

RUBINBROWN LLP  
ONE NORTH BRENTWOOD  
SAINT LOUIS, MO 63105

BOYS HOPE GIRLS HOPE  
12120 BRIDGETON SQUARE DRIVE  
BRIDGETON, MO 63044-2607



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CLIENT'S COPY



One North Brentwood  
Suite 1100  
St. Louis, MO 63105

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www.RubinBrown.com

CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS

June 12, 2020

Boys Hope Girls Hope  
12120 Bridgeton Square Drive  
Bridgeton, MO 63044-2607  
Attention: Kristin Ostby

Dear Kristin,

Enclosed are the original and one copy of the 2018 Exempt Organization return, as follows...

2018 Form 990

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules (including schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Kimberly Ann Ryan, CPA  
Partner

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2019

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**Prepared For:**

Boys Hope Girls Hope  
12120 Bridgeton Square Drive  
Bridgeton, MO 63044-2607

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**Prepared By:**

RubinBrown LLP  
One North Brentwood  
Saint Louis, MO 63105

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required.

Please sign and return Form 8879 immediately by fax to 314-290-3400 or email to [efile@rubinbrown.com](mailto:efile@rubinbrown.com).

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<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> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>12120 BRIDGETON SQUARE DRIVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>BRIDGETON, MO 63044-2607</b>	<b>D</b> Employer identification number <b>43-1209928</b>  <b>E</b> Telephone number <b>314-298-1250</b>
<b>F</b> Name and address of principal officer: <b>KRISTIN OSTBY</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>19,957,360.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶ <b>3143</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.BHGHINTERNATIONAL.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1977</b> <b>M</b> State of legal domicile: <b>MO</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
Activities & Governance	<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>242</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>242</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>		<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		<b>18</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 38	<b>7b</b>		<b>0.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>16,547,617.</b>	<b>13,420,075.</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,303,785.</b>	<b>1,829,200.</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>32,383.</b>	<b>137,414.</b>	
		<b>17,883,785.</b>	<b>15,386,689.</b>	
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,351,547.</b>	<b>3,298,604.</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>7,851,466.</b>	<b>6,784,292.</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>1,531,561.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,366,258.</b>	<b>3,450,138.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,569,271.</b>	<b>13,533,034.</b>		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3,314,514.</b>	<b>1,853,655.</b>		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>49,813,987.</b>	<b>42,719,677.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>10,353,632.</b>	<b>1,785,476.</b>	
		<b>39,460,355.</b>	<b>40,934,201.</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 <b>KRISTIN OSTBY, CEO/PRESIDENT</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIMBERLY A RYAN</b>	Preparer's signature	Date
	Firm's name ▶ <b>RUBINBROWN LLP</b>	Firm's EIN ▶ <b>43-0765316</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00829977</b>
	Firm's address ▶ <b>ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105</b>	Phone no. (314) 290-3300	

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [ ] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,656,430. including grants of \$ 897,727. ) (Revenue \$ ) ARIZONA - 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 26 SCHOLARS AWAY AT COLLEGE. SUCCESS IS MEASURED BY HAVING ALL RESIDENCE SCHOLARS COMPLETE SERVICE HOURS AND MAINTAIN AN ABOVE AVERAGE GRADE POINT. IN ADDITION, 42 SCHOLARS WERE SERVED THROUGH THE ACADEMY PROGRAM, AN INTENSIVE 11-YEAR PROGRAM OF ACADEMIC PREPARATION AND CHARACTER BUILDING (BEGINNING IN 6TH GRADE) THROUGH HIGH SCHOOL AND ENDING AT COLLEGE GRADUATION.

4b (Code: ) (Expenses \$ 1,540,994. including grants of \$ 637,582. ) (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 21 SCHOLARS IN RESIDENCE AND 18 SCHOLARS AWAY AT COLLEGE. SUCCESS IS MEASURED BY HAVING ALL RESIDENCE SCHOLARS COMPLETE SERVICE HOURS AND MAINTAIN AN ABOVE AVERAGE GRADE POINT.

4c (Code: ) (Expenses \$ 1,485,769. including grants of \$ 420,312. ) (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 22 SCHOLARS IN RESIDENCE AND 20 SCHOLARS AWAY AT COLLEGE. SUCCESS IS MEASURED BY HAVING ALL RESIDENCE SCHOLARS COMPLETE SERVICE HOURS AND MAINTAIN AN ABOVE AVERAGE GRADE POINT. IN ADDITION, 18 SCHOLARS WERE SERVED THROUGH THE ACADEMY PROGRAM, AN INTENSIVE 10-YEAR PROGRAM OF ACADEMIC PREPARATION AND CHARACTER BUILDING (BEGINNING IN 7TH GRADE) THROUGH HIGH SCHOOL AND ENDING AT COLLEGE GRADUATION.

