Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		nue Service	▶ G	o to www.irs.gov/	Form990 for ins	tructions and t	he latest inf	ormation.		Inspec	
A	For the	e 2017 cale	endar year, or tax y	ear beginning	07-01		and ending			, 20 ₁₈	GOH
В		f applicable:	C Name of organizati		OSS HOUSE OF	HOPE	and onding	U	D Employer i	, 20 18 dentification n	umbar
	Address	s change	Doing business as			HOLE					unibei
	Name c	hange	Number and street	(or P.O. box if mail is	not delivered to st	reet address)	Room/suite		E Telephone	17-1398541	
	Initial re	turn	PO BOX 5661, 8 S								
	Final retu	rn/terminated		or province, country,	and ZIP or foreign	postal code				07-798-9280	
	Amende	ed return	AUGUSTA, ME 04						C Cross ross	-t- 0	
	Applicat		F Name and address						G Gross recei		239,12
			REBECCA CORNI	The second secon	BOX 5661 ALI	CUSTA ME 04	220 5004		roup return for subc		
1	Tax-exe	mpt status:	√ 501(c)(3)	501(c) () ◄ (insert no.)		[]	H(b) Are all	subordinates ind	cluded? L Yes	∐ No
J	Website		==//(-/	cor(c) () 4 (msercho.)	4947(a)(1) or	<u> 527</u>		lo," attach a list		ins)
K	Form of	organization:	✓ Corporation ☐ Tru	ust Association	Other ▶	II.V-			exemption nur		
	art I	Summ	***************************************		Cirlei	L Yea	er of formation	2015	M State of I	egal domicile:	ME
	1		scribe the organi	zation's mission	or most signific	ant activities.					
9		PROVIDE	HOUSING FOR FE	MALE VETERANG	CAND THEIR OF	ant activities:					
Activities & Governance				MALL VETERAIN	AND THEIR C	HILDREN					
ern	2	Check thi	s hox Dif the	organization disc	ontinued its						
ò	3	Number	s box ▶☐ if the	organization disc	ontinued its op	erations or dis	sposed of r	nore thar	25% of its	net assets.	
8	4	Number	of voting members	s of the governin	g body (Part VI	, line 1a)			3		13
es		Total num	of independent vo	ting members of	the governing	body (Part VI,	line 1b) .		4		13
Viti	6	Total nun	ber of individuals	employed in cal	endar year 201	17 (Part V, line	2a)		5		2
cti	6	Total num	ber of volunteers	(estimate if nece	essary)				6		
Q.	7a	Total unre	lated business re	evenue from Part	VIII, column (C), line 12 .			7a		
	b	Net unrela	ated business tax	able income fron	n Form 990-T,	line 34			7b	Y	
								Prior Ye	ar	Current Ye	ar
e	8	Contributi	ons and grants (F	Part VIII, line 1h) .					93,401		
en	9	Program s	service revenue (F	Part VIII, line 2g)				9 = = 1	03,401		239,126
Revenue	10	Investmer	nt income (Part VI	II, column (A), lin	es 3, 4, and 7d)					
_	11	Other reve	enue (Part VIII, co	lumn (A), lines 5.	6d. 8c. 9c. 10d	and 11e)	• •				
	12	Total rever	nue—add lines 8 t	through 11 (must	equal Part VIII	column (A) lin	0.12)				
	13	Grants an	d similar amounts	s paid (Part IX, co	dumn (Δ) lines	1_2\	e 12)		93,401		239,126
	14	Benefits p	aid to or for mem	hers (Part IX, col	umn (A) line 4	1-3)	* *				
o	15	Salaries, o	ther compensation	employee bone	fits (Port IV sel						
Expenses	16a	Profession	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10) essional fundraising fees (Part IX, column (A), line 11e)								26,219
bei	b	Total fund	draising expenses (Part IX, column (D), line 25) ▶								5,435
M	17	Other evo	enses (Part IV es	(rait ix, column	(D), line 25) ▶			en Tagra	100		
	18	Total evne	enses (Part IX, co	2 17 (mint	a-11d, 11f-24	e)	• •		33,221		63,360
	19	Revenue le	nses. Add lines 1	5-17 (must equa	I Part IX, colun	nn (A), line 25)			35,621		95,014
~ w		revenue le	ess expenses. Su	ptract line 18 fro	m line 12				57,780		144,112
ance o	20 -	Total age	t- /□- → \/ '' → 4 Ω'				Begir	nning of Cur	rent Year	End of Yea	
Balc			ts (Part X, line 16)						219,911		275,765
Net Assets or Fund Balances			ties (Part X, line 2						114,551		26,292
	22 rt	vet assets	or fund balances	s. Subtract line 2	1 from line 20				105,360		249,473
			re Block								
Und	ler penalti	ies of perjury	, I declare that I have e. Declaration of prepa	examined this return,	including accompa	anying schedules a	and statement	s, and to the	e best of my kn	owledge and h	nelief it is
- II GO	, correct,	and complet	e. Declaration of prepare	arer (other than office) is based on all in	ormation of which	preparer has	any knowle	dge.	omougo una i	rollor, it is
7:											
Sign		Signati	ure of officer					Date			
Her	е										
		The Automotive State of the Sta	r print name and title								
Pai	d	Print/Type	preparer's name	Prepa	rer's signature		Date			PTIN	
	parer	SHEILA A	SHBURN	DX()	(a) (b)	- 1	9/10	2/101	Check ✓ if		
	Only			746	XXXXXXXX		1 dil.	717	self-employed	P02019	915
J 36	Unity	Firm's add							s EIN ▶		
Лау	the IRS		his return with the	e preparer show	ahovo? (ooc :	netrustia\		Phone	e no.		
or F	aperwo	rk Reducti	ion Act Notice, see	the con	anove: (866)	nstructions) .				. Yes	No
		roudel	on Act Notice, See	ule separate inst	ructions.		Cat. No. 11	282Y		Form QQ	0 (2017)

