

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2016**  
Open to Public Inspection

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](http://www.irs.gov/form990).

**A** For the **2016** calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BOYS HOPE GIRLS HOPE</b>		<b>D</b> Employer identification number <b>43-1209928</b>
	Doing business as		<b>E</b> Telephone number <b>314-298-1250</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>12120 BRIDGETON SQUARE DRIVE</b>		<b>G</b> Gross receipts \$ <b>17,195,597.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BRIDGETON, MO 63044</b>		
<b>F</b> Name and address of principal officer: <b>KRISTIN OSTBY</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number <b>▶ 3143</b>	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **▶ WWW.BGHINTERNATIONAL.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **▶** **L** Year of formation: **1977** **M** State of legal domicile: **MO**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>280</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>279</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>308</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1342</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>15,915,148.</b>	<b>Current Year</b> <b>13,157,376.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>940,002.</b>	<b>743,402.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>191,387.</b>	<b>231,622.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>17,046,537.</b>	<b>14,132,400.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,927,670.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>9,223,520.</b>	<b>8,299,756.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶ 1,806,964.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>3,302,193.</b>	<b>3,234,285.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>15,453,383.</b>	<b>13,904,136.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,593,154.</b>	<b>228,264.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>41,794,670.</b>	<b>End of Year</b> <b>40,366,546.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>4,283,847.</b>	<b>3,534,475.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>37,510,823.</b>	<b>36,832,071.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	<b>KRISTIN OSTBY, CEO/PRESIDENT</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIMBERLY A RYAN</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P00829977</b>
	Firm's name <b>▶ RUBINBROWN LLP</b>	Firm's EIN <b>▶ 43-0765316</b>		Phone no. (314) <b>290-3300</b>
	Firm's address <b>▶ ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  **Yes**  **No**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: BOYS HOPE GIRLS HOPE HELPS ACADEMICALLY CAPABLE AND MOTIVATED CHILDREN-IN-NEED TO MEET THEIR FULL POTENTIAL AND BECOME MEN AND WOMEN FOR OTHERS BY PROVIDING VALUE-CENTERED, FAMILY-LIKE HOMES, OPPORTUNITIES AND EDUCATION THROUGH COLLEGE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] 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 \$ 1,299,872. including grants of \$ 398,164. ) (Revenue \$ ) ILLINOIS - THE PROGRAM IS A RESIDENTIAL SCHOLARSHIP PROGRAM WHICH OPERATES 3 HOMES. SERVICES PROVIDED WITHIN A FAMILY LIKE SETTING, INCLUDE HOUSING, FOOD, SCHOOL TUITION, TUTORING, ADULT LIVE-IN SUPERVISION AND CLOTHING. THIS YEAR, SERVICES WERE PROVIDED FOR 24 SCHOLARS IN RESIDENCE AND 15 SCHOLARS AWAY AT COLLEGE. SUCCESS IS MEASURED BY HAVING ALL RESIDENCE SCHOLARS COMPLETE SERVICE HOURS AND MAINTAIN AN ABOVE AVERAGE GRADE POINT.

4b (Code: ) (Expenses \$ 1,363,276. including grants of \$ 478,329. ) (Revenue \$ ) ST LOUIS - THE PROGRAM IS A RESIDENTIAL SCHOLARSHIP PROGRAM WHICH OPERATES 2 HOMES. SERVICES PROVIDED WITHIN A FAMILY LIKE SETTING, INCLUDE HOUSING, FOOD, SCHOOL TUITION, TUTORING, ADULT LIVE-IN SUPERVISION AND CLOTHING. THIS YEAR, SERVICES WERE PROVIDED FOR 12 SCHOLARS IN RESIDENCE AND 29 SCHOLARS AWAY AT COLLEGE. SUCCESS IS MEASURED BY HAVING ALL RESIDENCE SCHOLARS COMPLETE SERVICE HOURS AND MAINTAIN AN ABOVE AVERAGE GRADE POINT. IN ADDITION, 61 SCHOLARS WERE SERVED THROUGH THE HOPE PREP PROGRAM, AN INTENSIVE 9-YEAR PROGRAM OF ACADEMIC PREPARATION AND CHARACTER BUILDING (BEGINNING IN 8TH GRADE) THROUGH HIGH SCHOOL AND ENDING AT COLLEGE GRADUATION.

4c (Code: ) (Expenses \$ 920,132. including grants of \$ 252,494. ) (Revenue \$ ) PITTSBURGH - THE PROGRAM IS A RESIDENTIAL SCHOLARSHIP PROGRAM WHICH OPERATES 2 HOMES. SERVICES PROVIDED WITHIN A FAMILY LIKE SETTING, INCLUDE HOUSING, FOOD, SCHOOL TUITION, TUTORING, ADULT LIVE-IN SUPERVISION AND CLOTHING. THIS YEAR, SERVICES WERE PROVIDED FOR 13 SCHOLARS IN RESIDENCE AND 8 SCHOLARS AWAY AT COLLEGE. SUCCESS IS MEASURED BY HAVING ALL RESIDENCE SCHOLARS COMPLETE SERVICE HOURS AND MAINTAIN AN ABOVE AVERAGE GRADE POINT.