4d Other program services (Describe in Schedule O.) (Expenses \$ 5,718,587. including grants of \$ 1,342,983. ) (Revenue \$ )

4e Total program service expenses 10,401,780.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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 3 columns: Question ID, Yes, No. Rows 1a, 1b, 1c detailing backup withholding rules and gaming winnings.



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 Enter the number of voting members of the governing body at the end of the tax year (242); 1b Enter the number of voting members included in line 1a, above, who are independent (242); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ, IL, PA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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) JACKIE HUTT CHAIR-ARIZONA	1.00	X		X				0.	0.	0.
(2) SENTARI MINOR CHAIR-ARIZONA (UNTIL 12/18)	1.00	X		X				0.	0.	0.
(3) MARC CURRIE SECRETARY GOVERNANCE CHAIR-ARIZONA	1.00	X		X				0.	0.	0.
(4) BRIGITTE BERRY GOVERNANCE CHAIR-ARIZONA	1.00	X		X				0.	0.	0.
(5) JOHN ELDEAN EXECUTIVE DEVELOPMENT 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 TREASURER FINANCE CHAIR-ARIZONA	1.00	X		X				0.	0.	0.
(8) SHELLIE ANDREEN DIRECTOR-ARIZONA (UNTIL 12/18)	1.00	X						0.	0.	0.
(9) KEN BORKAN DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(10) ROSARIA CAIN DIRECTOR-ARIZONA (UNTIL 4/19)	1.00	X						0.	0.	0.
(11) JANE CAPLAN DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(12) STEVE CHUCRI DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(13) JOHN BYRON EDDY DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(14) ZACHARY FRYER DIRECTOR-ARIZONA (UNTIL 12/18)	1.00	X						0.	0.	0.
(15) ERIN GOODNOW DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(16) JULIE HANCOCK DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(17) MARK HANCOCK DIRECTOR-ARIZONA (UNTIL 4/19)	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) LISA HIRSCH HANDLEY DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(19) LANA HOLMES DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(20) JOSE E. LEON DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(21) MARIA TERESA MARTINEZ DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(22) PAUL MULLIGAN DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(23) ADRIA RENKE DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(24) ANNA STEWART DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(25) TUCKER WOODBURY DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(26) CHRIS YARRINGTON DIRECTOR-ARIZONA	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> .....								1,051,585.	0.	118,479.
<b>d Total (add lines 1b and 1c)</b> .....								1,051,585.	0.	118,479.