	Stater	nent of Program Service	Accomplishments		Page
	Check	if Schedule O contains a	response or note to any line in this Pa	et III	
1	Briefly descr	ribe the organization's miss	ion:	nt III	• • _
			ANS AND THEIR CHILDREN		
2	phoi romi 9	90 Or 990-EZ?	nificant program services during the year		✓ No
3	If "Yes," des Did the org services?	cribe these new services or anization cease conductin	n Schedule O. g, or make significant changes in ho		
	If "Yes," des	cribe these changes on Sch	nedule O.	· · · · · · · · · · · · · · · · · · ·	
4	CAPCHISCS. O	ection so holes and so hole	ervice accomplishments for each of its to (4) organizations are required to report for each program service reported.	three largest program services, as mea the amount of grants and allocations t	sured by o others
4a	(Code:) (Expenses \$	57,905 including grants of \$) (Revenue \$)
	PROVIDE HO HOUSING DU	USING FOR FEMALE VETER	ANS AND THEIR CHILDREN. EIGHT VETE	RANS AND THEIR CHILDREN WERE PRO	VIDED
		1440 2010.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
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	(Code:				
			including grants of \$including grants of \$		

 4d
 Other program services (Describe in Schedule O.)

 (Expenses \$ including grants of \$
) (Revenue \$

 4e
 Total program service expenses ▶

The second secon		Name and Address of the Owner, where	***************************************	
Part IV	Chaplelink	-6	P	0 1 1 1
B 30 - 1 B 30 A A	Checklist	OI	Reduired	Schodules
		O K	. Loquii cu	Schedules

			T	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	1903 회사에 1914 1914 이번에 가게 되었다. 나는 1914 이번에 가게 되었다면 보다 나는 그리고 그렇게 되었다면 보다 그는 그리고 그렇게 되었다면 하는데 보다 되었다면 되었다면 되었다면 그리고 그렇게 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면	1	1	
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	1	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		1
	Part III	_		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	5		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	6		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		✓
9	Did the organization report an amount in Part X line 21 for escrew or custodial account liability.	8		√
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		/
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V	10		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-	,	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11a	1	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11b		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11c		<u>/</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		<u>✓</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f		<u>/</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a		<u>√</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<u>/</u>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States or aggregate.	144		<u> </u>
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts I and IV	14b		1
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u></u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I (see instructions)	17		<u> </u>
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			
		19	990 (2	V 2017)
		LOUIN	JJU (2	201/)