4d Other program services (Describe in Schedule O.) (Expenses \$ 6,592,647. including grants of \$ 1,241,108. ) (Revenue \$ )

4e Total program service expenses 10,175,927.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (280), 1b (279), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ, CA, IL, PA
18 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.
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: KRISTIN OSTBY - 314-298-1250 12120 BRIDGETON SQUARE DRIVE, BRIDGETON, MO 63044

**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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SENTARI MINOR CHAIR-ARIZONA	1.00	X		X			0.	0.	0.	
(2) JACKIE HUTT VICE CHAIR-ARIZONA	1.00	X		X			0.	0.	0.	
(3) BRIGITTE BERRY GOVERNANCE CHAIR-ARIZON	1.00	X		X			0.	0.	0.	
(4) JOHN ELDEAN DEVELOPMENT CHAIR-ARIZONA	1.00	X		X			0.	0.	0.	
(5) CHRIS HARRISON FACILITIES CHAIR-ARIZONA	1.00	X		X			0.	0.	0.	
(6) MANUEL SALAZAR PROGRAM CHAIR-ARIZONA	1.00	X		X			0.	0.	0.	
(7) J.T. VANDERGRIFF FINANCE CHAIR-ARIZONA	1.00	X		X			0.	0.	0.	
(8) SHELLIE ANDREEN DIRECTOR-ARIZONA	1.00	X					0.	0.	0.	
(9) ROSARIA CAIN DIRECTOR-ARIZONA	1.00	X					0.	0.	0.	
(10) STEVE CHUCRI DIRECTOR-ARIZONA	1.00	X					0.	0.	0.	
(11) MARC CURRIE DIRECTOR-ARIZONA	1.00	X					0.	0.	0.	
(12) ZACHARY FRYER DIRECTOR-ARIZONA	1.00	X					0.	0.	0.	
(13) F. MICHAEL GEDDES DIRECTOR-ARIZONA	1.00	X					0.	0.	0.	
(14) JULIE HANCOCK DIRECTOR-ARIZONA	1.00	X					0.	0.	0.	
(15) MARK HANCOCK DIRECTOR-ARIZONA	1.00	X					0.	0.	0.	
(16) PAUL MULLIGAN DIRECTOR-ARIZONA	1.00	X					0.	0.	0.	
(17) ADRIA RENKE DIRECTOR-ARIZONA	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DON SMITH DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(19) TUCKER WOODBURY DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(20) CHRIS YARRINGTON DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(21) BARRY HERMAN CHAIR-BALTIMORE	1.00	X		X				0.	0.	0.
(22) JACLYN PAVALEC-CEESAY VICE CHAIR-BALTIMORE	1.00	X		X				0.	0.	0.
(23) DANIEL MURTAUGH SECRETARY-BALTIMORE	1.00	X		X				0.	0.	0.
(24) JOHN GOLES TREASURER-BALTIMORE	1.00	X		X				0.	0.	0.
(25) GUETER AURELIEN DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(26) KATHLEEN ANDERSON DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								1,280,024.	0.	107,695.
<b>d Total (add lines 1b and 1c)</b> .....								1,280,024.	0.	107,695.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JODY CLARK DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(28) CURT CRAIG DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(29) JOSEPH ENOCH DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(30) DOUGLAS GODINE DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(31) CARROLL GUNKEL DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(32) JESSICA HIEBLER DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(33) ANDREW HILGER DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(34) JOSEPH LAROCQUE DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(35) VHONDA LEWIS DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(36) JOHN MCCARDELL DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(37) MICHAEL MCSALLY DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(38) JOSEPH MOLYNEAUX DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(39) MATTHEW NELSON DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(40) WAYNE SIMMS DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(41) GILLIAN WOOD DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(42) RICHARD ZINK DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(43) DAVID W. CONWAY CO-CHAIR-CINCINNATI	1.00	X		X				0.	0.	0.
(44) MARK C. BISSINGER CO-CHAIR-CINCINNATI	1.00	X		X				0.	0.	0.
(45) MIKE CAUDILL VICE CHAIR-CINCINNATI	1.00	X		X				0.	0.	0.
(46) KELVIN STROUPE FINANCE CHAIR-CINCINNATI	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) PATRICK J. BURKE PAST CHAIR-CINCINNATI	1.00	X		X				0.	0.	0.
(48) JEAN MARGELLO PROGRAM CHAIR-CINCINNATI	1.00	X		X				0.	0.	0.
(49) STEVEN ARNOLD STRATEGIC PLANNING CHAIR-CINCINNATI	1.00	X		X				0.	0.	0.
(50) STEVE JUNG FACILITIES CHAIR-CINCINNATI	1.00	X		X				0.	0.	0.
(51) THEODORE L. SCHWARTZ EMERITUS-CINCINNATI	1.00	X						0.	0.	0.
(52) SCOTT CROMIE CHAIR-COLORADO	1.00	X		X				0.	0.	0.
(53) POLLY LESTIKOW VICE CHAIR-COLORADO	1.00	X		X				0.	0.	0.
(54) ROB CROSBY TREASURER-COLORADO	1.00	X		X				0.	0.	0.
(55) CONOR MCCALLIN SECRETARY-COLORADO	1.00	X		X				0.	0.	0.
(56) MARK KINIRY PAST CHAIR-COLORADO	1.00	X		X				0.	0.	0.
(57) SUSAN BAILEY DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(58) TIM BRANTLEY DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(59) ALAN CARRUTHERS DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(60) SEAN CASPER DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(61) ROBERT FANTE DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(62) CINDY GARRETT DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(63) RICKI KELLY DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(64) JOEL LEEGE DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(65) JOHN NUGENT, S.J. DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(66) CHRISTIAN O'DWYER DIRECTOR-COLORADO	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) MARIO REZA DIRECTOR-COLORADO	1.00	X					0.	0.	0.	
(68) ANGELA SCHMIDT DIRECTOR-COLORADO	1.00	X					0.	0.	0.	
(69) JOHN SCHMIDT DIRECTOR-COLORADO	1.00	X					0.	0.	0.	
(70) KENNETH STABLE DIRECTOR-COLORADO	1.00	X					0.	0.	0.	
(71) ROBERT STRAUSS DIRECTOR-COLORADO	1.00	X					0.	0.	0.	
(72) ADAM TRUITT DIRECTOR-COLORADO	1.00	X					0.	0.	0.	
(73) SCOTT CRANE DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(74) KURT SIEBENALLER DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(75) KEVIN KALCZYNSKI DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(76) DAN LAIBLE DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(77) JO COLEMAN DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(78) KERRIE BINNO DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(79) BILL HYDE DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(80) PAUL BOHN DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(81) JOHN DRAPER DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(82) KELLI COLEMAN DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(83) KRISTIN BROCHERT DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(84) JEFF ROGERS DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(85) ANTHONY TOCCO DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
(86) DAN DULWORTH DIRECTOR-DETROIT	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) JOHN SHERMAN DIRECTOR-DETROIT	1.00	X						0.	0.	0.
(88) JENNIFER O' SHAUGHNESSY CHAIR-ILLINOIS	1.00	X		X				0.	0.	0.
(89) JAMIE BAISLEY VICE CHAIR-ILLINOIS	1.00	X		X				0.	0.	0.
(90) BRIAN CRABB TREASURER-ILLINOIS	1.00	X		X				0.	0.	0.
(91) GEORGE SULLIVAN SECRETARY-ILLINOIS	1.00	X		X				0.	0.	0.
(92) DAVID GIBSON NOMINATIONS CHAIR-ILLINOIS	1.00	X		X				0.	0.	0.
(93) JEFFREY D. HUNTINGTON DEV. CO-CHAIR-ILLINOIS	1.00	X		X				0.	0.	0.
(94) CHRISTOPHER T. TARZON DEV. CO-CHAIR-ILLINOIS	1.00	X		X				0.	0.	0.
(95) KATHLEEN HARWOOD CO-PRESIDENT-ILLINOIS	1.00	X		X				0.	0.	0.
(96) MARTHA I. IDLER CO-PRESIDENT-ILLINOIS	1.00	X		X				0.	0.	0.