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		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? <i>If "Yes," complete Schedule J for such individual</i> .....	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? <i>If "Yes," complete Schedule J for such person</i> .....		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) ALEXANDER ZARO DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(28) F. MICHAEL GEDDES EMERITUS DIRECTOR-ARIZONA	1.00	X						0.	0.	0.
(29) JOHN GOLES CHAIR-BALTIMORE	1.00	X		X				0.	0.	0.
(30) RAY MCLAUGHLIN TREASURER-BALTIMORE	1.00	X		X				0.	0.	0.
(31) KATHLEEN ANDERSON DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(32) GUETER AURELIEN DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(33) GINA CAMPBELL DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(34) JODY CLARK DIRECTOR-BALTIMORE (UNTIL 9/18)	1.00	X						0.	0.	0.
(35) CURT CRAIG DIRECTOR-BALTIMORE (UNTIL 9/18)	1.00	X						0.	0.	0.
(36) CHINETA DAVIS DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(37) HEATHER DZIELAK DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(38) AMY FUGGI DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(39) DOUGLAS GODINE DIRECTOR-BALTIMORE (UNTIL 11/18)	1.00	X						0.	0.	0.
(40) CARROLL GUNKEL DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(41) BARRY HERMAN DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(42) JESSICA HIEBLER DIRECTOR-BALTIMORE (UNTIL 11/18)	1.00	X						0.	0.	0.
(43) ANDREW HILGER DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(44) JASON LACANFORA DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(45) JOSEPH LAROCQUE DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(46) VHONDA LEWIS DIRECTOR-BALTIMORE	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			
(47) JOHN MCCARDELL DIRECTOR-BALTIMORE (UNTIL 11/18)	1.00	X						0.	0.	0.
(48) MICHAEL MCSALLY DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(49) JOSEPH MOLYNEAUX DIRECTOR-BALTIMORE (UNTIL 11/18)	1.00	X						0.	0.	0.
(50) DANIEL MURTAUGH DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(51) MATTHEW NELSON DIRECTOR-BALTIMORE (UNTIL 9/18)	1.00	X						0.	0.	0.
(52) JACLYN PAVALEC-CEESAY DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(53) CHERYL PIPIA DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(54) DAVID ROBINSON DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(55) MATTHEW SCHOFIELD DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(56) WAYNE SIMMS DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(57) TIM WALKO DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(58) GILLIAN WOOD DIRECTOR-BALTIMORE (UNTIL 11/18)	1.00	X						0.	0.	0.
(59) RICH ZINK DIRECTOR-BALTIMORE	1.00	X						0.	0.	0.
(60) STEVEN ARNOLD CHAIR-CINCINNATI	1.00	X		X				0.	0.	0.
(61) MARK C. BISSINGER CO-CHAIR-CINCINNATI (UNTIL 12/18)	1.00	X		X				0.	0.	0.
(62) DAVID W. CONWAY PAST CHAIR-CINCINNATI	1.00	X		X				0.	0.	0.
(63) KELVIN STROUPE TREASURER/SECRETARY-CINCINNATI	1.00	X		X				0.	0.	0.
(64) CARL ADKINS FINANCE CHAIR-CINCINNATI	1.00	X		X				0.	0.	0.
(65) JULIE BRISTOW DIRECTOR-CINCINNATI	1.00	X						0.	0.	0.
(66) PATRICK J. BURKE DIRECTOR-CINCINNATI	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) MIKE CAUDILL DIRECTOR-CINCINNATI	1.00	X						0.	0.	0.
(68) MIKE CINQUE DIRECTOR-CINCINNATI	1.00	X						0.	0.	0.
(69) NOREEN HAYES DIRECTOR-CINCINNATI	1.00	X						0.	0.	0.
(70) DAVID HORN DIRECTOR-CINCINNATI	1.00	X						0.	0.	0.
(71) STEVE JUNG DIRECTOR-CINCINNATI (UNTIL 10/18)	1.00	X						0.	0.	0.
(72) JEAN MARGELLO DIRECTOR-CINCINNATI	1.00	X						0.	0.	0.
(73) LAURA MUELLER DIRECTOR-CINCINNATI	1.00	X						0.	0.	0.
(74) BILL POWELL DIRECTOR-CINCINNATI	1.00	X						0.	0.	0.
(75) GREG SCRUGGS DIRECTOR-CINCINNATI	1.00	X						0.	0.	0.
(76) JOHN SUCCO DIRECTOR-CINCINNATI	1.00	X						0.	0.	0.
(77) SCOTT CROMIE CHAIR-COLORADO	1.00	X		X				0.	0.	0.
(78) CINDY GARRETT VICE CHAIR-COLORADO	1.00	X		X				0.	0.	0.
(79) POLLY LESTIKOW VICE CHAIR-COLORADO	1.00	X		X				0.	0.	0.
(80) CHRISTIAN O'DWYER TREASURER-COLORADO	1.00	X		X				0.	0.	0.
(81) CONOR MCCALLIN SECRETARY-COLORADO	1.00	X		X				0.	0.	0.
(82) SUSAN BAILEY DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(83) SEAN CASPER DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(84) COLLEEN CURRAN DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(85) ROBERT FANTE DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(86) JOEL LEEGE 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			
(87) JOHN NUGENT, S.J. DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(88) MARIO REZA DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(89) ANGELA SCHMIDT DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(90) JOHN SCHMIDT DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(91) KENNETH STABLE DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(92) ROBERT STRAUSS DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(93) ADAM TRUITT DIRECTOR-COLORADO	1.00	X						0.	0.	0.
(94) JAMIE BAISLEY CHAIR-ILLINOIS	1.00	X		X				0.	0.	0.
(95) CHRISTOPHER T. TARZON VICE CHAIR-ILLINOIS	1.00	X		X				0.	0.	0.
(96) GENEVIEVE ATWOOD DIRECTOR-ILLINOIS	1.00	X		X				0.	0.	0.
(97) DANIEL J. BAKER DIRECTOR-ILLINOIS	1.00	X		X				0.	0.	0.
(98) DAVID M. BRYLA DIRECTOR-ILLINOIS	1.00	X		X				0.	0.	0.
(99) LUCIEN CARTER DIRECTOR-ILLINOIS	1.00	X		X				0.	0.	0.
(100) ALLAN C. CAVE, JR. DIRECTOR-ILLINOIS	1.00	X		X				0.	0.	0.
(101) TERESA COTTON-SANTOS DIRECTOR-ILLINOIS	1.00	X		X				0.	0.	0.
(102) KATHLEEN CULLEN-HARWOOD DIRECTOR-ILLINOIS	1.00	X		X				0.	0.	0.
(103) MICHAEELEN DILLON DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(104) RYAN FREEL DIRECTOR-ILLINOIS (UNTIL 1/19)	1.00	X						0.	0.	0.
(105) JENNIFER GALLAGHER DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(106) DAVID P. GIBSON 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) MICHAEL E. GRAHAM DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(108) MICHAEL B. HAGEN DIRECTOR-ILLINOIS (UNTIL 8/18)	1.00	X						0.	0.	0.
