Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

ection 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private founda	
 ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. 	W.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.	

Open to Public Inspection

A	For the 2	016 calendar year, or tax year beginning September 1, 2016, and en	ding Auq	ust 31	, 20 17					
В	Check if a	oplicable: C Name of organization Treasure House of Hope		D Employ	er identification nu	mber				
	Address c				45-3172407					
	Name cha	Number and street (or P O box if mail is not delivered to street address) Room	/suite	E Telepho	ne number					
	Initial retur	· ·			303-363-6387					
	Final return		303-303-0387							
$\overline{\Box}$	Amended			G Gross re	eceints \$	195840				
$\overline{\Box}$		pending F Name and address of principal officer. Angelia Anderson	Wa) In this a		subordinates? Yes	No No				
_	, фриосио	1724 Lansing St. Aurora, CO 80010	1	-	s included? Yes	=				
$\overline{}$	Tax-exem				a list (see instruction					
<u>; </u>	Website:			exemption	•	,				
K		ganization: Corporation ☐ Trust ☐ Association ☐ Other ►			of legal domicile					
_	art I	Summary	mation 2008	M State	or legar domicile	<u>co</u>				
a)		Briefly describe the organization's mission or most significant activities: To p				ion				
र् Activities & Governance	i ii	nrough housing for one year as well as career development, counseling, life skill	s and supportiv	e service	S					
Ē	0 7	Neal the bay N T State and the design of the state of the		050/ /						
ove.		Check this box \blacktriangleright if the organization discontinued its operations or dispose	a or more than	1 1	its net assets.					
Ğ	1	lumber of voting members of the governing body (Part VI, line 1a)		3		6				
80	1	lumber of independent voting members of the governing body (Part VI, line 1	b)	4						
ıti.	1	otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5		1				
ःई	1	otal number of volunteers (estimate if necessary)		6		40				
.; ∢		otal unrelated business revenue from Part VIII, column (C), line 12		7a						
<u>. </u>	b N	let unrelated business taxable income from Form 490. Thine 34		7b						
<u></u>	Î	a lecentral and the contract of the contract o	Prior Ye	ear	Current Ye	ar				
Ç Q	8 0	Contributions and grants (Part VIII, line h)		142315		77100				
Revenue		Program service revenue (Part VIII, line 2g)								
~~~	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-							
Œ	i	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1/16		107142		118740				
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		249457		195840				
: <del></del>	1	irants and similar amounts paid (Part IX, column (A) dines 1-3)		243407		100010				
Ę,		senefits paid to or for members (Part IX, column (A), line 4)				,				
ر. د	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b></b>	5600	•					
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)		3000		6573				
Sen	b 7	otal fundraising expenses (Part IX, column (D), line 25) ▶	70 The State of th		Carried March 1975	- 1 + 4PF				
ă	17 0	Ottal full diasting expenses (Part 17), Column (D), line 23)	Personal Company		<u> </u>	<u>,                                    </u>				
	,	· · · · · · · · · · · · · · · · · · ·	<u> </u>	222109		187694				
	1	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		227709		194267				
- 60	19 1	tevenue less expenses. Subtract line 18 from line 12	Basissas at O	21748	F-1-17-	<u>1573</u>				
is or		Children in (D. 1941).	Beginning of Cu		End of Yea					
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		199468		199107				
돌	21 T	otal liabilities (Part X, line 26)		117637		117175				
		let assets or fund balances. Subtract line 21 from line 20		81831		81932				
	art II	Signature Block								
		es of perjury, I declare that I have examined this return, including accompanying schedules and stand and complete Declaration of preparer (other than officer) is based on all information of which preparation			ny knowledge and	belief, it is				
	- T	and complete because of prepare (orner than onice) is based on an information of which prepare	arer rias arry know	<del> </del>	2 - 2					
e:.		Shell Hay		<del>'/ /</del>	2018					
Sig			Da	rue						
He	re	Shelly Hough Treasurer								
		Type or print name and title			····					
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check [	of PTIN					
	eparer			self-emp	oloyed					
	e Only	Firm's name ▶	Firm	n's EIN ▶	<del>-</del>					
		Firm's address ▶	Pho	ne no						
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions)			· · Yes	No				
For	Paperwo	rk Reduction Act Notice, see the separate instructions.	t. No. 11282Y		1 Form 9	90 (2016)				
					111 ~~!					

Part	0 (2016)	of Drogram Camil	ce Accomplishments	<del></del>	Page 2
rait			ce Accomplishments a response or note to any line in this Pa	net III	
1	Briefly describe t	he organization's mis	ssion:	artiii	· · · · · · · ·
•	•	•	storation through housing for one year as v	vell as career develonment, co	unselina life skills
	and supportive se		g ,	ten as career development, co	disching, the skins
2	Did the expenient				
2			gnificant program services during the ye		
		these new services			· Yes INo
3			ting, or make significant changes in h	ow it conducts, any progra	am
	services?				· Yes Vo
	If "Yes," describe	these changes on S	schedule O.		