(97) GENEVIEVE ATWOOD DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(98) JOE HARTSIG DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(99) DANIEL J. O'DONOVAN DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(100) DANIEL J. BAKER DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(101) MARY ANN HARVEY DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(102) DIANNE O'DONOVAN DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(103) DAVE BRYLA DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(104) MICHAEL P. KAILUS DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(105) CYRUS OELERICH DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(106) LUCIEN CARTER DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(107) STEPHEN KING DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(108) ELIZABETH PATTARA DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(109) TERESA COTTON-SANTOS DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(110) JOHN LAFFERTY DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(111) JOHN PERKAUS DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(112) GRACE DIGAN DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(113) PETER LEE DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(114) LARRY PHILLIPS, JR. DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(115) MICKIE DILLON DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(116) JEFF LUNDAL DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(117) TIMOTHY REYNOLDS DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(118) RYAN FREEL DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(119) KEVIN MAY DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(120) GARRETT RYAN DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(121) JENNIFER GALLAGHER DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(122) MARK E. MCNABOLA DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(123) RUDOLPH TREBELS DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(124) MIKE HALKITIS DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(125) JIM WILSON DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(126) THOMAS MOREHEAD DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) DAN HOGAN PRESIDENT-KANSAS CITY	1.00	X		X				0.	0.	0.
(128) MELISSA HENDRICKS SECRETARY-KANSAS CITY	1.00	X		X				0.	0.	0.
(129) PAUL DAMON VICE PRESIDENT-KANSAS CITY	1.00	X		X				0.	0.	0.
(130) HASSAN AL-RUBAIE DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(131) RASOOL AHMED DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(132) BOB BEHNER DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(133) JEANIE BREWSTER DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(134) MARIANNE DAMON DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(135) DANIEL DOOLEY DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(136) MATTHEW GOEHAUSEN DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(137) GREGORY HARKNESS DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(138) JAKE REID DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(139) CHRISTOPHER SCHNEIDERS DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(140) BRIAN WEIFORD DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(141) DAVID YOUNGSTROM DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(142) MARIA O'NEIL RUDDOCK, PH.D. CHAIR-NE OHIO	1.00	X		X				0.	0.	0.
(143) DOUGLAS E. WELLS VICE CHAIR-NE OHIO	1.00	X		X				0.	0.	0.
(144) EDWARD T. MARSHALL TREASURER-NE OHIO	1.00	X		X				0.	0.	0.
(145) NANCY C. BENACCI SECRETARY-NE OHIO	1.00	X		X				0.	0.	0.
(146) KEVIN J. AFNAN DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) ANN COAKLEY ANDERSON DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(148) ALICE ARMSTRONG DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(149) KRISTEN BAIRD ADAMS DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(150) DOUGLAS R. BELL DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(151) MICHAEL M. BOESCHENSTEIN DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(152) JIM BROWN, JR. DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(153) ISABELLA (BITTY) T. DORR DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(154) THOMAS R. EBY, JR. DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(155) MARCIA P. FLOYD DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(156) PAUL FUSSNER DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(157) RAYMOND GUIAO, SJ DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(158) MICHAEL HAUGHT DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(159) JOHN L. HINDS DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(160) CYNTHIA AMES HUFFMAN DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(161) GREG HUSS DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(162) THERESA KEARNS DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(163) MICHAEL J. MERRIMAN DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(164) ANDREW W. MOOCK DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(165) MICHAEL MURPHY DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(166) RAYMOND M. MURPHY DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(167) TODD STEPHENSON DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(168) KEN STYLES, S.J. DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(169) JANIS VAN MEERVELD CHAIR-NEW ORLEANS	1.00	X		X				0.	0.	0.
(170) LEWIS J. DERBES, JR. VICE CHAIR-NEW ORLEANS	1.00	X		X				0.	0.	0.
(171) CHRISTOPHER M. KENNY TREASURER-NEW ORLEANS	1.00	X		X				0.	0.	0.
(172) GREG F. ROUCHELL SECRETARY-NEW ORLEANS	1.00	X		X				0.	0.	0.
(173) JON A. BUISE DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(174) WILL Z. BIENVENU DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(175) ELLEN H. COHEN DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(176) TIM CRAGIN DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(177) KAREN S. DEBLIEUX DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(178) JOHN C. "SANDY" DUPLANTIER DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(179) SALLY T. DUPLANTIER DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(180) BRETT P. FENASCI DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(181) RICK Q. FLICK DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(182) ROY A. GLAPION DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(183) STEPHEN HANEMANN DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(184) JOHN HUMMEL DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(185) CHRISTOPHER M. KENNY DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(186) THOMAS M. KITCHEN DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(187) EDWARD J. KOEHL, JR. DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(188) MONIQUE C. MCCONDUIT DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(189) MARQUEST MEEKS DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(190) STANTON MURRAY DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(191) EUGENE PRIESTLY DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(192) AL ROUCHELL, MD DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(193) BEN TARANTINO DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(194) SUSIE ZERINGUE DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(195) F. DUFFY HANNA CHAIR-PITTSBURGH	1.00	X		X				0.	0.	0.
(196) TRUDY WARD VICE CHAIR-PITTSBURGH	1.00	X		X				0.	0.	0.
(197) MARIA BERNIER SECRETARY-PITTSBURGH	1.00	X		X				0.	0.	0.
(198) MATT ZACK TREASURER-PITTSBURGH	1.00	X		X				0.	0.	0.
