteer Amount of expense	ation easements included in a al Register	(c) acquired after 7/25/06, and not ansferred, released, extinguished, o servation easement is located ► rding the periodic monitoring, inspe easements it holds?	on a historic struct or terminated by the ection, handling of and enforcing cons	ure e organiza servation	2d ation during [easements	Yes s during the	e year
d 3 4 5 6	Number of conserv listed in the Nation Number of conserv year Number of states v Does the organizat violations, and enfo Staff and volunteer Amount of expense \$	ation easements included in a al Register ation easements modified, tra- where property subject to con ion have a written policy rega procement of the conservation hours devoted to monitoring is incurred in monitoring, insp	(c) acquired after 7/25/06, and not ansferred, released, extinguished, o servation easement is located ▶ rding the periodic monitoring, inspe easements it holds? , inspecting, handling of violations, and	on a historic struct or terminated by the ection, handling of , and enforcing conserva	ure	2d ation during easements ements duri	Yes s during the	e year
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d 3 4 5 6 7 8	Number of conserv listed in the Nation Number of conserv year > Number of states v Does the organizat violations, and enfo Staff and volunteer Amount of expense > \$ Does each conserv and section 170(h)(ation easements included in a al Register ation easements modified, tra where property subject to con- ion have a written policy rega procement of the conservation hours devoted to monitoring ation easement reported on li 4)(B)(ii)?	(c) acquired after 7/25/06, and not ansferred, released, extinguished, o servation easement is located ► rding the periodic monitoring, inspe easements it holds? , inspecting, handling of violations, and mecting, handling of violations, and ine 2(d) above satisfy the requirement	on a historic struct or terminated by the ection, handling of and enforcing conserva enforcing conserva ents of section 170	ure	2d ation during easements ements duri	Yes s during the	e year
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d 3 4 5 7 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8	Number of conserv listed in the Nation Number of conserv year Number of states v Does the organizat violations, and enfo Staff and volunteer Mount of expense S Does each conserv and section 170(h)(In Part XIII, describ balance sheet, and organization's accor Complete if f the organization e of art, historical treas service, provide in F f the organization e art, historical treas provide the followin i) Revenue includer f the organization r he following amount	ation easements included in a al Register ation easements modified, tra where property subject to con- ion have a written policy rega- procement of the conservation hours devoted to monitoring es incurred in monitoring, insp ation easement reported on li- 4)(B)(ii)? e how the organization report include, if applicable, the tex- unting for conservation easer tions Maintaining Collec- the organization answered "Y elected, as permitted under F/ asures, or other similar assets Part XIII the text of the footnor elected, as permitted under F/ res, or other similar assets he g amounts relating to these it ed on Form 990, Part VIII, line d in Form 990, Part X eceived or held works of art, f ats required to be reported un	(c) acquired after 7/25/06, and not ansferred, released, extinguished, of servation easement is located ▶ rding the periodic monitoring, inspe- easements it holds? , inspecting, handling of violations, and ine 2(d) above satisfy the requirement is conservation easements in its re- t of the footnote to the organization ments. Ections of Art, Historical T es" on Form 990, Part IV, line 8. ASB ASC 958, not to report in its re- held for public exhibition, education te to its financial statements that d ASB ASC 958, to report in its rever- eld for public exhibition, education, ems: a 1 	on a historic structure or terminated by the ection, handling of and enforcing conserva enforcing conserva ents of section 1700 venue and expense n's financial statement reasures, or O evenue statement and to on, or research in furth describes these item nue statement and to or research in furth or research in furth r assets for financial se items:	ure georganizi e organizi servation ation ease (h)(4)(B)(i e stateme ents that ther Si and balan urtheranc ns. balance s herance c	2d ation during ation during (e easements ements duri) [ent and describes milar Ass milar Ass ace sheet works of public ser sheet works of public ser \$ \$ \$ ovide	Yes s during the ng the year Yes the sets.	e year