4	Describe the organization expenses. Section	anization's program on 501(c)(3) and 501(	service accomplishments for each of its c)(4) organizations are required to report	three largest program service the amount of grants and a	ces, as measured by allocations to others
	the total expense	es, and revenue, if an	y, for each program service reported.		
4a	(Code: Housing	) (Expenses \$	194267 including grants of \$	) (Revenue \$	195840)
			•••		
		•			
					*****
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	·····
	(0000		g gramo o, w	) (November 4	'
				***************************************	~
	***************************************				
			•	•••••	
	**		······································		
	*				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
		•	· <del></del>		

4d Other program services (Describe in Schedule 0.)
(Expenses \$ including grants of \$
4e Total program service expenses ▶

194267

) (Revenue \$

**Checklist of Required Schedules** 

Part-IV-

OMABOGI

			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	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		✓_
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
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	<b>√</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		1
	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		1
	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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		1
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		1
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	·	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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	1	
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		1
			000	

Part	V Checklist of Required Schedules (continued)			
•			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	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		1
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		1
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	✓	
24a	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			١,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			,
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<b>√</b>
25a	Section 501(c)(3), 501(c)(4), and 501 (c)(29) organizations. Did the organization engage in an excess benefit	240		<b>-</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u> </u>
	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	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			,
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-21		<b>-</b>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	•		
	Schedule L, Part IV	28b		<b>✓</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		✓
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	]		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		✓
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		
	, p. 1	j	₩	

Fart				_
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	<u> </u>	<u>,                                    </u>
4		$\longrightarrow$	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	<b>↓</b>		ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			- <u>-</u> -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		✓
20				
b	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	7	
J	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	<b>-</b>	<u> </u>
3a	Did the annual to be a first t	3a		1
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			<del></del>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ĺ
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	$\neg$	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
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		<b>✓</b>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>√</b>
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		✓
10	· · · · · · · · · · · · · · · · · · ·			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:	1		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them )	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ъ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120	$\dashv$	
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		<b></b>
-	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		ļ	
	the organization is licensed to issue qualified health plans		1	
C	Enter the amount of reserves on hand		1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in School to O	14h		<u> </u>

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
Socti	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · </u>	•	<u>.                                    </u>
Secti	on A. Governing Body and Management	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a		163	140
10	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	6		<b>✓</b>
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?	_ '		١,
_		7a		<b>✓</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Casti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Ĺ.,.,	<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	1
b	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?	10a		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	$\vdash$
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1111		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	ļ ,
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<b>✓</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	<b>\</b>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<b>✓</b>
b	Other officers or key employees of the organization	15b	1	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
_	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	וטטו	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed ▶ Colorado			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest į	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords.	. ▶	
	Angelia Anderson, 1724 Lansing St. Aurora, CO 90010, 202, 252, 5297			

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	·	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	nd
	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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	or any relate	d orga	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
