Form 990

Return of Organization Exempt From Income Tax

2015

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)

▶ 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.

Open to Public Inspection

Ā	For the	2015 calend	ar year, or tax year beginning 07 - 01 , 2015, and en	dina	06-	30 ,2016
В			C Name of organization Star of Hope Activity Center Inc	unig		Employer identification no.
		applicable				· ·
H	Address	•	Doing business as			93-0556589
님	Name ch	ange	Number and street (or P O box if mail is not delivered to street address)	Room/suite		Telephone number
닏	Initial retu	ım	657 Newmark Avenue			(541)888-8893
\sqcup	Fınal retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code		•	5,586,738
Ш	Amended	l retum	Coos Bay, OR 97420		G	Gross receipts\$
	Application	on pending	F Name and address of pnncipal officer Same As C Above			
			657 Newmark Avenue, Coos Bay, OR 97420	H(a) Is this a gro subordinate		™ for Yes 🗓 No
1	Tax-exem	npt status 🗓	501(c)(3)	H(b) Are all sub	ordinate	s included? Yes No
J	Website:	▶ N/A		If "No H(c) Group exer	," attach	a list (see instructions)
ĸ	Form of o	rganization X	Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of formation 15	71 M State		
P	art I	Summar		1 - 1	<u></u>	
1	1		be the organization's mission or most significant activities To provide the d	evelopment	allv	disabled an
	1 .		ity to be trained in living skills, social skills, recr			
ະ ຍ	1	provide		<u> </u>		
⊈் ச் ∠∪ா Governance	j	PLOATGE	mousing.			
ĕ,	1	Chook this b	ox ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	ito pot cooots		
ို့ ဖွဲ့	2		_ , ,	its riet assets		٦ .
. ۸	3		oting members of the governing body (Part VI, line 1a)		3	<u> </u>
	4		dependent voting members of the governing body (Part VI, line 1b)		4	7
⋽⋚	5	Total numbe	of individuals employed in calendar year 2015 (Part V, line 2a)		5	276
ದ್ದಾ	6	Total numbe	of volunteers (estimate if necessary)		6	
叫`	7a	Total unrelate	ed business revenue from Part VIII, column (C), line 12		7a	0
Ź _	Ь	Net unrelated	business taxable income from Form 990-T, line 34	<u> </u>	7b	0
Ž,	_			Prior Year		Current Year
Revenue SCANNE	8		and grants (Part VIII_line 1h)	45	,310	116,896
Š	9	Program ser	vice revenue (Part VIR III 2011VED	4,961	,359	5,469,606
Ven	10		ncome (Part VIII, Column (A), lines-3,-4, and 7d)	3	,128	236
ھ	11		e (Part VIII, cotumn (A), lines 5, 6d, 8c, 9c, 100 and 11e)		,620	
	12		e - add lines Ethrough 11 (must equal Part VIII, column (A), line 12)	5,039		
	13		imilar amounts paid (Part IX, column (A), lines 1-3)			0
	14		to or for members (Partix) column (A) mine 4)			0
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	4,117,29		4,269,039
Ses	16a		fundraising fees (Part IX, column (A), line 11e)		,388	
Expenses	lua		The state of the s		, 300	1,000
.x	147		· · · · · · · · · · · · · · · · · · ·	0.6.3		1 275 270
	1 ''.		ses (Part IX, column (A), lines 11a-11d, 11f-24e)		,998	
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,093		
	19	Revenue les	s expenses. Subtract line 18 from line 12		,261	
Net Assets or	<u> </u>			Seginning of Current		End of Year
Sset	20		(Part X, line 16)	1,960		
¥ S	21		s (Part X, line 26)		,046	
			fund balances. Subtract line 21 from line 20	989	,985	1,031,405
	urt II		re Block			
			are that I have examined this retum, including accompanying schedules and statements, and to the best of my ki gration of preparer (other than officer) is based on all information of which preparer has any knowledge	nowledge and belief,	ıt ıs	
	0011001, 01	a dempieto Beer	1 A Control that officer) is based on all minimization of minor property may any knowledge		Т	
		Do	Mun Hwater			
Sig	ın	Signatur	e of officer		Date	. 1
He	re	100	ethno Dewater Executive Director		5//	6/15
		Type or	onnt name and title			
		Print/Type pre	parer's name Preparer's signature Date	Check	if P	PTIN
Pai	d	, , , ,	ce J Huntsman CPA Coulline Vantagem (A)05-15-2017	self-employ		P01332677
	parer		C J HUNTSMAN CPA P	Firm's EIN ▶		
	e Only			Phone no		
	,	3 800/63	Coos Bay OR 97420		41-R	08-3080
May	the IPS	S discuss this	return with the preparer shown above? (see instructions)		<u></u>	X Yes No
			on Act Notice, see the separate instructions.	· · · · · · · · · · · · · · · · · · · 		
· UI	· ahai »	FOLK WAGINGIN	ni not rodice, see the separate instructions.			Form 990 (2015)

Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	🗆 _
1	Briefly describe the organization's mission:	
	To provide the developmentally disabled an opportunity to be trained in living skills, so	ial
	skills, recreational skills, and to provide housing.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No.
	If "Yes," describe these new services on Schedule O	40
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported	
		
4a	(Code:) (Expenses \$4,719,999 including grants of \$) (Revenue \$)
	To provide training and housing to developmentally disabled clients.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	```
40	Totaling grants of \$\psi	_ ′
		
		
		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 4,719,999	====

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		Í	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		Ì	
	Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ļ		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	_6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		l	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X _
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	<u> </u>		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		l	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	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		X
EEA		Form	990 (2015)

Part IV Checklist of Required Schedules (continued) Yes No 20a Х Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b 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 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes," complete Schedule J 23 . . Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b If "Yes," complete Schedule L, Part I 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 disqualified persons? If "Yes," complete Schedule L, Part II Χ 26 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 Х entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X or IV, and Part V, line 1 34 . . . Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 36 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, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38