(109) MICHAEL J. HALKITIS DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(110) JOE HARTSIG DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(111) JEFFREY D. HUNTINGTON DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(112) MICHAEL P. KAILUS DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(113) JOHN M. LAFFERTY, JR. DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(114) PETER C. LEE DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(115) KERRI LIN DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(116) TONY LORENZ DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(117) JEFF LUNDAL DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(118) TAMMY LUNDAL DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(119) PETER MARINO DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(120) KEVIN MAY DIRECTOR-ILLINOIS (UNTIL 7/18)	1.00	X						0.	0.	0.
(121) MICHAEL F. MCCARTHY DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(122) MARK E. MCNABOLA DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(123) TRACIE M. MILLER DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(124) THOMAS MOREHEAD DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(125) DANIEL J. O'DONOVAN DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(126) DIANNE O'DONOVAN 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) JENNIFER DOWNS O'SHAUGHNESSY DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(128) CYRUS OELERICH DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(129) ELIZABETH (PATTARA) SCHUSTER DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(130) JOHN PERKAUS DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(131) LARRY PHILLIPS, JR. DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(132) VERA QI LIN DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(133) TIMOTHY C. REYNOLDS DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(134) GARRETT J. RYAN DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(135) GEORGE E. SARGENT DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(136) ANDREW SHACKELFORD DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(137) GEORGE P. SULLIVAN, JR. DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(138) RUDOLP TREBELS DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(139) JAMES W. WILSON DIRECTOR-ILLINOIS	1.00	X						0.	0.	0.
(140) DAN HOGAN PRESIDENT-KANSAS CITY	1.00	X		X				0.	0.	0.
(141) MELISSA HENDRICKS SECRETARY-KANSAS CITY	1.00	X		X				0.	0.	0.
(142) PAUL DAMON TREASURER-KANSAS CITY	1.00	X		X				0.	0.	0.
(143) RASOOL AHMED DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(144) HASSAN AL-RUBAIE DIRECTOR-KANSAS CITY (UNTIL 5/19)	1.00	X						0.	0.	0.
(145) ROBERT BEHNER DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(146) ILLINOIS BLASDEL DIRECTOR-KANSAS CITY	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) MARIANNE DAMON DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(148) DANIEL DOOLEY DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(149) MATTHEW GOEHAUSEN DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(150) ANN HALL DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(151) MIKE HAINES DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(152) GREGORY HARKNESS DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(153) JAKE REID DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(154) KERRY SCANLON DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(155) CHRISTOPHER SCHNEIDERS DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(156) DAVID TONNIES DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(157) BRIAN WEIFORD DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(158) DAVID YOUNGSTROM DIRECTOR-KANSAS CITY	1.00	X						0.	0.	0.
(159) DOUGLAS E. WELLS CHAIR-NE OHIO	1.00	X		X				0.	0.	0.
(160) MICHAEL M. BOESCHENSTEIN VICE CHAIR-NE OHIO	1.00	X		X				0.	0.	0.
(161) EDWARD T. MARSHALL TREASURER-NE OHIO	1.00	X		X				0.	0.	0.
(162) NANCY C. BENACCI SECRETARY-NE OHIO	1.00	X		X				0.	0.	0.
(163) ANN COAKLEY ANDERSON DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(164) ALICE ARMSTRONG DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(165) DOUGLAS R. BELL DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(166) ISABELLA (BITTY) T. DORR 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) THOMAS R. EBY, JR. DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(168) MARCIA P. FLOYD DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(169) PAUL FUSSNER DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(170) RAYMOND GUIAO, S.J. DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(171) HOWARD (HOBY) HANNA DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(172) MICHAEL HAUGHT DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(173) CYNTHIA AMES HUFFMAN DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(174) GREG HUSS DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(175) THERESA KEARNS DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(176) MOLLY MCARDLE DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(177) MICHAEL J. MERRIMAN DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(178) ANDREW W. MOOCK DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(179) MICHAEL MURPHY DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(180) DEBORAH PERKINS DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(181) SAM RAJAN DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(182) MARIA RUDDOCK DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(183) TODD STEPHENSON DIRECTOR-NE OHIO	1.00	X						0.	0.	0.
(184) LEWIS J. DERBES, JR. CHAIR-NEW ORLEANS	1.00	X		X				0.	0.	0.
(185) GREG F. ROUCHELL VICE CHAIR-NEW ORLEANS	1.00	X		X				0.	0.	0.
(186) WILL Z. BIENVENU TREASURER-NEW ORLEANS	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			
(187) SUSIE ZERINGUE SECRETARY-NEW ORLEANS	1.00	X		X				0.	0.	0.
(188) JON A. BUISE DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(189) ELLEN H. COHEN DIRECTOR-NEW ORLEANS (UNTIL 11/18)	1.00	X						0.	0.	0.
(190) TIM CRAGIN DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(191) KAREN S. DEBLIEUX DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(192) JOHN C. "SANDY" DUPLANTIER DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(193) SALLY T. DUPLANTIER DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(194) BRETT P. FENASCI DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(195) RICK Q. FLICK DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(196) ROY A. GLAPION DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(197) STEPHEN HANEMANN DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(198) JOHN HUMMEL DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(199) CHRISTOPHER M. KENNY DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(200) THOMAS M. KITCHEN DIRECTOR-NEW ORLEANS (UNTIL 12/18)	1.00	X						0.	0.	0.