Part IV	Checklist	of	Required	Schedules	(continued)

20 -	Did the experimetical and the second		Yes	No
20 g	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b		
22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals	21		1
	r art IX, Column (A), line 2? If Yes, Complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	23		1
b	선거부의 전략에 가는 사람이 있는데 보고 있는데 보고 있다. 이번에 보고 있는데 보고 있는데 보고 있는데 보고 있는데 보고 있는데 보고 있는데 보고 있다. 그리고 있는데 보고 있는데 보고 있는데 보고 있는데 보고 있다. 그리고 있는데 보고 있는데 보고 있는데 보고 있는데 보고 있다. 그리고 있는데 보고 있	24a		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or	25b		/
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% and the selection committee members are to a 35% and the 35% and the selection committee members are the selection committee members are to a 35% and the 35% and the selection committee members are the selection committee and the selection committee members are the selection committee and the selection committee members are the selection committee and the selection committee	26		✓
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
а	A current or former officer, director, trustee, or key employee? If "Ves." complete Schodule I. Red IV.	00		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b		<u>√</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c 29		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<u>✓</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		✓
34	was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Part II. III.	33		<u>√</u>
	Did the organization have a controlled entity within the magning of soul 2 540% 240%	34		<u>/</u>
20	controlled entity within the meaning of section 512/b)/(13)? If "Yes" complete School R. Best M. "	35a		<u> </u>
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	35b		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R	36		✓
00	Part VI	37	,	<u> </u>
		38 \	200 (1047

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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	10000 A		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		3.1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		111	
	Statements, filed for the calendar year ending with or within the year covered by this return	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	젊었다면 하다면 사이는 다시 그는 이번 하는데 이렇게 되었다면 하는데	4a		✓
D	If "Yes," enter the name of the foreign country:			10.00
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	H (Marking Hall Hall Hall Hall Hall Hall Hall Hal		The s	
b	and the party to a promoted tax shorter transaction at any time duffind the tax year?	5a		1
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?	0		,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		√
	gifts were not tax deductible?	Gh.		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			11175
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1998	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			- 27
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1996	
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а				
b	Gross receipts, included on Form 990, Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	170		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		100	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1000		
	the organization is licensed to issue qualified health plans	1.1		
C	Enter the amount of reserves on hand		11111	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struct	Page No tions
Sec	tion A. Governing Body and Management		•	<u>· </u>
1a	1 Tames and the governing body at the child of the tax year.	3	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		3.240	
b	and the manual of total g mornibors included in line 1a, above, who are independent	3	100	
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?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6		1
b	36 마스테라워크레크레네티네스트 14시 -	7a		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	<u>^4</u>	1
a	3.1-1	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	V	
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.			
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	9	nde l	1
	나는 사람들이 얼마나 되었다.		Yes	No
10a	and a garment have local chapters, branches, or allillates?	10a		1
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
12a	and process, if any, used by the organization to review this form duri	11511		
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b		
13	Did the organization have a written whistleblower policy?	12c		
14	Did the organization have a written document retention and destruction policy?	13		1
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?	14	616	✓
a	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		<u> </u>
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?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements.			
Secti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interval.	rest p	olicy.	and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec			
	Martha Everatt-St Pierre 8 Summer St. Augusta ME 04229 5551			

Form 990 (2017	Form	990	(2017)
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Form 990 (2017)

Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **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) Position (B) (D) (E) (F) (do not check more than one Name and Title Average box, unless person is both an Reportable Reportable Estimated hours per officer and a director/trustee) compensation compensation from amount of eek (list any Individual t from related other Officer Institutional Highest compensated employee hours for Key employee Former organizations compensation related organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted and related trustee line) trustee organizations (1) REBECCA CORNELL DU HOUX **PRESIDENT** 1 0 (2) CHARLES MCGILLICUDDY 1 **TREASURER** 1 0 0 0 (3) GAYLE CUNNINGHAM 1 **SECRETARY** 0 0 (4) CLAUDETTE ALBERT **BOARD MEMBER** 0 n (5) JOHN CROWLEY 1 **BOARD MEMBER** 0 0 (6) FAITH ROBINSON 1 **BOARD MEMBER** 0 (7) GORDON SPINNEY 1 **BOARD MEMBER** 0 (8) BETHANY DROUIN 1 **BOARD MEMBER** 0 0 0 (9) ANITA WEEKS 1 **BOARD MEMBER** 0 n 0 (10) DOROTHY KAMINSKI 1 **BOARD MEMBER** n 0 (11) KYSHA TOWERS 1 **BOARD MEMBER** 0 (12) MARSHALL ARCHER 1 **BOARD MEMBER** 1 n 0 0 (13) AMY MCLEOD 1 **BOARD MEMBER** 1 0 0 0 (14) MARTHA EVERATT-ST PIERRE 40 **EXECUTIVE DIRECTOR** 15,000 3,780

	Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any hours for	(do n box, i	ot ch unles	Pos leck s pe	ition more rson irect	than is both	one n an tee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	(F) Estimated
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISO	
(15)							0.				
(16)											
(17)											
(18)											
(19)											
(20)							Filt	j. 4-:			
(21)								5,1			
(22)											
(23)											
(24)											
(25)											
1b c	Sub-total	VII, Section	 . A			•	. 1	>	15,000		0 3,780
2 2	Total (add lines 1b and 1c)	not limited	to the	ose	liste	ed a	. I) wh	15,000 no received mo	re than \$100,0	0 3,780 000 of
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, direct	or, or	tru	ste	e, k	cey e	mpl	oyee, or highe	est compensa	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	ortab	le c	om	oen	sation	n an ," c	od other compositions of the complete Sche	ensation from adule J for su	ıch
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue cor	npen mple	sation	on f Sche	rom edul	any le <i>J fc</i>	unr	elated organiza	ation or individ	
	n B. Independent Contractors										. 5 1
1	Complete this table for your five highest c compensation from the organization. Represent.	ompensate ort compen	d inde satior	eper n for	nde the	nt c	ontra Ilenda	cto r ye	rs that received ear ending with	d more than \$ or within the	100,000 of organization's tax
	(A) Name and business addr	ess							(B) Description of se	rvices	(C) Compensation
7881											
2	Total number of independent contractor received more than \$100,000 of compensa	s (including	, but	not	t lir	nite	d to	tho	se listed abo	ve) who	

Part VIII	Statement	of	Revenue

		Check if Schedule	O contains a res	sponse or note to	o anv line in thi	s Part VIII		
					Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1a	Federated campaign	ns 1a			The state of the s	3 4 7 12 (4)	012 014
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			The second second	The second second	The state of the s	A STATE OF THE STA
	C	Fundraising events	1c	10,573		A STATE OF THE STA		SHARL RESERVE
T Z	d	Related organization	ıs 1d					
ini	е	Government grants (co				14 To 18 To	100 E	
ion	f	All other contributions,	gifts, grants.					
but		and similar amounts not in	cluded above 1f	228,553				STATE OF THE STATE OF
E O	g	Noncash contributions inclu						200 March 1997
Co	h	Total. Add lines 1a-			020.400	Telephone Control	The Films	The second second
				Business Code	239,126		1979	Process Control of the Control of th
Program Service Revenue	2a							
Re	b							
ice	C		1					
er	d							
E	e							
gra	f	All other program ser	vice revenue					
Pro	g	Total. Add lines 2a-2						
	3	Investment income	(including divid	ends interest				
		and other similar amo	ounts)	oride, interest,				
	4	Income from investmer						
	5	Royalties	it of tax exempt by	ond proceeds				
			(i) Real	(ii) Personal				
	6a	Gross rents				100000000000000000000000000000000000000	Permitted that is	CONTRACTOR STATE
	b	Less: rental expenses						
	C	Rental income or (loss)			TOTAL TRANSPORT			2004 2004
	d	Net rental income or	(loss)					
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory			and the state of t		State State of the	THE PERSON NAMED IN COLUMN
	b	Less: cost or other basis					PLEASE BELLEVIE	Carlotte Sales State Co.
		and sales expenses .					5.0420	10 Mer. 27 Mer.
	C	Gain or (loss)					BALLING TO	
	d	Net gain or (loss) .		>				
(1)							Mark Control of	
evenue	8a	Gross income from fu	ındraising					
Ve		events (not including \$						
		of contributions reporte	ed on line 1c).					
Other R		See Part IV, line 18 .	a				1000 4100	
5	b	Less: direct expenses	s b					
	С	Net income or (loss) f	rom fundraising	events . ►				
	9a	Gross income from ga						
			· · · · a					
	b	Less: direct expenses	b					
	C	Net income or (loss) fi	rom gaming activ	rities ▶				Top house seems of the con-
	10a	Gross sales of in	ventory, less					
		returns and allowance			estimate and the		3.01	-0000 company (1900)
	b	Less: cost of goods s	old b [There's chart	
	С	Net income or (loss) fr						
		Miscellaneous R	evenue	Business Code			The state of the s	The second secon
	11a	***************************************						
	b							
	C	ΛII - 11						
	d	All other revenue .						
	e 12	Total. Add lines 11a-	IIQ			The state of the second		
	12	Total revenue. See in	structions		239,126			