14 Entire the number reported in Box 3 of Form 1098. Enter 0- if not applicable 15 Enter the number of Forms W-25 ancluded in the 12 Enter-0- if not applicable 16 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garing (gambillo) withings to prize average reported or Form W-3. Transmittal of Wape and Tax 15 Enter the number of entiplyings reported or Form W-3. Transmittal of Wape and Tax 15 Estatements, Refer the sound or Interest the organization file all required federal employment tax returns? 16 If all lest one is reported on the 2s, did the organization file all required federal employment tax returns? 17 Note. If the sum of lines 1 is and 2 is greater than 250, you way be required to e-file (see instructions) 18 If Yes, 1 has a filled a Form 990-T for this year? If Yes 1 to in 80, provide an exploration in Schedule O 30 19 If Yes, 1 has a filled a Form 990-T for the year? If Yes 1 to in 80, provide an exploration in Schedule O 30 10 If Yes, 2 in the name of the foreign country. 10 If Yes, 3 enter the name of the foreign country. 10 If Yes, 3 enter the name of the foreign country. 11 If Yes, 3 enter the name of the foreign country. 12 If Yes, 3 enter the name of the foreign country is a provisited tax sheller transaction at any time during the tax year? 18 Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 19 Did Yes, 3 enter the search of the comparization in the foreign tax sheller transaction at any time during the tax year? 19 Did Yes, 3 enter the search of the comparization in the two or its a party to a prohibited tax sheller transaction at any time during the tax year? 19 Did Yes, 3 enter the search of the comparization in the two or its a party to a prohibited tax sheller transaction at a party to a prohibited tax sheller transaction at a party to a prohibited tax sheller transaction at a party to a prohibited tax sheller transaction at a party to a prohibited tax sheller transac		Check if Schedule O contains a response or note to any line in this Part V			
be finite the number of Forms W-2G included in line 1s. Enter -0+ find applicable or Did the organization comply with backup withholding unles for reportable payments to vendors and reportable gaming (gamiding) withings to prize winners? Sistements, field for the calendar year ending with or within the year covered by this return Sistements, field for the calendar year ending with or within the year covered by this return Sistements, field for the calendar year ending with or within the year covered by this return Sistements, field for the calendar year ending with or within the year covered by this return If we shall set in the calendar year ending with or within the year covered by this return? Note. If the sum of lines 1 and 2 is greater than 280, you may be required to elite (see instructions? Note. If we sum of lines 1 and 2 is greater than 280, you may be required to elitif (see instructions) If 'Yes,' has if filed a Form 990-T for this year? If 'No' to line 3b, provide an explaination in Schodule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a filmand account in a foreign country (cub. has a bank account, or other filmancial accounts (rEBAR). If 'Yes,' has if filed a Form 990-T for this year? If 'No' to line 3b, provide an explaination in Schodule O. If 'Yes,' and the name of the foreign country (cub. has a bank account, or other filmancial accounts (rEBAR). If 'Yes,' and the organization or party to a prohibited tax shelter transaction at any time during the tax year? So What the organization and years or explain that was or a a party to a prohibited tax shelter transaction and the organization relationship cases received the schodule of the organization related the organization in the organization				Yes	No
b In the organization comply with backup withholding rules for reportable payments to vandors and reportable ganging (gambling) winnings to prize womens? 1.	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
respotable gamming (gammling) winnings to prize winners? Entire the number of amployees reported on Form W-3. Transmittel of Wage and Tax Sitements, files for the cellendary year ending with or within the year covered by this return I will least one is reported on flow 22, do the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) I mirves, it has if the organization have unrelated businesses gross income of \$1,000 or more during the year? I mirves it has if the organization for the year? I mirve to the organization in Schedule 0 I mirves, it has if the organization from the year it five to line 18, provided an explanation in Schedule 0 I mirves it has it flee or a cellendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (schedule) as a bank account, securities account; or other financial account in a foreign country (schedule) as a bank account, securities account; or the financial account in a foreign country (schedule) accounts? If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," to line 5 or 55, did the organization that it was or is a party to a prohibited tax sheller transaction? 55 but any transaction and any time during the tax year? 55 but any transaction of the organization solicit any contributions that there for masses. The second of the organization solicit any contributions that were not tax deductable organization solicit any contributions that were not tax deductable? 55 but are organization solicit any contributions that were not tax deductable organization and services and services provided to the payor? If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of the value of the goods or services provided? If the organiz	þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
22 Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, like for the calendary year ending with or within the year covered by this return. 2 2 2 2 6 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Subtraments, Ried for the callendar year ending with or within the year covered by this return 22 276 Note. If the sum of lines 14 and 2a is greater than 250, you may be required to effect emphoryment but returned. Note. If the sum of lines 14 and 2a is greater than 250, you may be required to effect emphoryment but returned. 13		reportable gaming (gambling) winnings to prize winners?	1c	_	X
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Notis. If the sum of lines 1s and 2a signates than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If No¹ to line 3b, provide an explanation in Schedule O 3b All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4a All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4b If "Yes," enter the name of the foreign country. 5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR). 5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization in party to a prohibited tax shelter transaction? 5b If "Yes," old the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes In the Good of the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," old the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt and verse not tax deductible as chaniable contributions or gifts were not tax deductible? 6c If "Yes," old the organization include with evers old tax deductible as chaniable contributions or gifts were not tax deductible? 6c If "Yes," old the organization and party In excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If If "Yes," old the organization and payor? 7d If "Yes," old the organization and payor?	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Joil the organization have unrelated business gross income of \$1 1,000 or more during the year? Ja 14 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a financial account in a foreign country (such as a bank account, sociumbes account, or other financial accounts in a foreign country.) Ja 16 If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinicEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). Ja 17 See 18 See organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa 19 Did any taxable party norly the organization that it was or is a party to a prohibited tax shelter transaction? Ja 26 Did she organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions? Se 26 Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? Ja 17 See 16 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? Jo 27 Organizations that many receive deductable contributions under section 170(c). Jo 38 Did the organization receive an payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? Jo 39 Did the organization receive an payment in excess of \$75 made party as a contribution on apparation of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangele personal property for which it was required to the Form \$822? If the organization sell, exchange, or otherwise dispose of tangele perso		Statements, filed for the calendar year ending with or within the year covered by this return	1		
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has if field a Form 990-For this year? If "No" to line 3b, yourdown explanation in Schedule O 4b At any time during the calendar year, did the organization have an interest in, or a signature or other financial account; or stress the property of the second of the property of the second of the seco	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has if field a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4 All any time dump the calendary year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank account, or a signiture or other authority over, a financial account in a foreign country; less than the name of the organization country and gross receipts that are normally greater than \$100,000, and did the organization should where normal gross receipts that are normally greater than \$100,000, and did the organization should where not tax deductible as chartable contributions. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions. If "Yes," did the organization that may receive deductible contributions on a personal than the such contributions or gifts were not tax deductible or that the contributions on the section 170(c). If "Yes," did the organization state and the payor? If "Yes," did the organization than the payo		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			·
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Fes," enter the name of the foreign country. ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). FEAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Dos the organization a party to a prohibited tax shelter transaction? 5b Did any taxable party holdy the organization file Form 8886-T? 5c Doses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deducible as charitable contributions? 6a Diff "Nes," fold the organization include with every solicitation an express statement that such contributions or gifts were not tax deducible? 7b Organizations that may receive deducible contributions under section 170(c). 8c Diff the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8c Diff the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8c Diff the organization notify the donor of the value of the goods or services provided? 9c Diff the organization notify the donor of the value of the goods or services provided? 9c Diff the organization notify the donor of the value of the goods or services provided? 9c Diff the organization notify the donor of the value of the goods or services provided? 9c Diff the organization received a payment of the payor? 9c Diff the organization received a payment of the pa	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Intia Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year If the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year?	_	· · · · · · · · · · · · · · · · · · ·			<u>x</u>
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Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	_	· · · · · · · · · · · · · · · · · · ·			
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1 Section 501(c)(12) organizations. Enter 2 Gross income from members or shareholders	_	\ 	Ì	1	
a Gross income from members or shareholders		<u> </u>	1		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		· · · · · · · · · · · · · · · · · · ·	-		
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
the organization is licensed to issue qualified health plans)			
c Enter the amount of reserves on hand	þ	Enter the amount of reserves the organization is required to maintain by the states in which	ŀ		
4a Did the organization receive any payments for indoor tanning services during the tax year?		the organization is licensed to issue qualified health plans			
	С	Enter the amount of reserves on hand			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 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. 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 Х any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? 7a . . . Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X . . . 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X Did the organization have local chapters, branches, or affiliates? 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? 11a Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c Х 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization . . . 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X **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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Own website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records; Star of Hope Activity Center (541)888-8893, 657 Newmark Avenue, Coos Bay, OR 97420