(201) EDWARD J. KOEHL, JR. DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(202) JASON MAURIN DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(203) SHELLEY MAYER DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(204) MONIQUE C. MCCONDUIT DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(205) MARQUEST MEEKS DIRECTOR-NEW ORLEANS (UNTIL 9/18)	1.00	X						0.	0.	0.
(206) MARY KAY MOLBERT 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			
(207) STANTON MURRAY DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(208) EUGENE PRIESTLY DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(209) AL ROUCHELL, M.D. DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(210) BEN TARANTINO DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(211) JANIS VAN MEERVELD DIRECTOR-NEW ORLEANS	1.00	X						0.	0.	0.
(212) F. DUFFY HANNA CHAIR-PITTSBURGH	1.00	X		X				0.	0.	0.
(213) TRUDY WARD VICE CHAIR-PITTSBURGH	1.00	X		X				0.	0.	0.
(214) MARIA BERNIER SECRETARY-PITTSBURGH	1.00	X		X				0.	0.	0.
(215) MATT ZACK TREASURER-PITTSBURGH	1.00	X		X				0.	0.	0.
(216) ABIGAIL GREEN YLB PRESIDENT-PITTSBURGH	1.00	X						0.	0.	0.
(217) JAY ADAMS DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(218) BONNIE BAGAY DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(219) CHRISTINE M. CARMAZZI DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(220) MEGAN DUFFY DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(221) CHARLES I. FERRARA DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(222) ANISSA GILBERT DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(223) AMIT GROVER DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(224) MATTHEW M. JOHNSON DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(225) JAMES R. KANE DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(226) JOSEPH L. KELLEY, M.D. 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			
(227) GEORGE LINGE DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(228) JAN W. MADISON, M.D. DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(229) ANTHONY L. MASTRO DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(230) JENNIFER MILLER DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(231) BOB MORACA DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(232) KIMBERLY D. MOSES, ESQ. DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(233) SISTER ROSANNE OBERLEITNER DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(234) MARK M. SHERWIN DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(235) LOUISA SHIN DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(236) TIANA SMITH DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(237) GEOVETTE WASHINGTON DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(238) ROSEMARY WELSH DIRECTOR-PITTSBURGH	1.00	X						0.	0.	0.
(239) JAMES L. MATHER PRESIDENT-ST. LOUIS	1.00	X		X				0.	0.	0.
(240) KURT HEUMANN VICE PRESIDENT-ST. LOUIS	1.00	X		X				0.	0.	0.
(241) TOM HARMON TREASURER-ST. LOUIS	1.00	X		X				0.	0.	0.
(242) ANDREA BARRY DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(243) S. MARK BRAWLEY DIRECTOR-ST. LOUIS (UNTIL 3/19)	1.00	X						0.	0.	0.
(244) JACK L. CAHILL DIRECTOR-ST. LOUIS (UNTIL 9/18)	1.00	X						0.	0.	0.
(245) JOSEPH P. CASTELLANO DIRECTOR-ST. LOUIS (UNTIL 9/18)	1.00	X						0.	0.	0.
(246) DIANE CODY 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			
(247) MILES FAUST DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(248) LISA A. FLAVIN DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(249) DONALD F. GEDERS, JR. DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(250) DANIEL ISOM DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(251) EVERETT JOHNSON DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(252) ANGELIQUE JOSEPH DIRECTOR-ST. LOUIS (UNTIL 8/18)	1.00	X						0.	0.	0.
(253) BRIAN M. KING DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(254) GUY LITTEKEN DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(255) JUANITA LOGAN DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(256) KAREN LOITERSTEIN DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(257) CAROLINE MACHARIA DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(258) BILL MANSFIELD DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(259) CHRISTINE F. MILLER DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(260) KRISTIN MORRIS DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(261) RICHARD NEMANICK DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(262) JENNIFER NOAKES DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(263) FR. RONNY O'DWYER DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(264) R. BRIAN POTTER DIRECTOR-ST. LOUIS (UNTIL 2/19)	1.00	X						0.	0.	0.
(265) TRACY REITER DIRECTOR-ST. LOUIS	1.00	X						0.	0.	0.
(266) JEFF SCHREMP DIRECTOR-ST. LOUIS (UNTIL 2/19)	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) BERNARD P. SCHWEISS DIRECTOR-ST. LOUIS (UNTIL 9/18)	1.00	X					0.	0.	0.	
(268) MATTHEW J. STEUTERMAN DIRECTOR-ST. LOUIS (UNTIL 1/19)	1.00	X					0.	0.	0.	
(269) H. DEAN VANDEKAMP DIRECTOR-ST. LOUIS	1.00	X					0.	0.	0.	
(270) BRIAN WELLINGHOF DIRECTOR-ST. LOUIS	1.00	X					0.	0.	0.	
(271) MARK F. WINKER DIRECTOR-ST. LOUIS	1.00	X					0.	0.	0.	
(272) MIKE WYLIE DIRECTOR-ST. LOUIS (UNTIL 1/19)	1.00	X					0.	0.	0.	
(273) KRISTIN OSTBY DIRECTOR-VARIOUS AFFILIATES	1.00	X					0.	0.	0.	
(274) AMY (CAFERELLO) PFEIFER EXEC DIR-ARIZONA	40.00			X			89,616.	0.	11,079.	
(275) KAREN BOND EXEC DIR-BALTIMORE	40.00			X			105,000.	0.	9,064.	
(276) DEBBIE BOWMAN EXEC DIR-CINCINNATI (UNTIL 9/18)	40.00			X			179,385.	0.	5,371.	
(277) MARY FRANCES THARP EXEC DIR-COLORADO	40.00			X			85,000.	0.	12,376.	
(278) KAREN P. CROTEAU EXEC DIR-ILLINOIS	40.00			X			101,154.	0.	16,756.	
(279) TONYA L. DEAN EXEC DIR-KANSAS CITY	40.00			X			22,908.	0.	0.	
(280) KAROLYN D. DREILING EXEC DIR-KANSAS CITY (UNTIL 11/18)	40.00			X			85,728.	0.	15,570.	
(281) TIMOTHY GRADY EXEC DIR-NE OHIO	40.00			X			119,242.	0.	19,332.	
(282) CHARLES ROTH EXEC DIR-NEW ORLEANS	40.00			X			85,974.	0.	6,036.	
(283) GEORGE WIESE EXEC DIR-PITTSBURGH	40.00			X			83,347.	0.	15,565.	
(284) RYAN B. MCCLURE EXEC DIR-ST. LOUIS (UNTIL 6/19)	40.00			X			94,231.	0.	7,330.	
(285) CASSANDRA L. SISSOM EXEC DIR-ST. LOUIS	40.00			X			0.	0.	0.	
(286) MELISSA H. DETERS EXEC DIR-CINCINNATI	40.00			X			0.	0.	0.	
Total to Part VII, Section A, line 1c .....							1,051,585.		118,479.	