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SIGHTS	FOR	HOPE	ENDOWMENT
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Pa	edule D (Form 990) 2020 FOUNDAT	TON				23-21	2973	o Pa	ge
	rt III Organizations Maintaining (Collections of Ar	t, Historical Tre	asures, or Oth	ner Sim	ilar Asse	ts(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the f	ollowing that make	significar	nt use of its	5		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exch	ange program					
b	Scholarly research	е	Other						
С	Preservation for future generations		-						
4	Provide a description of the organization's c	ollections and explair	how they further th	e organization's ex	empt pur	pose in Pa	t XIII.		
5	During the year, did the organization solicit	or receive donations of	of art, historical treas	ures, or other simil	ar assets				
_	to be sold to raise funds rather than to be m	aintained as part of t	he organization's col	lection?		C	Yes		N
Pa	rt IV Escrow and Custodial Arran	gements. Comple	te if the organization	answered "Yes" o	n Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custoo		•				٦	v	
	on Form 990, Part X?						Yes	X	N
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						_
							Amoun	t	
c	Beginning balance				<u>1</u> c			_	_
d	Additions during the year				1d			_	_
	U U U								_
f	Ending balance				[1f	L			_
	Did the organization include an amount on F						Yes		N
	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been p	provided on Part XI	II				ļ
Pa	rt V Endowment Funds. Complete				1		1	1040.00	_
		(a) Current year		(c) Two years back					_
	Beginning of year balance	2,659,028.	2,883,785.	3,044,287.		043,918.	2	,249,0	_
b	Contributions	260,792.	4,546.	21,415.		126,396.		811,	75
	Net investment earnings, gains, and losses	714,175.	-12,349	105,191.		145,663.		195,1	_
d	Grants or scholarships	365,000.	215,000.	285,000.		270,000.		200,0	00
е	Other expenditures for facilities								
	and programs							10,0	00
f	Administrative evenence	2,153.	1,954.	2,108.		1,690.		2,5	57
	Administrative expenses	_,							
	End of year balance	3,266,842.	2,659,028.	2,883,785.	3,	044,287.	3	043,9	91
		3,266,842.			3,	044,287.	3	043,9	91
g 2	End of year balance	3,266,842.			З,	044,287.	3,	043,9	91
9 2 a	End of year balance Provide the estimated percentage of the cur	3 , 266 , 842 . rent year end balance	e (line 1g, column (a))		3,	044,287.	3	043,9	91
g 2 a b	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment ► Permanent endowment ► 5.9000	3,266,842. rent year end balance 94.1000	e (line 1g, column (a))		3,	044,287.	3,	043,9	91
g 2 a b	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment ► Permanent endowment ► 5.9000	3,266,842. rent year end balance 94.1000 % %	e (line 1g, column (a))		3,	044,287.	3,	043,9	91
g 2 a b c	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment 5.9000 Term endowment	3,266,842. rent year end balance 94.1000 % % uid equal 100%.) (line 1g, column (a)) %) held as:			3,	043,9	91
g 2 a b c	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment ► Permanent endowment ► 5.9000 Term endowment ► The percentages on lines 2a, 2b, and 2c sho	3,266,842. rent year end balance 94.1000 % % uid equal 100%.) (line 1g, column (a)) %) held as:					
g 2 a b c	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Tem endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses by:	3,266,842. rent year end balance 94.1000 % wild equal 100%. ssion of the organiza	(line 1g, column (a)) %) held as: d administered for			[
g 2 a b c	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by: (i) Unrelated organizations	3,266,842. rent year end balance 94.1000 % uid equal 100%. ssion of the organiza	(line 1g, column (a)) %) held as: d administered for	the organ	ization	3a(i)		N
9 2 b c 3a	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment 	3,266,842. rent year end balance 94.1000 % % uld equal 100%. ssion of the organiza	(line 1g, column (a)) %) held as: d administered for	the organ	ization	3a(i) 3a(ii)		N
9 2 b c 3a	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment ▶ Permanent endowment ▶ 5.9000 Term endowment ▶ The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations	3,266,842. rent year end balance 94.1000 % uld equal 100%. ssion of the organiza tions listed as require	tion that are held an) held as: d administered for	the organ	ization	3a(i) 3a(ii)		N
9 2 b c 3a 4	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment 	3,266,842. rent year end balance 94.1000 % wild equal 100%. ssion of the organiza tions listed as require organization's endow	tion that are held an) held as: d administered for	the organ	ization	3a(i) 3a(ii)		N