<b>(A)</b> Name and Title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box of lindividua	unles	Pos neck ss pe	rson	than of the state	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Angelia Anderson	40									
Founder/Executive Director		1						6573	o	l
(2) Dwight Anderson	30									
Associate Director	1	1			ĺ			o	o	o
(3) Norman Chase	10									
Spiritual Overseer		✓		İ	Ì			o	o	0
(4) Sharon Reed	10									
President				1				\o	0	0
(5) Shelly Hough	40									
Treasurer				✓				o	0	0
(6) Aaron Witherel	5									
Secretary				✓				0	0	0
(7) Irvin Reed	5			1						
Board Member		<b>✓</b>						0	0	0
(8) Adrian Oliver	5			l						
Board Member		✓		<u> </u>				0	0	0
<u>(9)</u>										
(10)										
(11)										
(12)										<u> </u>
(13)										
(14)		<u></u>								

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C)													
	(4)	45.				c) sition								
	(A) Name and title	(B)	1 '		neck	more	e than o		(D)	(E)			(F)	
	Marite and title	Average hours per					is both or/trust		Reportable compensation	Reportati compensatio			mated ount of	
		week (list any						<del></del>	from	related	1	0	ther	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key	를	Former	the organization	organizati (W-2/1099-N			ensatior m the	n
		organizations	eg E	ē	9	胃	oyer o	٩	(W-2/1099-MISC)	(**-2/1033-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nization	
		below dotted	약	nal		employee	E E	ŀ			}		related	
		line)	ste	trus		ď	Pen					organ	ızatıons	ò
				8			Highest compensated employee							
/45)		<u> </u>			<u> </u>	<u> </u>	۵							
(15)		<b></b>												
/16\			<u> </u>			<u> </u>		<del> </del>					_	
(16)		<b></b>	l					1			l			
(47)						-	-							
(17)	•••••••••••••••••••••••••••••••••••••••	<b></b>									İ			
(18)			ļ		$\vdash$	$\vdash$	-	-						
(10)		<b></b>	1					Ì			l			
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(23)		<del> </del>												
/O.4\	<del> </del>	<u> </u>			_			_						
(24)		ļ												
(05)					_	-								
(25)		<del> </del>			İ									
46	Cub total	<u></u>				L		<u> </u>				<u> </u>		
1b	Sub-total	 ./// 0		•	•		•		6573		-			
C	Total (and lines the and to)			•	•									
d	Total (add lines 1b and 1c)							<u>\</u>	6573					
2	Total number of individuals (including but reportable compensation from the organization)	t not limited	to th	ose	list	ted a	above	e) W		ore than \$1	00,000 d	of		
	reportable compensation from the organi	zation							0					
3	Did the organization list any former of	floor direct	tor o	- +-			ا دما		امرام مراما				Yes	No
	employee on line 1a? If "Yes," complete	Schedule I	for si	r tr	นรแ	ee, waa	rey e		ioyee, or nigh	est compe	nsated	_		
4												3		<u> </u>
4	For any individual listed on line 1a, is the organization and related organizations												1	
	individual		an opi	<b>ου</b> ,	UUU	17 11	res	S,	complete Sch	eaule J to	r sucn			
-				•		 4						4		✓_
5	Did any person listed on line 1a receive of for services rendered to the organization								. •			<u> </u> -		
Casti		: 11 163, 6	Unipi		367	icut	ile o i	0/ 3	acii persori	<u></u>	<u> </u>	5		<u>√</u>
	on B. Independent Contractors			1										
1	Complete this table for your five highest of	compensate	ea inc	epe	ena	ent	contra	acto	ors that receive	ed more tha	ın \$100,0	000 of	-1-4-	
	compensation from the organization. Rep	on compe	nsauc	III IC	or u	ie c	alend	ar y	ear ending wit	n or within	tne orga	ınızatıc	n's ta	X
	year.							1						
	(A) Name and business add	ress							(B) Description of s	anuces		(C) ompens	ation	
	Traine and Business add							$\vdash$	- Description of S	ni 410e9		outheus	ation i	
			-											
							-				<del></del>			
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								L						
	Total number of independent access-to-	ro (policelie	a b				ا ادم	للم	and leakers of					
2	Total number of independent contractor							τη		vej wno				
	received more than \$100,000 of compens	auon Irom t	ne or	jä∏l	ızalı	ion I			0					

	990 (201	<del></del>						Page 9
Par	t VIII					······································	-	
		Check if Schedule O conta	ains a res	sponse or note to	o any line in this  (A)  Total revenue	Part VIII (B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	. 1a			TOVERIGE		372-314
	b	Membership dues						
ts, C Am	С	Fundraising events	. 1c	123973				
ia gi	d	Related organizations						
Sin's,	e	Government grants (contribution						
utio Jer	f	All other contributions, gifts, gra and similar amounts not included at						
Contributions, and Other Sim	g	Noncash contributions included in lin	1	30174 41693				
Son	h	Total. Add lines 1a-1f .			195840			
_			<del>- : : :</del>	Business Code	193040			
Program Service Revenue	2a					- <del>1</del>		
Re	b							
Ğ.	C							
Se	d							
ram	e							
rog	f g	All other program service re <b>Total.</b> Add lines 2a–2f						<u></u>
	3	Investment income (includ	ına dıvid	lends interest				T
		and other similar amounts)	_	<b>&gt;</b>				
	4	Income from investment of tax	exempt b	ond proceeds ▶		-		
	5	Royalties			**-			
	İ	(i	Real	(II) Personal				
	6a	Gross rents						
	b	Less. rental expenses					}	
	C	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) S assets other than inventory	ecurities	(II) Other				
	ь	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss)		· <b>&gt;</b>				·
•		- ' '						
Other Revenue	8a	Gross income from fundrais	ing					
Ş			23973					
æ		of contributions reported on li		1 :				
Ē	١.	See Part IV, line 18						
ō	1	Less direct expenses						
		Net income or (loss) from fu Gross income from gaming a		events . <b>&gt;</b>	97203	• • • • • • • • • • • • • • • • • • • •		<del> </del>
	, Ju	See Part IV, line 19						
	ь	Less: direct expenses				:		
		Net income or (loss) from ga						
		Gross sales of inventor	_				<del></del>	
		returns and allowances .	· · a					
		Less: cost of goods sold .						
	С	Net income or (loss) from sa	les of inv					
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	d	All other revenue						
	e	Total. Add lines 11a-11d.						
	12	Total revenue. See instruct		}	195840	-	<del></del>	<u> </u>

Part IX	Statement of Function	nal_Expenses			
Section 50	(c)(3) and 501 (c)(4) organiz	ations must complete all column	s. All other or	ganizations must comple	ete column (A).