(199) MERRIL STYPULA DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(200) JAY ADAMS DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(201) BONNIE BAGAY DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(202) CHRISTINE M. CARMAZZI DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(203) MEGAN DUFFY DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(204) CHARLES I. FERRARA DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(205) ANISSA GILBERT DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(206) AMIT GROVER DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(207) MATTHEW M. JOHNSON DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(208) JAMES R. KANE DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(209) JOSEPH L. KELLEY, M.D. DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(210) GEORGE LINGE DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(211) JAN W. MADISON, M.D. DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(212) ANTHONY L. MASTRO DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(213) KIMBERLY D. MOSES, ESQ. DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(214) JUDITH L. NOCITO DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(215) SISTER ROSANNE OBERLEITNER DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(216) SISTER MARY PELLEGRINO DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(217) MARK M. SHERWIN DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(218) LOUISA SHIN DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(219) ROSEMARY WELSH DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(220) ANDY DAECHER CHAIR-SAN FRANCISCO	1.00	X		X				0.	0.	0.
(221) ALBERT S. BALDOCCHI DIRECTOR-SAN FRANCISCO	1.00	X						0.	0.	0.
(222) LUIS A. BELMONTE DIRECTOR-SAN FRANCISCO	1.00	X						0.	0.	0.
(223) MEGAN MONROE-COLEMAN DIRECTOR-SAN FRANCISCO	1.00	X						0.	0.	0.
(224) MICHELLE LEWIS DIRECTOR-SAN FRANCISCO	1.00	X						0.	0.	0.
(225) ANJIE KALLAS DIRECTOR-SAN FRANCISCO	1.00	X						0.	0.	0.
(226) REBECCA HASKELL DIRECTOR-SAN FRANCISCO	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(227) MARTIN RESCH DIRECTOR-SAN FRANCISCO	1.00	X						0.	0.	0.
(228) RICKY ROBINSON DIRECTOR-SAN FRANCISCO	1.00	X						0.	0.	0.
(229) CLAUDINE RYAN DIRECTOR-SAN FRANCISCO	1.00	X						0.	0.	0.
(230) DASH VICTOR DIRECTOR-SAN FRANCISCO	1.00	X						0.	0.	0.
(231) LAURA YANG DIRECTOR-SAN FRANCISCO	1.00	X						0.	0.	0.
(232) DIYA VARMA DIRECTOR-SAN FRANCISCO	1.00	X						0.	0.	0.
(233) MARK SCHECHTER CHAIR-SO CALIFORNIA	1.00	X		X				0.	0.	0.
(234) ED ARIENTI DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(235) JOSHUA AVEN DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(236) JESSE BAGLEY DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(237) MEREDITH BEAMISH DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(238) MARK DANNER DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(239) GARTH FLINT DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(240) RYAN HUNTSMAN DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(241) MARK CHAPIN JOHNSON DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(242) ROGER T. KIRWAN DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(243) TRACY KIRWAN DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(244) DIANE LANNON DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(245) CAMERAN LINDEE DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(246) DOUGLAS M. MCCAULLEY DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(247) SANDRA L. MITCHELL DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(248) THERESA C. MORRISON DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(249) JAMES B. O'NEAL DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(250) CHRIS PRIBUS DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(251) PAUL REISZ DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(252) MITCHELL W. SHATZEN DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(253) LAURA WEBER DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(254) KEITH WEBSTER DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(255) ROBIN K. YOSHIMURA DIRECTOR-SO CALIFORNIA	1.00	X						0.	0.	0.
(256) JAMES L MATHER PRESIDENT-ST. LOUIS	1.00	X		X				0.	0.	0.
(257) LISA A FLAVIN VICE PRESIDENT-ST. LOUIS	1.00	X		X				0.	0.	0.
(258) KURT HEUMANN TREASURER-ST. LOUIS	1.00	X		X				0.	0.	0.
(259) SARAH BEADLE DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(260) S. MARK BRAWLEY DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(261) JACK L. CAHILL DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(262) JOSEPH P. CASTELLANO DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(263) DIANE CODY DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(264) DONALD F. GEDERS, JR. DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(265) EVERETT JOHNSON DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(266) ANGELIQUE JOSEPH DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(267) BRIAN M. KING DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(268) GUY LITTEKEN DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(269) JUANITA LOGAN DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(270) BILL MANSFIELD DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(271) CHRISTINE MILLER DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(272) RICH NEMANICK DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(273) FR. RONNY O'DWYER DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(274) R BRIAN POTTER DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(275) JEFF SCHREMP DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(276) BERNARD P. SCHWEISS DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(277) RONALD P. STEINKAMP DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(278) MATTHEW J. STEUTERMAN DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(279) MIKE WYLIE DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(280) KRISTIN OSTBY DIRECTOR-VARIOUS AFFILIATE	1.00 40.00	X						0.	0.	0.
(281) AMY CAFFARELLO EXEC DIR-ARIZONA	40.00	X						85,000.	0.	4,985.
(282) WILLIAM FREEMAN EXEC DIR-BALTIMORE	40.00	X						62,807.	0.	132.
(283) ELIZABETH SARTORIUS EXEC DIR-BALTIMORE	40.00	X						32,097.	0.	1,370.
(284) DEBBIE BOWMAN EXEC DIR-CINCINNATI	40.00	X						116,684.	0.	4,991.
(285) MARY FRANCES THARP EXEC DIR-COLORADO	40.00	X						77,000.	0.	8,623.
(286) SUNEIL SINGH EXEC DIR-DETROIT	40.00	X						112,308.	0.	7,655.
Total to Part VII, Section A, line 1c .....										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include names like PETER BEALE DELVECCHIO, PAUL A. MINORINI, etc.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	3,995,956.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	9,161,420.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		13,157,376.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		373,091.			373,091.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 3,995,956. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	1,317,230.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	1,317,230.			
		<b>c</b> Net income or (loss) from fundraising events .....		0.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS .....		900099	231,622.	231,622.			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			231,622.				
<b>12 Total revenue.</b> See instructions. ....			14,132,400.	231,622.	0.	743,402.	