9 2 b c 3a 4	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment ▶ Permanent endowment ▶ 5.9000 Term endowment ▶ The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(iii), are the related organizations If "	3,266,842. rent year end balance 94.1000 % wild equal 100%. ssion of the organization of the organiza	e (line 1g, column (a)) % tion that are held an ed on Schedule R? vment funds.) held as:	the organ	ization	3a(i) 3a(ii)		N
9 2 b c 3a 4	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment ► Permanent endowment ► 5.9000 Term endowment ► 5.9000 Term endowment ► The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(ii), are the related organizations Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm Complete if the organization answered	3,266,842. rent year end balance 94.1000 % wild equal 100%. ssion of the organization is required organization is endow tions listed as required organization is endow tent. d "Yes" on Form 990,	e (line 1g, column (a)) % tion that are held an ed on Schedule R? wment funds. Part IV, line 11a. Se	held as: d administered for e Form 990, Part X	the organ	ization	3a(i) 3a(ii) 3b	Yes	2
9 2 b c 3a 4	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment ▶ Permanent endowment ▶ 5.9000 Term endowment ▶ The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(iii), are the related organizations If "	3,266,842. rent year end balance 94.1000 % wild equal 100%. ssion of the organization of the organiza	e (line 1g, column (a)) % tion that are held an ed on Schedule R? wment funds. Part IV, line 11a. Se her (b) Cost o	held as: d administered for <u>e Form 990, Part X</u> r other (c) <i>A</i>	the organ		3a(i) 3a(ii)	Yes	2
g 2 b c 3a b 4 Par	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment ▶ Permanent endowment ▶ 5.9000 Tem endowment ▶ The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm Complete if the organization answered Description of property	3,266,842. rent year end balance 94.1000 % wild equal 100%. ssion of the organization tions listed as require organization's endow ent. d "Yes" on Form 990, (a) Cost or oth basis (investm	e (line 1g, column (a)) % tion that are held an ed on Schedule R? wment funds. Part IV, line 11a. Se her (b) Cost o	held as: d administered for <u>e Form 990, Part X</u> r other (c) <i>A</i>	the organ		3a(i) 3a(ii) 3b	Yes	2
g 2 b c 3a b 4 Par	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment ▶ Permanent endowment ▶	3,266,842. rent year end balance 94.1000 % wild equal 100%. ission of the organization ission of the organiz	e (line 1g, column (a)) % tion that are held an ed on Schedule R? wment funds. Part IV, line 11a. Se her (b) Cost o	held as: d administered for <u>e Form 990, Part X</u> r other (c) <i>A</i>	the organ		3a(i) 3a(ii) 3b	Yes	2
9 2 b 3 3 4 Par 1a b	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment ▶ Permanent endowment ▶	3,266,842. rent year end balance 94.1000 % uid equal 100%. ission of the organization's endow ission of the organization's endow ission of the organization's endow ission of Form 990, (a) Cost or oth basis (investm	e (line 1g, column (a)) % tion that are held an ed on Schedule R? wment funds. Part IV, line 11a. Se her (b) Cost o	held as: d administered for <u>e Form 990, Part X</u> r other (c) <i>A</i>	the organ		3a(i) 3a(ii) 3b	Yes	2
g 2 b c 3a b 4 Par 1a b c	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment ▶ Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse by: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizat Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm Complete if the organization answered Description of property Land Buildings Leasehold improvements	3,266,842. rent year end balance 94.1000 % uld equal 100%. ssion of the organiza tions listed as require organization's endow tent. d "Yes" on Form 990, (a) Cost or oth basis (investm	e (line 1g, column (a)) % tion that are held an ed on Schedule R? wment funds. Part IV, line 11a. Se her (b) Cost o	held as: d administered for <u>e Form 990, Part X</u> r other (c) <i>A</i>	the organ		3a(i) 3a(ii) 3b	Yes	N X X
g 2 b 3 3 a b 4 Par 1 a b c d	End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment ▶ Permanent endowment ▶	3,266,842. rent year end balance 94.1000 % uld equal 100%. ission of the organiza tions listed as require organization's endow rent. d "Yes" on Form 990, (a) Cost or oth basis (investm	e (line 1g, column (a)) % tion that are held an ed on Schedule R? wment funds. Part IV, line 11a. Se her (b) Cost o	held as: d administered for <u>e Form 990, Part X</u> r other (c) <i>A</i>	the organ		3a(i) 3a(ii) 3b	Yes	N