	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b, and 10b of Part VIII.	se or note to any lin (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations	· · · · · · · · · · · · · · · · · · ·	expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
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				
<b>4</b> <b>5</b>	Benefits paid to or for members 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 8	Other salares and wages	6573	6573		
9	Other employee benefits				
10 11	Payroll taxes	449	449		
''	Management				
b	Legal	3290	1290	2000	
С	Accounting	3332	, , , , , , , , , , , , , , , , , , , ,	3332	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	899		899	
12	Advertising and promotion	2474	2474		
13 14	Office expenses	1653	1322	331	
15	Royalties	869	869		
16	Occupancy	20982	20982		
17	Travel	10279	10279		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10270			
19	Conferences, conventions, and meetings	2776	2776		
20	Interest	6712	6712		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	8460	8460		
24	Other expenses. Iternize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Ministry Services	67843	67736	107	
b	Household supplies/furnishings	3727	3727	107	
c	Bank/Membership fees	1204	1081	123	
d	Auto/Repairs & Maintenance	14785	14785		
е	All other expenses Fundraising	37961	11191		26770
25	Total functional expenses. Add lines 1 through 24e	194268	160706	6792	26770
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)		į		000

	art X	Balance Sheet			
		Check if Schedule 0 contains a response or note to any line in the	nis Part X		🔲
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	. 10145	1	7286
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	<del></del>
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, direct	ors.		
	İ	trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under sec			
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		sponsoring organizations of section 501(c)(9) voluntary employees' benefit organizations (see instructions). Complete Part II of Schedule L			
Assets	_	- •		6	
\SS	7	Notes and loans receivable, net	·	7	
	8	Inventories for sale or use	•	8	· · · · · · · · · · · · · · · · · · ·
	9 10a	Land, buildings, and equipment: cost or	•	9	
	104	other basis Complete Port VI of Schodule D	20204		
	b	Less: accumulated depreciation 10b	39321 189321	100	101021
	11	Investments—publicly traded securities	169321	111	191821
	12	Investments—other securities. See Part IV, line 11	•	12	
	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 34)		<del>                                     </del>	199107
	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	
es	22	Loans and other payables to current and former officers, direct			
Ë		trustees, key employees, highest compensated employees,	and		
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties .	. 117570	23	117107
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related the			
		parties, and other liabilities not included on lines 17-24). Complete Pa	į.		
		of Schedule D	, ,		68
	26	Total liabilities. Add lines 17 through 25	. 117638	26	117175
ses		complete lines 27 through 29, and lines 33 and 34.	and		
an	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ complete lines 30 through 34.	and		
ţ	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances		33	51054
	34	Total liabilities and net assets/fund balances	. 199468	34	199107
	_				Form <b>990</b> (2016)

Form 9	90 (2016)			Pa	ige 12
Par	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		1	95840
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	94267
3	Revenue less expenses. Subtract line 2 from line 1	3			1573
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			51054
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			<u>51054</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🗌 Accrual 🔲 Other		1 1		l
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
_	Schedule O.		<u>  </u>		لــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			
	reviewed on a separate basis, consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		1		l
	of the audit, review, or compilation of its financial statements and selection of an independent accounts		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain in			
_					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in			
_	the Single Audit Act and OMB Circular A-133?		3a		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits as additionable and the condition and the conditional and the conditional audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or audit or au				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.	3b		Į.

Form **990** (2016)

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

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Name of the organization Treasure House of Hope 45-3172407 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total grants, contributions. membership fees received. (Do not include any "unusual grants.") . . . 72668 119203 152141 249457 195840 789309 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. 72668 119203 152141 249457 195840 789309 The portion of total contributions by each person (other governmental unıt publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4 149.309 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 . . . 72668 119203 152141 249457 195840 789309 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . Net income from unrelated business activities, whether or not the 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 789309 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . 14 % Public support percentage from 2015 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 15 % 16a 331/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

Part							1. 5/41
	(Complete only if you checked the						der Part II.
Casti	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support	(-) 0010	4 2 0040	1 1 2 2 4 4	4.0.045	(1) 0010	<u> </u>
Calen	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	<b>(e)</b> 2016	(f) Total
'	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	<del></del>				<b></b>	
-	sold or services performed, or facilities					/	
	furnished in any activity that is related to the			-			
3	organization's tax-exempt purpose	<del>-</del>	<u> </u>	<del> </del>	<del> /</del>	<u> </u>	
J	Gross receipts from activities that are not an unrelated trade or business under section 513						
				ļ	<del>                                     </del>		
4	Tax revenues levied for the	}		}			
	organization's benefit and either paid to or expended on its behalf	ļ	ļ	ļ	1/	l	
_	·		·	<u> </u>	<i>/</i>		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
•				<del>                                     </del>	<del></del>		
6 72	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3	ļ	_	<del>                                     </del>	<u> </u>		
<i>,</i> a	received from disqualified persons .						