**Part IX 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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	2,370,095.	2,370,095.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,390,516.	993,869.	168,957.	227,690.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	5,121,304.	3,575,942.	653,403.	891,959.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	509,662.	465,345.	26,225.	18,092.
10 Payroll taxes .....	1,278,274.	910,855.	189,731.	177,688.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	87,046.	25,868.	56,803.	4,375.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	41,870.		41,870.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion .....				
13 Office expenses .....	376,554.	106,044.	74,194.	196,316.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....				
17 Travel .....	17,641.	12,459.	4,322.	860.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	15,958.	2,305.	2,554.	11,099.
20 Interest .....	37,911.	15,386.	22,525.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	729,686.	556,227.	169,398.	4,061.
23 Insurance .....	182,339.	110,957.	49,395.	21,987.
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.)				
a <b>PROGRAM ADMINISTRATION</b>	1,031,121.	521,986.	345,141.	163,994.
b <b>TRANSPORTATION</b>	328,852.	311,460.	17,152.	240.
c <b>NATIONAL ASSESSMENT</b>	257,664.	174,801.	58,456.	24,407.
d <b>BAD DEBT EXPENSE</b>	81,888.	1,333.	28,919.	51,636.
e All other expenses	45,755.	20,995.	12,200.	12,560.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>13,904,136.</b>	<b>10,175,927.</b>	<b>1,921,245.</b>	<b>1,806,964.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,557,435.	<b>1</b>	3,727,715.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	78,000.
	<b>3</b> Pledges and grants receivable, net .....	4,572,441.	<b>3</b>	3,275,598.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	107,909.	<b>9</b>	41,534.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 23,046,346.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,657,783.	<b>10c</b>	14,388,563.
	<b>11</b> Investments - publicly traded securities .....	16,033,716.	<b>11</b>	18,721,056.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	298,381.	<b>15</b>	134,080.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	41,794,670.	<b>16</b>	40,366,546.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,212,729.	<b>17</b>	1,276,751.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	331,786.	<b>19</b>	244,801.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,733,084.	<b>23</b>	1,971,972.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	6,248.	<b>25</b>	40,951.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,283,847.	<b>26</b>	3,534,475.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	30,935,853.	<b>27</b>	29,589,454.
	<b>28</b> Temporarily restricted net assets .....	2,951,375.	<b>28</b>	3,318,204.
	<b>29</b> Permanently restricted net assets .....	3,623,595.	<b>29</b>	3,924,413.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	37,510,823.	<b>33</b>	36,832,071.	
<b>34</b> Total liabilities and net assets/fund balances .....	41,794,670.	<b>34</b>	40,366,546.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,132,400.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,904,136.
3	Revenue less expenses. Subtract line 2 from line 1	3	228,264.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,510,823.
5	Net unrealized gains (losses) on investments	5	1,362,649.
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	-2,269,665.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,832,071.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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 the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form 990 (2016)