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SIGHTS	FOR	HOPE	ENDOWMENT
FOUNDAT	TON		

23-2129736 Page 3

Part	ule D (Form 990) 2020 FOUND	ATION			23-2129736 Page
	VII Investments - Other Secu	urities.			
	Complete if the organization answ	vered "Yes" o	on Form 990, Part IV, line 1	11b. See Form 990, Part X,	line 12.
(a) D	escription of security or category (including nam	ne of security)	(b) Book value		n: Cost or end-of-year market value
1) Fir	nancial derivatives				
	selv held equity interacts	201200022000000000000			
3) Ot					
(A)	CASH HELD FOR INVES	TMENT	240,500.	END-OF-VEAR	MARKET VALUE
(B)	MUTUAL FUNDS		3,024,472.	END-OF-YEAR	
	HOTOHA TONDO		5,024,472.	BND OF IBAK	MARKET VALUE
(C)					
(D)					
(E)					
(F)					
(G)					
(H)			0.064.000		
	Col. (b) must equal Form 990, Part X, col. (B)		3,264,972.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part	VIII Investments - Program R				
	Complete if the organization answ	/ered "Yes" o	n Form 990, Part IV, line 1	1c. See Form 990, Part X,	line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
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081					
(8)					
(9)	Col. (b) must agual Form 000. Dart V. col. (B)	line 12 V		_	
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B)	line 13.) ►			
(9)	IX Other Assets.				
(9) otal. (rered "Yes" o		1d. See Form 990, Part X,	
(9) otal. (Part	IX Other Assets.	rered "Yes" o	n Form 990, Part IV, line 1 escription	1d. See Form 990, Part X,	line 15. (b) Book value
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Schedule D (Form 990) 2020

032053 12-01-20

SIGHTS FOR HOPE ENDOWMENT FOUNDATION

23-2129736 Page 4

Pa	TXI Reconciliation of Revenue per Audited Financial Staten		h Revenue per H	leturn.	
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			847,468.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:				047,400.
2		l a l	658,711.	_	
a	Net unrealized gains (losses) on investments	2a	030,711.		
D	Donated services and use of facilities	2b		651	
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			650 711
е	Add lines 2a through 2d			2e	658,711.
3	Subtract line 2e from line 1			3	188,757.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	31 333	40.001		
а	Investment expenses not included on Form 990, Part VIII, line 7b		18,931.		
b	Other (Describe in Part XIII.)	4b	127,500.		
С	Add lines 4a and 4b			4c	146,431.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	335,188.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		th Expenses per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	2,153.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	a a:			
а	Donated services and use of facilities	2a			
ь	Prior year adjustments	2b			
C	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,153.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	18,931.	(1 ± 1)	
b	Other (Describe in Part XIII.)	C-2	365,000.	1.11.11	
С	Add lines 4a and 4b	A14 18		4c	383,931.
E	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	386,084.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 a and 4; Part IV, lines 1 b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

Schedule D (Form 990) 2020

TO SUPPORT THE OPERATIONS OF SIGHTS FOR HOPE.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE

CODE 501(C)(3).

THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE

DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON

A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT

GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFITS FROM AN

UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY-THAN-NOT THAT THE TAX

POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON 032054 12-01-20 Schedule D (Form 990) 2020

10500131 781244 46350-1

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2020.05050 SIGHTS FOR HOPE ENDOWMENT F 46350-11

10500131 781244 46350-1

30 2020.05050 SIGHTS FOR HOPE ENDOWMENT F 46350-11

032055 12-01-20

SERVICE.

PART XI, LINE 4B - OTHER ADJUSTMENTS: CONTRIBUTIONS FROM SIGHTS FOR HOPE 127,500. PART XII, LINE 4B - OTHER ADJUSTMENTS: GRANTS TO SIGHTS FOR HOPE 365,000. Schedule D (Form 990) 2020

YEAR 2021. THE ORGANIZATION FILES ITS 990 WITH THE UNITED STATES INTERNAL REVENUE

THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION

ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL

THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). \mathbf{THE}

THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE

TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION

SIGHTS FOR HOPE ENDOWMENT FOUNDATION Schedule D (Form 990) 2020 Part XIII | Supplemental Information (continued)

BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2019.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	Grants and Ot overnments, a lete if the organization Go to www.	nd Individua	ls in the Uni " on Form 990, Pa m 990.	ited States rt IV, line 21 or 22.		OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization	SIGHTS FC	and the second second second						Employer identification number 23-2129736
Part I General Info	ermation on Grants a							25 2127750
criteria used to awa 2 Describe in Part IV Part II Grants and 0	ard the grants or assi the organization's pro Other Assistance to	stance? ocedures for mon Domestic Organ	itoring the use of gran izations and Domest	t funds in the Unite	d States. Complete if the orga		ssistance, and the selection of the sele	Yes X No
1 (a) Name and addr or gover	ress of organization	(b) EIN	n be duplicated if add (c) IRC section (if applicable)	(d) Amount of cash grant	ded. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SIGHTS FOR HOPE 845 WYOMING STREET ALLENTOWN, PA 18103	3	23-1352260	501(C) 3	365,000.	0.			SUPFORT THE OPERATIONS OF THE ORGANIZATION
2 Enter total number 3 Enter total number	of section 501(c)(3) a	nd government or	ganizations listed in ti	ne line 1 table				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

032101 11-02-20

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Grants and Other Assistance to Domestic In Part III can be duplicated if additional space is	dividuals. Complete if the needed.	organization ansv	vered "Yes" on Form!	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
V Supplemental Information. Provide the information	Nos ma lindia Dati Lia	O Ded III and on	- Coloradora - Marca	a - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Toppenental mornation. Provide the morna	allon required in Part 1, inte	a z, Part III, colum	n (o), and any other a	dobonal information.	

032102 11-02-20

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Schedule I (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



Employer identification number 23 - 2129736

OMB No. 1545-0047

2020

Open to Public

Inspection

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED AND APPROVED BY THE OFFICERS BEFORE FILING.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AND 990 AVAILABLE FOR PUBLIC

INSPECTION UPON REQUEST AND THE 990 IS LISTED ON GUIDESTAR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) 2020

Department of the Treasury Internat Revenue Service	36, or 37.	or 37.					
Name of the organization SIGHTS FOR FOUNDATION	HOPE ENDOWMENT				Employer identi 23-2129		umber
Part I Identification of Disregarded Entities. Co	mplete if the organization answered "Ye	s" on Form 990, Part IV, line 3	33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state foreign country)	(d) or Total inco	(e) Anne End-of-year		(f) controllin entity	9
Part II Identification of Related Tax-Exempt Org	anizations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34, I	because it had one	or more related tax-ea	kempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	g Section 512(b); controlled entity?	
SIGHTS FOR HOPE - 23-1352260	BLINDNESS/REHABILITATION			501(c)(3))		Yes	No
845 WYOMING STREET ALLENTOWN, PA 18103	SERVICES FOR BLIND AND VISUALLY IMPAIRED	PENNSYLVANIA	501(C)(3)	170(B)(1) (A)(VI) 8	i/A		x
For Paperwork Reduction Act Notice, see the Instru	ctions for Form 990.				Schedule F	(Form 9) 2020