				<del>/</del>			
b	Amounts included on lines 2 and 3 received from other than disqualified		i /				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	1		Ĭ		1	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						<del></del>
•	line 6.)	}					
Secti	on B. Total Support	L	L	I	<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4,2,12	(2) 20.0	(6, 25.	(4) 23.5	(0) 2010	(1) 1 0 10.
10a	Gross income from interest, dividends,			<del></del>			
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less			<del></del>			
	section 511 taxes) from businesses						
	acquired after June 30, 1975			1			
С	Add lines 10a and 10b						
11	Net income from unrelated business					1	
	activities not included in line 10b, whether				}		
	or not the business is regularly carried on				}		
12	Other income. Do not include gain or						
	loss from the sale of capital assets			ļ			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	-					
	and 12) /						
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization/check this box and stop he	re <u>.</u>					▶ 🗆
Secti	on C. Computation of Public Support	rt Percentag	е				
15	Public support percentage for 2016 (line						_%
16_	Public support percentage from 2015 Sci			<u></u>	<u> </u>	16	%
Secti	on D./Computation of Investment In						
17	Investment income percentage for 2016			7		17	%
18	Investment income percentage from 2019					18	%
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box					-	· · · · · · · · · · · · · · · · · · ·
б	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this		=	•	•	-	=
20	Private foundation. If the organization de	id not check a	box on line 14	19a or 19b	check this how	and see instru	ctions

# Part IV

**Supporting Organizations** 

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

CCI	on A. All supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		]
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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,"	4c		. 1
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable 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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
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 <b>Part VI.</b>	9c		
I0a	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 10b below.	10a		
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.)	10a		

10b

Comode	15 × 16 511 7 505 51 505 12 7 25 15			raye •
Part	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 (b) and (c) below, the governing body of a supported organization?	-		
<b>h</b>		11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
3601	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			İ
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	)	1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ļ
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			ļ
<u></u>		1		<u> </u>
Sect	ion D. All Type III Supporting Organizations		1.0	1
1	Did the organization provide to each of its supported organizations, by the less day of the fifth month of the		Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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		<del> </del>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<b> -</b>	<u> </u>	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	'		i
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			ŀ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		l	
	supported organizations played in this regard.	3		
<u>Secti</u>	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ın	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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 position that its supported organization(s) would have engaged in these	[		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this model	3h		l

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted 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 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		<u> </u>
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract Tine 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	tegrated Type III support	ng organization (see

Part		3) Supporting Organi	zations (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	_		
5	Qualified set-aside amounts (prior IRS approval required)			
<u>      6                              </u>	Other distributions (describe in Part VI). See instructions.	<u> </u>		
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013			
<u>d</u>	From 2014			
е	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b_	Applied to 2016 distributable amount			
<u>_</u>	Remainder. Subtract lines 4a and 4b from 4.			·
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI	<b>Supplemental Information.</b> 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.)
**	······
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•••••	

#### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Par	re House of Hope  The Organizations Maintaining Donor Adv	ised Funds or Other Similar Fur	45-3172407 nds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
ı	Aggregate value at end of year		
;	Did the organization inform all donors and donor	advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the		
3	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or f	for any other purpose
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
ar	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	☐ Preservation of land for public use (e.g., recrea	tion or education)   Preservation o	of a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	of a certified historic structure
	☐ Preservation of open space		
	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
	_		· · 2d
	Number of conservation easements modified, tran-	sferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
	Number of states where property subject to conse		
	Does the organization have a written policy re		•
	violations, and enforcement of the conservation ea		· · · · · · ·
	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	<b>-</b>		
	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	<b>\$</b>		
	Does each conservation easement reported on line		
			· · · · · · · · · · · · · · · · · · ·
	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of	<del>_</del>	nancial statements that describes the
	organization's accounting for conservation easeme		Other Circles Asset
I	Organizations Maintaining Collection		
	Complete if the organization answered		
3	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the f		
0	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	·	ducation, or research in furtherance of
	public service, provide the following amounts relat		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art		r assets for financial gain, provide th
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		<b>&gt;</b> \$
h	Assets included in Form 990, Part X		<b>b c</b>

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection thems (check all that apply):  a   Public exhibition	Par	Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or O1	ther Similar As	sets (co	ntinued)
b Scholarly research e ☐ Other  □ Provide a description of the organizations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to traise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No Part IV ☐ Escription and Cutodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII is the organization an agent, trustee, outsodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table:  □ Beginning balance  □ Beginning balance □ Additions during the year □ Bustributions during the year and the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of	. 3	Using the organization's acquisition, a								