Form 1	990 ((201	5)
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Star of Hope Activity Center Inc

93-0556589

Page 7

		comer in			
Part VII	Compensation of Officers	Directors, Trustees,	Key Employees,	Highest Compensated	Employees, and
	Independent Contractors				

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a 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 nor any related	d organization	comp	ens	ated	any	curre	nt of	ficer, director, or tr	ustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m ss per	son is	nan one a Highest compensated employee	n	(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) Francine Worthen President		х		x					0	0
(2) Terry Edwards Secretary		X		_ <u></u> X					0	0
(3) Sheila Banks Treasurer		Х		X				-	0	0
(4) DeDe Lofthouse Board Member		X		- 21				,	0	0
(5) Patricia Johnson		Х								
Board Memeber (6) Wendy Garcia								,	0	0
Board Member (7) Rhonda Hoffine		X							0	0
Board Member (8) Dr. Gerald Miller	40.00	Х							0	0
Executive Director (9) LouAnn Dewater	40.00		_	X				100,517	0_	0_
Deputy Director (10)Theresa Collins	40.00			X				69,092	0_	0
Finance Director (11)				Х			_	54,963	0	0
<u>(12)</u>										
(13)										
(14)				-						-==

Form 990										93-05565	89	Pa	age (
Part V	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd F	ligh	est	Comp	ensa	ated Employees	continued)	Γ		
•	(A) Name and title	(B) Average hours per week (list any	box, u office	ınless r and	a dire	tion ore th on is	an one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) timated ount of other	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fn orga and	pensation om the anization direlated inization	n
15)													
16)													
17)										~			
18)													
19)													
20)													
21)													
!2)													
23)		ļ <u>-</u>											
24)													
25)									,				
	sub-total			•				>			 		
	otal from continuation sheets to Part VII, Sectional (add lines 1b and 1c)			• •				>	224,57	2 0	-		
	otal (add lines 1b and 1c) otal number of individuals (including but not limite			ve)	 who	гес	eived ı	more			1		
	eportable compensation from the organization			,						1			
												Yes	N
	bid the organization list any former officer, director							com			3		2
	mployee on line 1a? If "Yes," complete Schedule or any individual listed on line 1a, is the sum of re				and						-		ļ-Ē
	rganization and related organizations greater than											. !	
							•	•			4	ļ	2
	old any person listed on line 1a receive or accrue	-		-					tion or individual		5		7
	or services rendered to the organization? If "Yes," B. Independent Contractors	complete 30	iledule	3 10	ii su	CITE	CISOII		<u> </u>		1		
1 C	complete this table for your five highest compensation from the organization. Report compe												
у	ear (A)	***							(B	<u> </u>		(C)	
	Name and business address	S							Description of	li li		pensatio	n
<u>.</u>					_								
				-			-						
2 T	otal number of independent contractors (including	but not limit	ed to th	nose	liste	ed a	bove)	who					
re	eceived more than \$100,000 of compensation from	n the organiz	ation	<u> </u>									<u></u>
ĒΑ											Form	9 90 (2	.01

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Unrelated business revenue Total revenue Related or Revenue excluded from tax exempt under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns . 1a Membership dues 1b C Fundraising events 1c 22,474 Related organizations . . . 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 116,896 **Business Code** Program Service Revenue 2a Mental Health 624310 4,418,646 4,418,646 b Oregon Connection 238,879 624310 238,879 c Client Rent & Fees 624310 215,038 215,038 d Contract Fees & Service 624310 578,855 578,855 e Miscellaneous 624310 18,188 18,188 f All other program service revenue g Total. Add lines 2a-2f 5,469,606 Investment income (including dividends, interest, and other similar amounts) 36 Income from investment of tax-exempt bond proceeds (ı) 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) Secunties (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) . . 20d d Net gain or (loss) . \triangleright 20d 20d Other Revenue 8a Gross income from fundraising events (not including 22,474 of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a þ d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 5,586,738