**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>	3,456,059.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	236,204.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	9,727,812.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		197,495.				
	<b>h Total.</b> Add lines 1a-1f .....		13,420,075.				
<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) .....		505,775.			505,775.	
	<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				
		3,346,064.	1,387,041.				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		2,596,328.	813,352.				
	<b>c</b> Gain or (loss) .....	749,736.	573,689.				
	<b>d</b> Net gain or (loss) .....			1,323,425.		1,323,425.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 3,456,059. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	1,160,991.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	1,160,991.			
<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	137,414.			137,414.	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			137,414.				
<b>12 Total revenue.</b> See instructions .....			15,386,689.	0.	0.	1,966,614.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	3,298,604.	3,298,604.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	150,787.	19,812.	19,812.	111,163.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	5,420,956.	3,878,477.	658,800.	883,679.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	1,094,872.	774,510.	146,022.	174,340.
<b>10</b> Payroll taxes .....	117,677.	75,932.	19,366.	22,379.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	463,845.	231,492.	98,476.	133,877.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	33,055.		33,055.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	22,704.	6,256.	3,110.	13,338.
<b>13</b> Office expenses .....	285,177.	196,830.	52,022.	36,325.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	430,299.	415,163.	11,197.	3,939.
<b>17</b> Travel .....	278,061.	272,743.	5,005.	313.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	7,253.	733.	6,472.	48.
<b>20</b> Interest .....	36,105.	15,483.	20,622.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	729,300.	571,810.	153,925.	3,565.
<b>23</b> Insurance .....	191,069.	131,840.	48,123.	11,106.
<b>24</b> 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.)				
<b>a PROGRAM ADMINISTRATION</b>	577,626.	370,026.	109,674.	97,926.
<b>b NATIONAL ASSESSMENT</b>	187,999.	124,120.	44,530.	19,349.
<b>c MISCELLANEOUS</b>	173,065.	10,949.	143,232.	18,884.
<b>d BAD DEBT EXPENSE</b>	34,580.	7,000.	26,250.	1,330.
<b>e</b> All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	13,533,034.	10,401,780.	1,599,693.	1,531,561.
<b>26 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 <input type="checkbox"/> 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 .....	7,257,828.	<b>1</b>	2,560,367.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	46,752.
	<b>3</b> Pledges and grants receivable, net .....	4,304,365.	<b>3</b>	3,125,729.
	<b>4</b> Accounts receivable, net .....	103,855.	<b>4</b>	337,954.
	<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 .....	3,481,200.	<b>7</b>	3,481,200.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	59,258.	<b>9</b>	62,776.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 20,959,707.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,748,447.		
	<b>11</b> Investments - publicly traded securities .....	15,261,613.	<b>10c</b>	13,211,260.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	19,235,218.	<b>11</b>	19,772,159.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	110,650.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	49,813,987.	<b>15</b>	121,480.	
		<b>16</b>	42,719,677.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,706,834.	<b>17</b>	866,952.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	95,317.	<b>19</b>	16,800.
	<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 .....	8,465,801.	<b>23</b>	821,697.
	<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 .....	85,680.	<b>25</b>	80,027.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	10,353,632.	<b>26</b>	1,785,476.
<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 .....	33,216,261.	<b>27</b>	32,530,513.
	<b>28</b> Temporarily restricted net assets .....	2,377,686.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets .....	3,866,408.	<b>29</b>	8,403,688.
	<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 .....	39,460,355.	<b>33</b>	40,934,201.
<b>34</b> Total liabilities and net assets/fund balances .....	49,813,987.	<b>34</b>	42,719,677.	