c ☐ Preservation for future generations  Powled a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams		
c   Preservation for future generations 4   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xii  5   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assats to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No    Part IV   Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No    1   If Yes   Yes   No   If Yes   Yes   Yes   No    1   If Yes   Yes   Yes   Yes   No    2   Beginning balance     1   1   1   1   1   1   1   1   1	b	☐ Scholarly research		e	Other	•				
XIII  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	C	☐ Preservation for future generations								
Part IV   Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	4		on's collections	and expla	an how t	hey further	the org	ganızation's exer	npt purpo	se in Part
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Yes   No   If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance   1   10   10   10   10   10   10   10		assets to be sold to raise funds rather							_	s 🗌 No
990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   yes   No b   I*Yes, "explain the arrangement in Part XIII and complete the following table:    Beginning balance	Part									
ncluded on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  1 Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		990, Part X, line 21.						·		Form
C Beginning balance d Additions during the year e bistributions during the year 1 tel 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	1a	included on Form 990, Part X?					ions oi	other assets no	_	s 🗌 No
d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b	_	·		_			A	mount	
e Distributions during the year folding balance.  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С						10	;		
f Ending balance    1	d						10	<u> </u>		
2a bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е						_			
Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Part V   Land, Buildings, and Equipment   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on F	f	_								
Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Contributions		_						<u>-</u>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Administrative expenses   Gell Four year   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two years back   Gell Two ye			rt XIII. Check her	e if the e	cplanatio	n has been	provide	ed on Part XIII .		
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years back   (e) Four years   (e) Four years   (e) Four years   (e) Four years   (e) Four years   (e) Four years   (e) Four years   (e) Four years   (e	Par									
Beginning of year balance  Contributions  C Net investment earnings, gains, and losses  d Grants or scholarships  Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  3a(i)		Complete if the organization						r	T	
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > % b Permanent endowment > % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii)   3a(ii)   4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost or other basis (c) Cost	_		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e) Four	years back
c Net investment earnings, gains, and losses	1a									
d Grants or scholarships										
e Other expenditures for facilities and programs	С									
programs										
f Administrative expenses g End of year balance	е	Other expenditures for facilities and								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ %  Permanent endowment ▶ %  Temporarily restricted endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations . 3a(i)   3a(i)      (ii) related organizations . 3a(i)      Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Buildings . 117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   117107   1171		programs								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  Temporarily restricted endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations . 3a(i)   3a(ii)    b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b    4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation in the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion of the passion	f	Administrative expenses								
Board designated or quasi-endowment ► %  b Permanent endowment ► %  c Temporarily restricted endowment ► %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	g	End of year balance	-							
b Permanent endowment	2	Provide the estimated percentage of the	ne current year er	nd balanc	e (line 1g	, column (a	)) held	as:		
b Permanent endowment	а	Board designated or quasi-endowmen	t ▶	%	_					
Temporarily restricted endowment ► % The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	b	Permanent endowment ▶	%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	С									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations		The percentages on lines 2a, 2b, and 2	c should equal 1	00%.						
(ii) unrelated organizations	3a				zation tha	at are held	and ad	ministered for th	ie	
(ii) related organizations		organization by:							•	Yes No
(ii) related organizations		(i) unrelated organizations							3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
Describe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  117107  c Leasehold improvements  d Equipment  e Other	b	If "Yes" on line 3a(II), are the related or	ganizations listed	l as requi	red on So	hedule R?			1 1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  117107  c Leasehold improvements  d Equipment  Other  Other	4								<u> </u>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land  b Buildings  117107  c Leasehold improvements  d Equipment  Other  Other	Part	VI Land, Buildings, and Equip	ment.			••••				
Description of property  (a) Cost or other basis (nivestment)  (b) Cost or other basis (c) Accumulated depreciation  1a Land				" on For	m 990, F	Part IV, line	e 11a.	See Form 990.	Part X. li	ne 10.
b Buildings         117107           c Leasehold improvements         117107           d Equipment         117107           e Other         117107			(a) Cost or o	ther basis	(b) Cost o	r other basis	(c)	Accumulated		
b Buildings         117107           c Leasehold improvements         4 Equipment           e Other         6 Other		Land	-		· <del>-</del>					
c Leasehold improvements            d Equipment            e Other				117107						
d Equipment		•							<del></del>	
e Other	_				-					
		• •						-		_
		<del></del>	ust equal Form 9	90, Part	(, column	(B), line 10	)c.) .			117107

	Complete if the committee and a				
	Complete if the organization answ	ered "Yes" on For	m 990, Part IV, line	11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)	-	(b) Book value		d of valuation f-year market value
(1) Financia	denvatives				
(2) Closely-I	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)	······				
(G)					
(H)					<u> </u>
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments — Program Related.		000 David IV lines	11 - Ca - Farma 0	100 Dant V. Ilma 40
	Complete if the organization answ	ered "Yes" on For			
	(a) Description of investment		(b) Book value		d of valuation f-year market value
(4)	<del></del>				,
(1)			-	· · · · · · · · · · · · · · · · · · ·	
(2)					
(4)					
(5)		-			
(6)	· · · · · · · · · · · · · · · · · · ·				
(7)			1		<del> </del>
(8)	· · · · · · ·				
(9)					
	b) must equal Form 990, Part X, col. (B) line 13)				
Part IX	Other Assets.				· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answ	ered "Yes" on For	m 990, Part IV, line	11d. See Form 9	90, Part X, line 15.