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, 7b, Fundraising Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 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 Compensation of current officers, directors, trustees, and key employees 224,572 224,572 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages 3,145,755 2,836,915 308,840 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 580,895 546,286 34,609 51,256 10 Payroll taxes 317,817 266,561 11 Fees for services (non-employees): Management Legal Accounting d Lobbying 1,000 1,000 Professional fundraising services See Part IV, line 17 . Investment management fees . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 3,503 21,831 15,801 2,527 12 Advertising and promotion 13 Office expenses . 34,269 13,052 21,217 14 Information technology 15 Royalties . . . 24,798 16 304,489 279,691 Occupancy . . . 3,239 806 17 Travel 4,045 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 49,798 44,410 5,388 20 Interest 21 Payments to affiliates . 22 79,834 11,266 68,568 Depreciation, depletion, and amortization 13,107 23 71,950 58,843 24 Other expenses. Itemize 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.) 324,815 324,815 Oregon Connection 6,041 117,171 19,625 Operating & Program supplies 142,837 Repairs & Maintenance 162,099 158,271 3,828 d Staff training & development 25,898 24,406 1,492 All other expenses 53,414 19,272 34,142 814,775 Total functional expenses. Add lines 1 through 24e 4,719,999 10,544 5,545,318 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)

Balance Sheet

Part X

Form 990 (2015)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 156,710 1 9,397 Savings and temporary cash investments . . . 2 5,755 2 97,484 Pledges and grants receivable, net . . . 3 3 Accounts receivable, net . . . 4 14,105 4 32,757 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 9,710 7 9,710 Inventories for sale or use . . . 286,036 8 209,458 Prepaid expenses and deferred charges 21,100 8,181 Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D 10a 2,299,287 **b** Less: accumulated depreciation 10b 1,148,144 1,157,999 10c 1,151,143 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 . . . 13 14 251,000 14 251,000 15 Other assets See Part IV, line 11 57,616 15 97,866 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1,960,031 1,866,996 17 Accounts payable and accrued expenses 296,549 17 256,478 18 18 19 Deferred revenue 19 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . 22 23 Secured mortgages and notes payable to unrelated third parties 673,497 23 579,113 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 26 970,046 26 835,591 Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 917,304 27 943,658 28 72,681 28 87,747 29 Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 989,985 1,031,405 Total liabilities and net assets/fund balances 1,960,031 34 1,866,996

	Scar of hope Activity Center inc	<u>, - 0 3 3 (</u>	7303		ige iz
Pa	tt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>. </u>			. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,5	86,7	738_
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,5	45,3	318
3	Revenue less expenses. Subtract line 2 from line 1	3		41,4	120
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	89,9	985
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,0	31,4	405
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other	_			ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				Ï
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				ĺ
					ĺ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				ĺ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
	the Single Audit Act and OMB Circular A-133?		. За		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name	of the	e organization					Employer identifica	ition number			
Sta	ro	f Hope Activity Center II	nc_				93-055658	39			
Pa	rt i	Reason for Public Charity	/ Status (All or	ganizations must c	omplete	this part	.) See instruction	s.			
The	orga	nization is not a private foundation beca	iuse it is: (For lines	1 through 11, check only	y one box)						
1		A church, convention of churches, or a	association of chur	ches described in sectio	n 170(b)(1))(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach S	chedule E (Form 990 or	990-EZ).)						
3		A hospital or a cooperative hospital se	rvice organization	described in section 170)(b)(1)(A)(i	ii).					
4		A medical research organization opera	ated in conjunction	with a hospital described	In section	170(b)(1)	(A)(iii). Enter the				
		hospital's name, city, and state:									
5		An organization operated for the bene-	fit of a college or u	niversity owned or opera	ted by a go	vernmenta	il unit described in				
		section 170(b)(1)(A)(iv). (Complete P	Part II)								
6		A federal, state, or local government of	r governmental un	it described in section 1:	70(b)(1)(A)	(v).					
7		An organization that normally receives	a substantial part	of its support from a gov	ernmental ı	unit or from	n the general public				
	described in section 170(b)(1)(A)(vi). (Complete Part II)										
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross										
		receipts from activities related to its ex	cempt functions - s	ubject to certain exception	ns, and (2)	no more t	han 33 1/3% of its				
		support from gross investment income	e and unrelated bus	siness taxable income (le	ss section	511 tax) fr	om businesses				
	_	acquired by the organization after Jun									
10	Ц	An organization organized and operate	•	•				_			
11	Ш	An organization organized and operate	•								
		one or more publicly supported organi						Check			
		the box in lines 11a through 11d that of			•		_				
	а	Type I. A supporting organization		· · · · · · · · · · · · · · · · · · ·		-					
		the supported organization(s) the			ty of the dir	ectors or ti	rustees of the support	ting			
		organization. You must complete									
	b	Type II. A supporting organization	•			=					
		control or management of the sup			sons that o	control or n	nanage the supported				
		organization(s) You must comp									
	С	Type III functionally integrated.						١,			
		its supported organization(s) (see	•								
	d	Type III non-functionally integra									
		that is not functionally integrated.					it and an attentivenes	s			
		requirement (see instructions). Yo					T D. T 10				
	е	Check this box if the organization				a type i,	rype II, rype III				
		functionally integrated, or Type III	-	•							
	f	Enter the number of supported organi				•		•			
	<u>g</u>	Provide the following information about			T 4 . 3 . 11			(vi) Amount of			
	(1) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the or	-	(v) Amount of monetary support (see	other support (see			
				above (see instructions))	docum	ent?	instructions)	instructions)			
					Yes	No					
					163	110					
(A)											
_			-		 	 					
(B)											
					<u> </u>						
(C)							[
					 						
(D)											
		 		 							
(E)					1						
				 	1						
Tota	ıl		*	· *** - ·	· ~~ ·						

Pa	Support Schedule for Or (Complete only if you ched	ganizations [ked the box or	Described in S	ections 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	/i)
	Part III. If the organization	fails to qualify	under the tests	s listed below.	please comple	te Part III)	y under
Sec	ction A. Public Support			<u>,, .</u>	p		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by		-				
	each person (other than a		1				
	governmental unit or publicly		1		1		
	supported organization) included on				1		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				,		
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	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 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	▶ □
Sec	tion C. Computation of Public St	ipport Percer	ntage				
14	Public support percentage for 2015 (line 6, o	column (f) divided	by line 11, column	(f))		14	%
15	Public support percentage from 2014 Scheo	lule A, Part II, line	14			15	%
l6a	33 1/3% support test - 2015. If the organization	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, ched	k this	
	box and stop here. The organization qualific	es as a publicly su	pported organization	on			▶ 🔲
b	33 1/3% support test - 2014. If the organization	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more,		
	check this box and stop here. The organiza			-			. ▶ 🗌
7a	10%-facts-and-circumstances test - 2015						
	10% or more, and if the organization meets Part VI how the organization meets the "faci						
	organization		oos test The Olya	mazauon quannes a	s a publicly Suppor	ıcu	▶ □
b	10%-facts-and-circumstances test - 2014		n did not check a b	ox on line 13 16a	16b or 17a and iii	 ne	. •
-	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization mee					clv	
	supported organization					,	▶ □
8	Private foundation. If the organization did r	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see		