**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	15,386,689.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,533,034.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,853,655.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,460,355.
5	Net unrealized gains (losses) on investments	5	29,707.
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	-409,516.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	40,934,201.

**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 (2018)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19808133.	15915148.	13157376.	16547617.	13420075.	78848349.
<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 .....	19808133.	15915148.	13157376.	16547617.	13420075.	78848349.
<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.						78848349.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	19808133.	15915148.	13157376.	16547617.	13420075.	78848349.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	293,719.	450,646.	373,091.	1084822.	505,775.	2708053.
<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.) .....	2219043.	1886330.	1548852.	1276781.	1298405.	8229411.
<b>11 Total support.</b> Add lines 7 through 10						89785813.
<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 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	87.82 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	87.50 %
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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 - 2018.</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 - 2017.</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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

**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:

GROSS REVENUE FROM FUNDRAISING EVENTS

2014 AMOUNT: \$ 1,803,144.

2015 AMOUNT: \$ 1,694,943.

2016 AMOUNT: \$ 1,317,230.

2017 AMOUNT: \$ 1,244,398.

2018 AMOUNT: \$ 1,160,991.

MISCELLANEOUS

2014 AMOUNT: \$ 349,438.

2015 AMOUNT: \$ 191,387.

2016 AMOUNT: \$ 231,622.

2017 AMOUNT: \$ 32,383.

2018 AMOUNT: \$ 137,414.

FORGIVENESS OF PAYABLE

2014 AMOUNT: \$ 66,461.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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) 2018

**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	12,981,299.	12,191,125.	11,181,819.	10,972,775.	9,303,984.
b Contributions	237,600.	149,294.	654,527.	497,042.	1,551,277.
c Net investment earnings, gains, and losses	721,570.	1,170,838.	493,324.	142,040.	432,569.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,224,765.	529,958.	138,545.	430,038.	315,055.
f Administrative expenses					
g End of year balance	12,715,704.	12,981,299.	12,191,125.	11,181,819.	10,972,775.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  63.05 %
- b Permanent endowment  36.95 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		1,257,055.		1,257,055.
b Buildings		16,526,853.	7,748,447.	8,778,406.
c Leasehold improvements		757,688.		757,688.
d Equipment		1,500,010.		1,500,010.
e Other		918,101.		918,101.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,211,260.