		Description			(b) Book value
(1)					-
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
_(9)	"\	(5) (1)			
	mn (b) must equal Form 990, Part X, col	. (B) line 15.)		▶	
Part X	Other Liabilities.	1437 11 ==	000 B 134 E	44 446 1	5 000 D 1V
	Complete if the organization answ	erea "Yes" on For	m 990, Part IV, line	11e or 11t. See i	Form 990, Part X,
	line 25.	(h) Daali walio			
(1) Federal ır	(a) Description of Irability	(b) Book value			
	icome taxes				
(2)					
(4)					
(5)					
(6)			<del> </del>		
(7)			<del></del>		
(8)		<del></del> .	—		
(9)					
	b) must equal Form 990, Part X, col (B) line 25.)				
	runcertain tax positions. In Part XIII, provid	e the text of the footno	ote to the organization's	financial statement	s that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page	4

Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	<u> </u>
b	Donated services and use of facilities	1 (
C	Recoveries of prior year grants	]
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	<u> </u>
b	Other (Describe in Part XIII.)	<b>.</b>
C	Add lines <b>4a</b> and <b>4b</b>	4c
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	4 1
C	Other losses	
đ	Other (Describe in Part XIII.)	<del>  </del>
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1
b	Other (Describe in Part XIII.)	1
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	Supplemental Information.  le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2l	Dort V. Iron 4: Dort V. Iron
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	
د, ۱ ۵۰	t XI, Illies 20 and 45, and 1 art XII, lines 20 and 45. Also complete this part to provide any additional in	iioiiiatioii.
<del>-</del> -		

Schedule D (Fo	rm 990) 2016	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
•••••••		
		******
· <b>···</b>		
·		

### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization enswered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

	re House of Hope						3172407					
Par					vered "Yes" on I	Form 990, Part IV,	line 17.					
	Form 990-EZ filers are r											
1	Indicate whether the organization	n raised funds t	through any	of the follo	owing activities. C	heck all that apply.						
а	Mail solicitations		e [		ion of non-govern							
b	Internet and email solicitation	ns	f [	☐ Solicitati	on of government	t grants						
C	☐ Phone solicitations		g [⋅	Special 1	fundraising events	5						
d	In-person solicitations											
2a		zation have a written or oral agreement with any individual (including officers, directors, trustees, ses listed in Form 990, Part VII) or entity in connection with professional fundraising services?										
					· ·	_						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pi	ursuant to agreem	ents under which th	e fundraiser is to be					
		J										
_	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody of	ndraiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization					
			Yes	No			<del> </del>					
1				1	† l							
				}	1							
2												
3	<del></del>			-		<del></del>	<del> </del>					
4												
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6					<del>                                     </del>		<del></del>					
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8												
9			+				_					
				<u> </u>								
10												
					<u> </u>	······································						
otal 3	List all states in which the orga	nization is rogis	stored or lie	oncod to c		or has been notifi	od it is exempt from					
3	registration or licensing.	ilizatiOri is regis	stered or no	enseu to s	SOIICIT CONTINUETON	S OF FIAS DECIT HOUR	ed it is exempt from					
	regionalies of meeting.											