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

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

<u> </u>	ction A. Public Support						
ale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	29,551	67,161	106,304	45,310	94,422	342,748
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the				-		
	organization's tax-exempt purpose	4,052,707	4,173,245	4,750,943	4,992,194	5,428,233	23,397,322
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	4,082,258	4,240,406	4,857,247	5,037,504	5,522,655	23,740,070
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						23,740,070
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	4,082,258	4,240,406	4,857,247	5,037,504	5,522,655	23,740,070
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			i			
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
3	Total support. (Add lines 9, 10c, 11, and 12)	4,082,258	4,240,406	4,857,247	5,037,504	5,522,655	23,740,070
4	First five years. If the Form 990 is for the orgonganization, check this box and stop here	ganızatıon's first, se	econd, third, fourth,		a section 501(c)(3) 	•
ec	ction C. Computation of Public Su	pport Percen					
5	Public support percentage for 2015 (line 8, co	olumn (f) divided by	line 13, column (f))		15	100.00 %
6	Public support percentage from 2014 Schedu				<u> </u>	16	0.00 %
	ction D. Computation of Investme						
7	Investment income percentage for 2015 (line			umn (t))		17	0.00 %
B -	Investment income percentage from 2014 Sc					18	0.00 %
	33 1/3% support tests - 2015. If the organization is not more than 33 1/3%, check this box at	and stop here . The	e organization quali	fies as a publicly si	upported organizat	ion .	• 🗓
b	33 1/3% support tests - 2014. If the organization 18 is not more than 33 1/3%, check this b						·: : > 📋 ·
0	Private foundation. If the organization did no	ot check a box on li	ine 14, 19a, or 19b	, check this box an	d see instructions		▶ 🛚

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	JI:	hogauS	ina C)roan	izations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (III) the authority under the organization's organizing document authorizing such action; and (IV) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	/		
		Yes	No
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Pa	rt IV Supporting Organizations (continued)			
- 1		[Yes	No
11	and the second of the second o			
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?	11a		
	A family member of a person described in (a) above? 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.	11b 11c		
	tion B. Type I Supporting Organizations	110	Ll	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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			
	controlled the organization's activities. If the organization had more than one supported organization,	7		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		t l	
		-	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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		, <u> </u>
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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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	instr	uction	າຣ):
а	=			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see		$\overline{}$
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
L	that these activities constituted substantially all of its activities.	2a		
IJ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		<u> </u>	
	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	24		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	2b	:	ļ
	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-		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	74		
_	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h	1	Ì

.1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trus	t on Nov. 20, 1970. Sec	e instructions. All
other Type III non-functionally integrated supporting organizations must co	mplete	e Sections A through E.	
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)
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 Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	- 1.	· ·
e Discount claimed for blockage or other	<u> </u>	······································	***************************************
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	Hitty (4)	
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	, 11-, 14, 11	<u> </u>
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 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-functional	ly-inte	grated Type III support	ing organization (see
instructions).	•	9 9 1 1 11-11-1	J J

	it v Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
	ction D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
_	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	
	Amounts paid to acquire exempt-use assets			_
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.		<u> </u>	
				
8	and the state of t	sive		
_	(provide details in Part VI). See instructions.			 -
	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		(ii)	- 4000
_	Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2015		
	Distributable amount for 2015 from Section C, line 6	, , , , , , , , , , , , , , , , , , , ,		
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			71 11:
3	Excess distributions carryover, if any, to 2015:		•••••	
<u>a</u>	· · · · · · · · · · · · · · · · · · ·			7-1/1-1-
b				***************************************
<u> </u>				
_	From 2013		***************************************	······································
	From 2014		·	. , -, -, -, , +,
	Total of lines 3a through e			***************************************
	Applied to underdistributions of prior years	r vitut-t '		
	Applied to 2015 distributable amount			······································
	Carryover from 2010 not applied (see instructions)			
<u>_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			·····
4	Distributions for 2015 from Section			
_	D, line 7: \$			
	Applied to underdistributions of prior years	, .'-11-H-1-1-1		1 11/4/-3 1
	Applied to 2015 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if	7		· · · · · · · · · · · · · · · · · · ·
J	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	Instructions).			
7	Excess distributions carryover to 2016. Add lines 3j		•	
•	and 4c.			
8	Breakdown of line 7:	-	1.1	W 1-11111 1
a				
b	The state of the s		,	· · · · · · · · · · · · · · · · · · ·
	Excess from 2013	<u> </u>		
	Excess from 2014		, , , , , , , , , , , , , , , , , , , 	, ,
	Excess from 2015			
		<u> </u>		