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization **BOYS HOPE GIRLS HOPE** Employer identification number **43-1209928**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13664548.	12790647.	19808133.	15915148.	13157376.	75335852.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	13664548.	12790647.	19808133.	15915148.	13157376.	75335852.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						75335852.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	13664548.	12790647.	19808133.	15915148.	13157376.	75335852.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	377,991.	466,172.	293,719.	450,646.	373,091.	1961619.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1703310.	1577691.	2219043.	1886330.	1548852.	8935226.
<b>11 Total support.</b> Add lines 7 through 10						86232697.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	87.36 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	86.84 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	► <input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 tax year? <i>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, 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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2012 AMOUNT: \$ 158,336.

2013 AMOUNT: \$ 97,741.

2014 AMOUNT: \$ 349,438.

2015 AMOUNT: \$ 191,387.

2016 AMOUNT: \$ 231,622.

GROSS REVENUE FROM FUNDRAISING EVENTS

2012 AMOUNT: \$ 1,544,974.

2013 AMOUNT: \$ 1,570,372.

2014 AMOUNT: \$ 1,803,144.

2015 AMOUNT: \$ 1,694,943.

2016 AMOUNT: \$ 1,317,230.

FORGIVENESS OF PAYABLE

2013 AMOUNT: \$ 21,460.

2014 AMOUNT: \$ 66,461.

LOSS ON IMPAIRMENT

2013 AMOUNT: \$ -111,882.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

BOYS HOPE GIRLS HOPE

Employer identification number

43-1209928

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

<b>Name of organization</b>  BOYS HOPE GIRLS HOPE	<b>Employer identification number</b>  43-1209928
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 264,266.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BOYS HOPE GIRLS HOPE</b>	Employer identification number  <b>43-1209928</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>BOYS HOPE GIRLS HOPE</b>	Employer identification number  <b>43-1209928</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