**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) LOAN PAYABLE - NATIONAL	60,832.
(3) CAPITAL LEASE OBLIGATION	19,195.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	80,027.

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 a shaded area for calculations.

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 a shaded area for calculations.

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 .....	4,617,050.			4,617,050.
2	Less: Contributions .....	3,456,059.			3,456,059.
3	Gross income (line 1 minus line 2) .....	1,160,991.			1,160,991.
<b>Direct Expenses</b>					
4	Cash prizes .....				
5	Noncash prizes .....				
6	Rent/facility costs .....				
7	Food and beverages .....				
8	Entertainment .....				
9	Other direct expenses .....	1,160,991.			1,160,991.
10	Direct expense summary. Add lines 4 through 9 in column (d) .....				1,160,991.
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: \_\_\_\_\_





**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**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) (2018)



**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 - KANSAS CITY	3.	102,105.	0.		
BHGH - NORTHEASTERN OHIO	31.	225,951.	0.		
BHGH - NEW ORLEANS	13.	171,669.	0.		
GIRLS HOPE - PITTSBURGH	11.	210,537.	0.		
BHGH - ST. LOUIS	20.	420,312.	0.		



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEBBIE BOWMAN EXEC DIR-CINCINNATI (UNTIL 9/18)	(i)	179,385.	0.	0.	0.	5,371.	184,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( MATERIALS )	X	3	168,613 . FMV	
26 Other ( PROPERTY )	X	1	21,283 . FMV	
27 Other ( GOODS )	X	2	7,599 . FMV	
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for supplemental information.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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 3, CHANGES IN PROGRAM SERVICES:

TWO AFFILIATES CLOSED THEIR RESIDENTIAL PROGRAMS.

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

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

EXPENSES \$ 5,718,587. INCLUDING GRANTS OF \$ 1,342,983. REVENUE \$ 0.

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

JULIE AND MARK HANCOCK, ANGELA AND JOHN SCHMIDT, JEFF AND TAMMY LUNDAL AND  
DANIEL AND DIANNE O'DONOVAN ARE ALL MARRIED COUPLES.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

BOYS HOPE GIRLS HOPE

Employer identification number

43-1209928

CONSISTENCY WITH SURVEY DATA FOR SIMILAR POSITIONS AND ARE APPROVED AS PART OF THE BOARD'S APPROVAL OF THE ANNUAL BUDGET.

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, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST	-628.
CHANGE IN REPORTED AFFILIATES	-408,888.
TOTAL TO FORM 990, PART XI, LINE 9	-409,516.

FORM 990, PART XI, LINE 9, CHANGE IN REPORTED AFFILIATES:

ADJUSTMENT DUE TO SAN FRANCISCO (91-2002481) AND CALIFORNIA (36-3734433) AFFILIATES NO LONGER INCLUDED IN GROUP FORM 990 FILING. THE AFFILIATES WILL FILE FORM 990 ON A SEPARATE ENTITY BASIS.

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEAR.

FORM 990, PART XII, LINE 2C:

AS THIS RETURN REPORTS THE ACTIVITIES OF MULTIPLE AFFILIATES, VENDORS AND PAID EMPLOYEES ARE COMPENSATED DIRECTLY BY EACH AFFILIATE USING THEIR UNIQUE EMPLOYER IDENTIFICATION NUMBER (EIN). THERE ARE NO FORMS 1096, W-2G, OR W-3 FORMS FILED UNDER THE FILING ORGANIZATION'S EIN.

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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) 2018



**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 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 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 VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>BOYS HOPE GIRLS HOPE</b>	Employer identification number (EIN) or  <b>43-1209928</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>12120 BRIDGETON SQUARE DRIVE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BRIDGETON, MO 63044-2607</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KRISTIN OSTBY**

- The books are in the care of ▶ **12120 BRIDGETON SQUARE DRIVE - BRIDGETON, MO 63044**  
Telephone No. ▶ **314-298-1250** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **3143**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.