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,

Department of the Treasury

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

2015

	al Revenue Service	► Information about Schedule D	(Form 990) and its instructions is at wy	ww.irs.gov/forn	n990.	Inspection	
Name	of the organization			E	mployer identific	ation number	
St	ar of Hope	Activity Center I	nc		93-055	6589	
			ed Funds or Other Similar Funds	or Accounts	i.		
	Complete	if the organization answered "Ye	es" on Form 990, Part IV, line 6.				
			(a) Donor advised funds		(b) Funds and o	ther accounts	
1	Total number at en	nd of year					
2		f contributions to (during year) .					
3	Aggregate value of	f grants from (during year)					
4	Aggregate value a	t end of year					
5	Did the organization	on inform all donors and donor advisor	s in writing that the assets held in donor a	dvised			
	funds are the organ	nization's property, subject to the orga	inization's exclusive legal control?			☐ Yes	☐ No
6	Did the organization	on inform all grantees, donors, and dor	or advisors in writing that grant funds can	be used			
	only for charitable	purposes and not for the benefit of the	donor or donor advisor, or for any other p	ourpose			
_	conferring impermi	issible private benefit?				. 🗌 Yes	☐ No
Pa	rt II Conser	vation Easements.					
	Complete	e if the organization answered "Y	es" on Form 990, Part IV, line 7.				
1	Purpose(s) of cons	servation easements held by the organ	nization (check all that apply).				
	☐ Preservation of	of land for public use (e.g., recreation of	or education) Preservation of a	a historically imp	ortant land ar	ea	
	Protection of n	natural habitat	Preservation of a	a certified histori	c structure		
	Preservation o	of open space					
2	Complete lines 2a	through 2d if the organization held a c	ualified conservation contribution in the fo	rm of a conserv	ation		
	easement on the la	ast day of the tax year			Held at ti	he End of the Ta	x Year
а	Total number of co	onservation easements		2	а		
b	Total acreage restr	ricted by conservation easements		2	b		
С	Number of conserv	vation easements on a certified histori	c structure included in (a)	2	С		
d	Number of conserv	vation easements included in (c) acqu	red after 8/17/06, and not on a				
	historic structure lis	sted in the National Register		2	d		
3	Number of conserv	vation easements modified, transferre	d, released, extinguished, or terminated by	y the organization	on during the		_
	tax year ►						
4	Number of states v	where property subject to conservation	n easement is located	_			
5	Does the organizat	tion have a written policy regarding the	e periodic monitoring, inspection, handling	of			
	violations, and enfo	orcement of the conservation easeme	nts it holds?			☐ Yes	☐ No
6	Staff and volunteer	r hours devoted to monitoring, inspect	ng, handling of violations, and enforcing c	onservation eas	ements durin	g the year	
	>	<u> </u>					
7	Amount of expense	es incurred in monitoring, inspecting,	nandling of violations, and enforcing conse	ervation easeme	ents during the	e year	
	▶ \$						
8	Does each conser	vation easement reported on line 2(d)	above satisfy the requirements of section	170(h)(4)(B)(ı)			
	and section 170(h))(4)(B)(II)?				. 🗌 Yes	☐ No
9	in Part XIII, describ	be how the organization reports conse	rvation easements in its revenue and exp	ense statement,	, and		
	balance sheet, and	d include, if applicable, the text of the t	ootnote to the organization's financial stat	ements that des	cribes the		
		ounting for conservation easements.					
Pa		_	tions of Art, Historical Treasur	es, or Other	r Similar A	ssets.	
			Yes" on Form 990, Part IV, line 8.				
1a	- -	•	6 (ASC 958), not to report in its revenue si				
			held for public exhibition, education, or res		ance of		
	public service, prov	vide, in Part XIII, the text of the footno	te to its financial statements that describe	s these items.			
b	-	·	6 (ASC 958), to report in its revenue state				
	works of art, histor	cal treasures, or other similar assets	held for public exhibition, education, or re-	search in further	ance of		
		vide the following amounts relating to	these items:				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			▶\$		
	(ii) Assets include	ed in Form 990, Part X			▶\$		
2	If the organization	received or held works of art, historic	al treasures, or other similar assets for fina	ancial gain, prov	ide the		
	following amounts	required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
_ a_	_Revenue_included	on Form 990, Part VIII, line 1	, ,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	· :	,	<u></u>	
b	Assets included in	Form 990, Part X			. ▶\$		

Schoo	tule D (Form 990) 2015 Star of Hope Ac	tivity Center	Tnc				93-05565	589	Page 2
	rt III Organizations Maintaining C			rical Tr	easures, or	Oth			
3	Using the organization's acquisition, accession,								
	collection items (check all that apply)								
а	Public exhibition	d 🗌 Loan	or exchar	nge progra	ms				
b	Scholarly research	e 🗌 Other	r						
С	Preservation for future generations			- 		_			
4	Provide a description of the organization's collect	tions and explain how	they furtl	ner the org	anization's exer	mpt pu	irpose in Part		
	XIII								
5	During the year, did the organization solicit or re-	ceive donations of art,	historica	l treasures	, or other sımıla	r			
_	assets to be sold to raise funds rather than to be	maintained as part of	f the orgai	nization's d	collection?	. <u>.</u>		. 🗌 Yes	No
Pa	rt IV Escrow and Custodial Arrang			_					
	Complete if the organization an	swered "Yes" on	Form 9	90, Part	IV, line 9, o	r rep	orted an amou	nt on Forr	n
	990, Part X, line 21.					_			
1a	Is the organization an agent, trustee, custodian of	or other intermediary for	or contrib	utions or o	ther assets not				
	included on Form 990, Part X?							. 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	complete the following	ng table.						
							Amo	ount	
С	Beginning balance					1c	<u> </u>		
d	Additions during the year					1d			
0	Distributions during the year					1e			
f	Ending balance		•			1f			
2a	Did the organization include an amount on Form	990, Part X, line 21, f	or escrow	or custod	ial account liabi	lity?		. 🔲 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII Ch	eck here if the explan	ation has	been prov	ided on Part XII	I _	<u></u>		. 🗆
Pa	rt V Endowment Funds.	_							
	Complete if the organization an	swered "Yes" on	Form 9	90, Part	IV, line 10.				<u>.</u>
		(a) Current year	(b) Pro	or year	(c) Two years ba	ck	(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	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	e 1g, colu	mn (a)) he	ld as [.]				
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
C	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should e	equal 100%.							
3a	Are there endowment funds not in the possession	on of the organization	that are h	eld and ad	ministered for th	ne			
	organization by							\Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
þ	If "Yes" on 3a(ii), are the related organizations list	sted as required on So	chedule R	l?				3b	
4	Describe in Part XIII the intended uses of the org		ent funds.						
Pa	rt VI Land, Buildings, and Equipm		_			_			
	Complete if the organization ar	swered "Yes" on	Form 9	90, Parl	t IV, line 11a	. See	e Form 990, Pa	art X, line	<u>10.</u>
	Description of property	(a) Cost or other		1	r other basis		Accumulated	(d) Book va	alue
		(investmen	nt) 	(0	other)	de	preciation	 -	
1a	Land	33	0,445					33	0,445
b	Buildings	1,09	8,948				440,714	65	8,234
С	Leasehold improvements								
d	Equipment	86	9,894	ļ			707,430	16	2,464
_ <u>e</u>	Other			<u> </u>					
Tota	I. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X, o	column (B), line 10c.)		<u>.</u>	1,15	1,143
EEA	- -				 -			bodule D (Form	000\ 2045