**Name of the organization** BOYS HOPE GIRLS HOPE **Employer identification number** 43-1209928

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor 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 purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,181,819.	10,972,775.	9,303,984.	7,984,454.	7,368,164.
b Contributions	654,527.	497,042.	1,551,277.	923,400.	25,000.
c Net investment earnings, gains, and losses	493,324.	142,040.	432,569.	879,855.	850,771.
d Grants or scholarships					
e Other expenditures for facilities and programs	138,545.	430,038.	315,055.	483,725.	259,481.
f Administrative expenses					
g End of year balance	12,191,125.	11,181,819.	10,972,775.	9,303,984.	7,984,454.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  65.45 %
  - b Permanent endowment  32.60 %
  - c Temporarily restricted endowment  1.95 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,575,221.		1,575,221.
b Buildings		19,041,683.	8,657,783.	10,383,900.
c Leasehold improvements				
d Equipment		1,328,716.		1,328,716.
e Other		1,100,726.		1,100,726.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,388,563.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part 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)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	26,531.
(3) LOAN PAYABLE - NATIONAL	14,420.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	40,951.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Row 5: Total revenue. Add lines 3 and 4c.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Row 5: Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENT FUNDS, INCOME ONLY IN THE CASE OF PERMANENT ENDOWMENT FUNDS, ARE USED TO OFFSET OPERATIONAL EXPENSES OF AFFILIATES. ENDOWMENTS ARE HELD BY INDIVIDUAL AFFILIATES AND USED TO OFFSET THEIR OWN EXPENSES.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>AFFILIATE EVENTS</b>		<b>NONE</b>	
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts .....	5,313,186.			5,313,186.
2	Less: Contributions .....	3,995,956.			3,995,956.
3	Gross income (line 1 minus line 2) .....	1,317,230.			1,317,230.
<b>Direct Expenses</b>					
4	Cash prizes .....				
5	Noncash prizes .....				
6	Rent/facility costs .....				
7	Food and beverages .....				
8	Entertainment .....				
9	Other direct expenses .....	1,317,230.			1,317,230.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				1,317,230.
11	Net income summary. Subtract line 10 from line 3, column (d) .....				0.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

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

<b>13a</b>		%
<b>13b</b>		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

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**Part IV** Supplemental Information (continued)

Lined area for supplemental information with multiple horizontal lines.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **BOYS HOPE GIRLS HOPE** Employer identification number **43-1209928**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2016)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BHGH - ARIZONA	86	127,224.	0.		
BHGH - BALTIMORE	17	152,570.	0.		
BHGH - GREATER CINCINNATI	36	123,147.	0.		
BHGH - COLORADO	81	57,144.	0.		
BHGH - MICHIGAN	111	230,631.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BHGH - ILLINOIS	39.	398,164.	0.		
BHGH - KANSAS CITY	9.	65,016.	0.		
BHGH - NORTHEASTERN OHIO	147.	201,097.	0.		
BHGH - NEW ORLEANS	19.	179,695.	0.		
GIRLS HOPE - PITTSBURGH	21.	252,494.	0.		
BHGH - SAN FRANCISCO	22.	57,824.	0.		
BHGH - SOUTHERN CALIFORNIA	20.	46,760.	0.		
BHGH - ST LOUIS	102.	478,329.	0.		

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

BOYS HOPE GIRLS HOPE

Employer identification number

43-1209928

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PROGRAM PROVIDES HOUSING AND EDUCATIONAL ASSISTANCE FOR ABANDONED,  
ABUSED AND NEGLECTED YOUTHS IN A FAMILY ENVIRONMENT WHICH ALLOWS THEM  
TO MATURE AND SUCCEED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

10 ADDITIONAL AFFILIATES PROVIDING HOUSING AND EDUCATIONAL ASSISTANCE  
FOR ABANDONED, ABUSED AND NEGLECTED YOUTH.

EXPENSES \$ 6,592,647. INCLUDING GRANTS OF \$ 1,241,108. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

THERE ARE BOARD MEMBERS OF VARIOUS AFFILIATES THAT HAVE FAMILY  
RELATIONSHIPS WITH OTHER BOARD MEMBERS.

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

THE FINANCE COMMITTEE CHAIRS ARE SENT A COPY OF THE IRS FORM 990 TO REVIEW  
PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICTS ARE TO BE DISCLOSED AND DISCUSSED AS THEY ARISE.