Ρ	art II					
•		than \$15,000 of fundraising gross receipts greater that		and gross income on h	-orm 990-E∠, lines 1 a	and 6b. List events with
			(a) Event #1 Bread	(b) Event #2 Alumni	(c) Other events	(d) Total events (add col. (a) through col. (c))
ō			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	118740	5233		123973
	2	Less: Contributions Gross income (line 1 minus				
		line 2)	118740	5233		123973
	4	Cash prizes				
	5	Noncash prizes				
<b>Direct Expenses</b>	6	Rent/facility costs	2660	1985		4645
ct Exp	7	Food and beverages		2225		2225
Dire	8	Entertainment				
	9	Other direct expenses .	26770	1469		28239
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	▶	35109 88864
Pá	art III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	0, Part IV, line 19, or	reported more
Revenue		than \$13,000 Off POINTS.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- Rev	1	Gross revenue	n		3.474.0.4	
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)	•	
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
ç	) Er	nter the state(s) in which the or	ganization conducts ga	ming activities:		
	a Is	the organization licensed to co	onduct gaming activities			🗌 Yes 🗌 No
10		ere any of the organization's g "Yes," explain.	_	l, suspended, or termina		? . 🗌 Yes 🗌 No

Scriedu	ile G (Form 990 or 99D-EZ) 2016		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility		<u>%</u>
14	190		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ▶		
15a		☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	□ res	NO
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) ar Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations	nd (v); ar mation.	d
	•		
		•••	

#### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

OMB No 1545-0047

2016

	re House of Hope		<u>45-317240</u>	7		
Part	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization proving 990, Part VII, Section A, line 1a. Complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the section of the complete Part III to proving the					ı
		$\square$ Housing allowance or residence for	-			
		Payments for business use of person	]			
		Health or social club dues or initiati				
	☐ Discretionary spending account	Personal services (such as, maid, c	hauffeur, chef)	1		
_	Manager of the decree of the decree of the decree of the decree of					
þ	If any of the boxes on line 1a are checked, did the or reimbursement or provision of all of the expe					
		· · · · · · · · · · · · · · · · · · ·	implete Fart III to	1b		
				-10		
2	Did the organization require substantiation prior directors, trustees, and officers, including the CEO					
	1a?			2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director. Check all the related organization to establish compensation of the	at apply. Do not check any boxes for n	nethods used by a			
	☐ Compensation committee	☐ Written employment contract		[		
	·	Compensation survey or study		ļ		
	☐ Form 990 of other organizations	Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 990, organization or a related organization.	Part VII, Section A, line 1a, with respen	ct to the filing		į	
а	Receive a severance payment or change-of-control	payment?		4a		1
b	Participate in, or receive payment from, a supplement			4b		1
С	Participate in, or receive payment from, an equity-ba			4c		1
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each	rtem ın Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) or For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of:					
а	The organization?			5a		1
b	Any related organization?			5b		1
	If "Yes" on line 5a or 5b, describe in Part III.		Ì			
6	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of:	line 1a, did the organization pay or acc	crue any			
а	The organization?		ŀ	6a		1
b	Any related organization?			6b		1
	If "Yes" on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section					
	payments not described on lines 5 and 6? If "Yes," of	describe in Part III		7		<b>\</b>
8	Were any amounts reported on Form 990, Part VII, p to the initial contract exception described in R	egulations section 53.4958-4(a)(3)?	If "Yes," describe			_
	ın Part III			8		✓
9	If "Yes" on line 8, did the organization also folion Regulations section 53.4958-6(c)?			9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (BNI)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual

Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	or eac	th listed individual mu	ust equal the total amo	ount of Form 990, Pa	art VII, Section A, line 1	a, applicable colum	n (D) and (E) amount	s for that individual.
		(b) Breakdown or W-2	or w-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Montavable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(E) (I)-(D)	as deferred on prior
				compensation				10 min
	8	6573					6573	
1 Angelia Anderson	<b>(E)</b>				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(9)							
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Schedule J (Form 990) 2016

Supplemental information  Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part or any additional information.	compensation was approved by the Board of Directors for Angelia Anderson in March of 2016.									Schedule J (Form 990) 2016
Part III Supplemental Inc. Provide the information, expla or any additional information.	ensation was approved by t									

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number Treasure House of Hope 45-3172407 **Types of Property** Part I (c) (a) (b) Noncash contribution Check If Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . . . 1 2 Art—Historical treasures . 3 Art—Fractional interests . . . 4 Books and publications . . 5 Clothing and household goods . . . . . . . 6000 ĸ Cars and other vehicles . . . 2500 7 Boats and planes . . . . . 8 Intellectual property . . . . 9 Securities—Publicly traded . . 10 Securities—Closely held stock . Securities—Partnership, LLC, 11 or trust interests . . . . . Securities-Miscellaneous . 12 13 Qualified conservation contribution-Historic structures . . . . . . Qualified conservation 14 contribution—Other . . . Real estate-Residential . . 15 16 Real estate-Commercial . . Real estate-Other . . . . 17 18 Collectibles . . . . . . . 19 Food inventory . . . . . 16318 20 Drugs and medical supplies . . Taxidermy . . . . . . 21 22 Historical artifacts . . . 23 Scientific specimens . . . . 24 Archeological artifacts . . 25 Other ► ( Medical Services 16875 26 Other ► ( _____) 27 Other ► ( _____) 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . n/a Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a 1 **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

chedule M	(Form 990) (2016) Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
•	
•••••	
•	

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

The state of the organization	Linployer identification number
Treasure House of Hope	45-3172407
990 was reviewed and approved by the Board of Directors. No particular process was used.	
Angelia Anderson received compensation as approved by Board of Directors.	
Treasure House of Hope makes its policies and statements available to the public upon request. A cop	y of the annual report is posted on our
website	
Treasure House of Hope had no unrelated business expense in 2016/2017.	
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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
······································	
	······