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Schedule D (Form 990) 2015 Star of Hope Activity Center Inc

	(a) Description of security or category	(b) Book value	IV, line 11b. See Form 990, Part X,	
	(including name of security)	(b) book value	Cost or end-of-year market value	
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)	 			
) must equal Form 990, Part X, col. (B) line 12.)	_		
Part VIII	Investments - Program Relat	·		
(<u> </u>			IV, line 11c. See Form 990, Part X,	line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
_(5)				
(6)				
(8)				
(9)				
(9) Total. (Column (b)	must equal Form 990, Part X, col (B) line 13)	>		
(9)	Other Assets.		t IV line 11d. See Form 900. Part Y	line 15
(9) Total. (Column (b)	Other Assets.	nswered "Yes" on Form 990, Par	t IV, line 11d. See Form 990, Part X,	
(9) Total. (Column (b	Other Assets. Complete if the organization ar			ok value
(9) Total. (Column (b Part IX (1) Depos	Other Assets. Complete if the organization ar	nswered "Yes" on Form 990, Par		
(9) Total. (Column (b Part IX (1) Depos (2)	Other Assets. Complete if the organization ar	nswered "Yes" on Form 990, Par		ok value
(9) Total. (Column (b Part IX (1) Depos (2) (3)	Other Assets. Complete if the organization ar	nswered "Yes" on Form 990, Par		ok value
(9) Total. (Column (b Part IX (1) Depos (2)	Other Assets. Complete if the organization ar	nswered "Yes" on Form 990, Par		ok value
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4)	Other Assets. Complete if the organization ar	nswered "Yes" on Form 990, Par		ok value
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5)	Other Assets. Complete if the organization ar	nswered "Yes" on Form 990, Par		ok value
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6)	Other Assets. Complete if the organization ar	nswered "Yes" on Form 990, Par		ok value
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ar	nswered "Yes" on Form 990, Par (a) Description		ok value
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization ar its n (b) must equal Form 990, Part X, col. (B	nswered "Yes" on Form 990, Par (a) Description		ok value
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ar its n (b) must equal Form 990, Part X, col. (B Other Liabilities. Complete if the organization ar	nswered "Yes" on Form 990, Par (a) Description		97,86
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization ard its its n (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ard line 25.	nswered "Yes" on Form 990, Par (a) Description) line 15) nswered "Yes" on Form 990, Par	(b) Bo	97,86
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1.	Other Assets. Complete if the organization ar its n (b) must equal Form 990, Part X, col. (B Other Liabilities. Complete if the organization ar	nswered "Yes" on Form 990, Par (a) Description	(b) Bo	97,86
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Assets. Complete if the organization ar its n (b) must equal Form 990, Part X, col. (B Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" on Form 990, Par (a) Description) line 15) nswered "Yes" on Form 990, Par	(b) Bo	97,86
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1.	Other Assets. Complete if the organization ar its n (b) must equal Form 990, Part X, col. (B Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" on Form 990, Par (a) Description) line 15) nswered "Yes" on Form 990, Par	(b) Bo	97,86
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2)	Other Assets. Complete if the organization ar its n (b) must equal Form 990, Part X, col. (B Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" on Form 990, Par (a) Description) line 15) nswered "Yes" on Form 990, Par	(b) Bo	97,86
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3)	Other Assets. Complete if the organization ar its n (b) must equal Form 990, Part X, col. (B Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" on Form 990, Par (a) Description) line 15) nswered "Yes" on Form 990, Par	(b) Bo	97,86
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization ar its n (b) must equal Form 990, Part X, col. (B Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" on Form 990, Par (a) Description) line 15) nswered "Yes" on Form 990, Par	(b) Bo	97,86
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization ar its n (b) must equal Form 990, Part X, col. (B Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" on Form 990, Par (a) Description) line 15) nswered "Yes" on Form 990, Par	(b) Bo	97,86
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ar its n (b) must equal Form 990, Part X, col. (B Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" on Form 990, Par (a) Description) line 15) nswered "Yes" on Form 990, Par	(b) Bo	97,86
(9) Total. (Column (b) Part IX (1) Depos (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ar its n (b) must equal Form 990, Part X, col. (B Other Liabilities. Complete if the organization ar line 25. (a) Description of liability	nswered "Yes" on Form 990, Par (a) Description) line 15) nswered "Yes" on Form 990, Par	(b) Bo	97,86

Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, F		nue per Retur	n.
1	Total revenue, gains, and other support per audited financial statements		. 11	5,586,738
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	,		2e	
3			3	5,586,738
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i i		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	5,586,738
	Reconciliation of Expenses per Audited Financial State	ments With Exc		
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements			5,545,318
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	5,545,318
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b		. 4c	
	T			5,545,318
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lir t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			
				
,				
			-	
			·. · - · · ·	
				

Star of Hope Activity Center Inc

Schedule D (Form 990) 2015

93-0556589

Page 4

SCHEDULE G (Form 990 or 990-EZ

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2015

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

ar of Hope Activity Cente					93-05	
Fundraising Activities				swered "Yes" on	Form 990, Part IV	, line 17.
Form 990-EZ lilers are no					-1.	
Indicate whether the organization rais	sed funds through		-			
Mail solicitations				of non-government gra	ants	
Internet and email solicitations				of government grants		
Phone solicitations		9 ⊔	Special fund	Iraising events		
In-person solicitations			1 -14 -14			
Did the organization have a written or	-					D N-
or key employees listed in Form 990,						_
If "Yes," list the ten highest paid indivious compensated at least \$5,000 by the compensated		(Turioraisers) j	oursuant to a	agreements under will	ich the lunuraiser is to t	e .
compensated at least \$5,000 by the t	nganization.					
		(III) Did form	drawas have		(v) Amount paid to	(vi) Amount paid t
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		draiser have control of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No		cor (i)	
						
						<u> </u>
	}	}] }			}
				i		
		 				
						ļ
			•			
List all states in which the organization			licit contribu	utions or has been not	ified it is exempt from	
registration or licensing.	J					
_						
						