FORM 990, PART VI, SECTION B, LINE 15A:

SALARIES OF TOP MANAGEMENT OFFICIALS AND OTHER EMPLOYEES ARE TESTED FOR  
CONSISTENCY WITH SURVEY DATA FOR SIMILAR POSITIONS AND ARE APPROVED AS PART  
OF THE BOARD'S APPROVAL OF THE ANNUAL BUDGET.

Name of the organization BOYS HOPE GIRLS HOPE	Employer identification number 43-1209928
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FORM 990, PART VI, SECTION C, LINE 19:  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9  
ADJUSTMENT DUE TO BATON ROUGE (72-1441462) AND NEW YORK (13-2990982)  
AFFILIATES NO LONGER INCLUDED IN GROUP FORM 990 FILING. BOTH  
AFFILIATES WILL FILE FORMS 990 ON A SEPARATE ENTITY BASIS.

FORM 990, PART XII, LINE 2C  
NO CHANGE FROM PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

**BOYS HOPE GIRLS HOPE**

Employer identification number

**43-1209928**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BOYS HOPE GIRLS HOPE OF ARIZONA, INC. - 86-0630295, 3443 NORTH CENTRAL AVE, SUITE 713, PHOENIX, AZ 85012	HOUSING/EDUCATION	ARIZONA	501(C)(3)	LINE 7	N/A		X
BOYS HOPE GIRLS HOPE OF BALTIMORE - 52-2356443, 8005 HARFORD ROAD, STE. 101, BALTIMORE, MD 21234	HOUSING/EDUCATION	MARYLAND	501(C)(3)	LINE 7	N/A		X
BOYS HOPE GIRLS HOPE OF GREATER CINCINNATI, INC. - 31-1054816, 1725 RIVERSIDE DRIVE, CINCINNATI, OH 45202	HOUSING/EDUCATION	OHIO	501(C)(3)	LINE 7	N/A		X
BOYS HOPE GIRLS HOPE OF COLORADO, INC. - 84-1239769, 7060 E. HAMPDEN AVE, SUITE 203, DENVER, CO 80224	HOUSING/EDUCATION	COLORADO	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2016

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BOYS HOPE GIRLS HOPE OF MICHIGAN, INC. - 38-2536444, 3031 W. GRAND BLVD., STE. 685, DETROIT, MI 48202	HOUSING/EDUCATION	MICHIGAN	501(C)(3)	LINE 7	N/A		X
BOYS HOPE GIRLS HOPE OF ILLINOIS, INC. - 51-0248353, 1100 N. LARAMIE AVE, WILMETTE, IL 60091	HOUSING/EDUCATION	ILLINOIS	501(C)(3)	LINE 7	N/A		X
BOYS HOPE GIRLS HOPE OF KANSAS CITY - 43-1927487, 7700 WEDD STREET, STE. 15, OVERLAND PARK, KS 66204	HOUSING/EDUCATION	KANSAS	501(C)(3)	LINE 7	N/A		X
BOYS HOPE GIRLS HOPE OF NORTHEASTERN OHIO - 34-1534921, 9619 GARFIELD BLVD, GARFIELD HEIGHTS, OH 44125	HOUSING/EDUCATION	OHIO	501(C)(3)	LINE 7	N/A		X
BOYS HOPE GIRLS HOPE OF GREATER NEW ORLEANS - 72-0905785, 4128 BAUDIN STREET, NEW ORLEANS, LA 70119	HOUSING/EDUCATION	LOUISIANA	501(C)(3)	LINE 7	N/A		X
GIRLS HOPE OF PITTSBURGH, INC. - 25-1625524 1005 BEAVER GRADE ROAD SUITE 103 CORAPOLIS, PA 15108	HOUSING/EDUCATION	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		X
BOYS HOPE GIRLS HOPE OF SAN FRANCISCO, INC. - 91-2002481, P.O. BOX 347359, SAN FRANCISCO, CA 94134	HOUSING/EDUCATION	CALIFORNIA	501(C)(3)	LINE 7	N/A		X
BOYS HOPE GIRLS HOPE OF CALIFORNIA, INC. - 36-3734433, 17701 COWAN AVE., STE. 150, IRVINE, CA 92614	HOUSING/EDUCATION	CALIFORNIA	501(C)(3)	LINE 7	N/A		X
BOYS HOPE GIRLS HOPE OF ST LOUIS, INC. - 43-1202596, 8027 ELINOR AVENUE, ST LOUIS, MO 63117	HOUSING/EDUCATION	MISSOURI	501(C)(3)	LINE 7	N/A		X
BOYS HOPE GIRLS HOPE - 51-0182614 12120 BRIDGETON SQUARE DR BRIDGETON, MO 63044	EDUCATION	MISSOURI	501(C)(3)	LINE 7	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