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SIGHTS FOR HOPE ENDOWMENT FOUNDATION

Schedule R (Form 990) 2020

23-2129736 Page 2 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)		(e)		(f)	(g)		()	n)	(i)		(j)	1 ((k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomi (related excluded f	nant income , unrelated, rom tax under s 512-514)	Share	e of total come	Share end of y asset	year ts	alloca		Code V-U amount in 1 20 of Scheo	BI box dule	General managir partner	own	ership
	-	counity)		section	\$ 312-314)					Yes	No	K-1 (Form 1)	065)	Yes N	<u> </u>	
	-															
	-									_				_	-	
Part IV Identification of Related Or organizations treated as a co	ganizations Taxable a propration or trust during	as a Corpo	ration or Trust. Co /ear.	omplete if t	he organizati	ion ansv	vered "Yes	" on Form	990, Pa	rt IV, I	line 34	4, because it f	had or	ne or i	nore re	lated
(a) Name, address, and B of related organizatio	EIN	Prima	(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Direct cont entity		(e) Type of (C corp, S or tru	entity S Scorp,	(f) Share of Incom			(g) Share of end-of-year assets	Perc	(h) entag iership	cont	iily?
									_						Yes	No
											_					

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Schedule R (Form 990) 2020

Sche	SIGHTS FOR HOPE ENDOWMENT edule R (Form 990) 2020 FOUNDATION		-	23-212	9736	1	Page 3	
Par	tV Transactions With Related Organizations. Complete if the organization a	nswered "Yes" on For	m 990, Part IV, line 34, 35b, or	36.				
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	No	
1	During the tax year, did the organization engage in any of the following transaction	ons with one or more	related organizations listed in I	Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled ent	tity	_		1a		X	
b	Gift, grant, or capital contribution to related organization(s)				1b	X		
c	Gift, grant, or capital contribution from related organization(s)	0100011			1c	X		
d	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)				1e		X	
							x	
	Dividends from related organization(s)				1f	-	X	
9 b	Sale of assets to related organization(s)				1g 1h		X	
	h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)							
i	Lease of facilities, equipment, or other assets to related organization(s)				1i 1i	_	X	
•					. 1. 7			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х	
1	Performance of services or membership or fundraising solicitations for related or	ganization(s)			1		X	
т	Performance of services or membership or fundraising solicitations by related or	ganization(s)			Im		X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ation(s)			10		X	
0							X	
_	Dein-burnen ed erid te wiet diese siterite (1) f						v	
p	Reimbursement paid to related organization(s) for expenses				1p		X	
ч	Reimbursement paid by related organization(s) for expenses				19		<u> </u>	
r	Other transfer of cash or property to related organization(s)				tr	-	х	
s	Other transfer of cash or property from related organization(s)				15		X	
2	If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	his line, including covered rela	tionships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved			
(1) S	IGHTS FOR HOPE	В	365,000.CA	SH				
(2) S	IGHTS FOR HOPE	с	127,500.CA	SH				

R HOPE	C	127,500.CASH

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(5)

<u>(3)</u> (4)

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Schedule R (Form 990) 2020

SIGHTS FOR HOPE ENDOWMENT Schedule R (Form 990) 2020 FOUNDATION

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Ata)	(f)	(g)	(h)	(i)	Ű		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a	a) 1 500.	Share of	Share of	Oisp bo	appr-		Gener	al or	Percentage ownership
of entity)	(state or foreign country)	excluded from tax under	Drgs.	39	total	end-of-year	Moca	tions?	of Schedule K-1	partr		ownership
		country	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
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Schedule R (Form 990) 2020

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Provide additional information for responses to guestions on Schedule R. See instructions.	are vii	Supplemental Info						
		Provide additional infor	mation for respons	ses to questions on	Schedule R. See	e instructions.		
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