•		than \$15,000 of fundraising gross receipts greater than		d gross income on Forr	n 990-EZ, lines 1 and 6	b. List events with
		gross receipts greater than	(a) Event #1 Valentines	(b) Event #2	(c) Other events None	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	22,474			22,474
_	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	22,474			22,474
	4	Cash prizes				
	5	Noncash prizes			<u> </u>	
enses	6	Rent/facility costs				·
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses			<u> </u>	
	10	Direct expense summary. Add lines	4 through 9 in column (d)			
	11	Net income summary Subtract line				22,474
PE	ırt II	Gaming. Complete if the than \$15,000 on Form 990		'Yes" to Form 990, Par	t IV, line 19, or reported	i more
συ	· ·	(1011 \$ 10,000 \$111 \$1111 \$00		(b) Pull tabs/instant	(1) (2)	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
- Re	1	Gross revenue		l		
ses	2	Cash prizes				
ect 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 Add lines	s 2 through 5 in column (d)			
	8	Net gaming income summary Sub	tract line 7 from line 1, colui	mn (d)	<u> ,</u> ▶	
9	En	iter the state(s) in which the organiza				
y a		iter the state(s) in which the organiza the organization licensed to conduct	• •			. 🗌 Yes 📗 No
t		Mar Barralana				
	_					
	-			and the second s	4	
		ere any of the organization's gaming Yes," explain:	licenses revoked, suspend			Yes No
						Yes . No

(g) Sec 512(b)(13) controlled entity? £ Schedule R (Form 990) 2015 × OMB No 1545-0047 (f)
Direct controlling entity Yes Open to Public Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Inspection 2015 **Employer Identification number** Direct controlling 93-0556589 End-of-year assets <u>e</u> Public chanty status (if section 501(c)(3)) Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Total income ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. σ **©** ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Exempt Code section Related Organizations and Unrelated Partnerships 501(c)(3) € (c) Legal dom (state or foreign country) Legal dom (state or foreign country) g R ▶ Attach to Form 990. Primary activity (1) Star of Hope Housing Services Inc, 93-0837916 Provide housing to ievelopmentally disabled adults Primary activity one or more related tax-exempt organizations during the tax year. For Paperwork Reduction Act Notice, see the Instructions for Form 990. 1 Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization Star of Hope Activity Center Inc 657 Newmark Avenue Coos Bay, OR 97420 Department of the Treasury Name of the organization SCHEDULE R Internal Revenue Service (Form 990) Part II Part EEA 4 (3) 9 (2) 3 ල 3 Ξ 3

Page 2 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 93-0556589 Star of Hope Activity Center Inc Schedule R (Form 990) 2015

(k) % Schedule R (Form 990) 2015 (h) (i) Percentage Sec 512(b)(13) Yes No controlled Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, nanagıng /es No Gen or partner? 9 ownership Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>6</u> (h)
Disproportionate res No tions Share of total Share of end-of-year assets Income <u>6</u> line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Type of entity (C corp, S corp, (f) Share of total income or trust) because it had one or more related organizations treated as a partnership during the tax year. Predominant income (related, ections 512-514) excluded from tax under (d)
Direct controlling
entity unrelated, (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign
country) Legal domicile (state or foreign country) Pnmary activity Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III E A Ξ <u>@</u> ල 3 ন € Ξ (2) 3 3

Page 3 × Schedule R (Form 990) 2015 × Yes 1a 4 9 **1**e Ę 4 12 9 Transactions with Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 93-0556589 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Amount involved 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) <u>e</u> I Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 Sharing of paid employees with related organization(s) Star of Hope Activity Center Inc Receipt of (i) interest (ii) annuites (iii) royalties, or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule k Lease of facilities, equipment, or other assets from related organization(s) Name of related organization Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution to related organization(s) P Reimbursement paid to related organization(s) for expenses
 P Reimbursement paid by related organization(s) for expenses . . Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Shanng of paid employees with related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Schedule R (Form 990) 2015 Part V Ξ 3 ල € <u>2</u> 9 EEA Star of Hope Activity Center Inc

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93-0556589 Schedule R (Form 990) 2015

Star of Hope Activity Center Inc

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

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

•																
3	% owner-	ship					1									2015
6		partner?	Yes No													n 990)
igspace	Gen or	part	χ es						-							R (For
(E)	Code V-UBI amount in box 20	of Schedule K-1 (Form 1065)														Schedule R (Form 990) 2015
	Code	of Sch (For								_						
Ξ	Disprop-	alloca-	Yes No							-						
F	S D	# ¥	ڠ													
(b)	Share of end-of-vear	assets														
(£)	IS E															
	thers	(c)(3)	2													
<u> </u>	Pad	150 gra	ě											_		
(p)	Predominant	unrelated, excluded 501(c)(3) from tax under sations?	section 512-514)			,										
(3)	Legal	(state or foreign	country)													
(p)	vity															
200	_													i		
doll. occ mouve																
(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (e) (d) (d) (d) (d) (e) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Name, address, and EIN of entity															
5 5 5 5				(1)	(2)	(6)	4	(2)	(9)	6	(8)	6)	(10)	(11)	(12)	FEA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Internal Revenue Service	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990	Inspection
Name of the organization		Employer identification number
Star of Hope Act	tivity Center Inc	93-0556589
01. Form 990 go	verning body review (Part VI, line 11)	
		the Deard
The Form 990 is	reviewed by the Finance Director, Executive Director, and	the Board
Treasurer. The	Form 990 is signed by the Executive Director. The Board rev	views the Form
990 timely.		
02. Conflict of	interest policy compliance (Part VI, line 12c)	
The organization	n is a written policies and procedures handbook and board m	nanagement
handbook describ	oing the conflict of interest policy and compliance.	
03. CEO, execut:	ive director, top management comp (Part VI, line 15a)	
Comparability st	tudies are performed for the Executive Director's compensat	cion policy
within nonprofit	t organizations or Oregon. The Board of Directors reviews t	the studies and
uses it for dec	ding Executive Director wages. All other key employees' con	mpensation
amounts are base	ed on suggestions of the Oregon Rehabilitation Association	
04 Other office	er or key employee compensation (Part VI, line 15b	
04. Other office	er of key emproyee compensation (Fart VI, Time 13b	
Employees' compo	ensation amounts are based on suggestions of the Oregon Re	habilitation
Association.		
05 Governing d	ocuments, etc, available to public (Part VI, line 19)	
vs. Governing di	bedments, etc., available to public (rait vi, line 19)	
The Form 990 re	sides on the Oregon Department of Justice Charitable Divis	ion's website
along with the	Oregon Form CT-12. All governing documents, policies, fina	ncial statements
and Form 990 ar	e available upon request at the Corporation's office for a	small fee.
		