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must con

	Check if Schedule O contains a response	se or note to any lin	il otner organization le in this Part IX	s must complete colu	mn (A).
8b, 9	b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	15,000	7,500		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	13,000	7,500	5,250	2,250
7 8	Other salaries and wages	4,800	4,800		
9	Other employee benefits	3,780	1,890	1,323	567
10 11	Payroll taxes	2,639	1,568	736	315
a	Fees for services (non-employees):				
b	Management				
c	Accounting	0.070			
d	Lobbying	2,073		2,073	
е	Professional fundraising services. See Part IV, line 17	5,435			
f	Investment management fees	0,100			5,435
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	323	323		
13	Office expenses	5,706	894	3,262	1,550
14	Information technology				
15	Royalties		A CONTRACTOR OF THE CONTRACTOR		
16 17	Occupancy	31,414	27,958	3,141	314
18	Travel	5,413		5,413	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	444			
20	Interest	114		114	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	6,473	5,502	647	324
23	Insurance	5,195	2,598	2,598	324
24	Other expenses. Itemize expenses not covered	Constitution of Belleville			Mark Control (1988)
	above (List miscellaneous expenses in line 24e. If	THE STATE OF			
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	and the second second	ter Pearling	Party Vendoria	A month or trace in
-			The second second	Part Control of the C	HIME LONG AND THE
a b	Groceries & House Supplies Purchases for Residents	2,233	2,233		
C	Events Expense	2,544	2,544		
d		1,485			1,485
е	All other expenses	387			
25	Total functional expenses. Add lines 1 through 24e	95,014	75 57 905	312	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	53,014	57,905	24,689	12,240

Part X Balance Sheet

1			Check if Schedule O contains a response or note to any line in this Pa	rt X		
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part I of Schedule L 6 Loars and other receivables from other disqualified persons (as defined under section 4958(h(1)), persons described in section 4958(h(2)), and contributing employers and sponsoring organizations of sections 501(h(9) voluntary employees' beneficiary organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 Loans courmilated depreciation 10 Los complete Part IV of Schedule D 10 Los courmilated depreciation 11 Investments—publicity traded securities 11 Investments—publicity traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related, See Part IV, line 11 14 Intrangible assets 15 Other assets. See Part IV, line 11 15 Investments—program-related, See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 219,911 16 275,76 17 Accounts payable and accrued expenses 01 17 1,72 18 Grants payable 01 10 10 10 10 10 10 10 10 10 10 10 10				(A)		(B)
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4858(II)), persons described in section 4858(II)(II), persons described in section 4858(II) (II), persons described in section 4858(III), persons described in section 4858(IIII), persons described in section 4858(IIIII), persons described in section 4858(IIIII), persons described in section 4858(IIIIII), persons described in section 4858(IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		3 Sec. 15	Cash—non-interest-bearing	68	1	56,482
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(6)(7)), persons described in section 4958(6)(8), and contributing employers and approximations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 6.473 11 Investments—publicity traded securities 11 Investments—publicity fraded securities 12 Investments—publicity fraded securities 13 Investments—publicity fraded securities 14 Intangible assets 15 Total reassets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) . 219,911 16 275,76 17 Accounts payable and accrued expenses . 0 17 1,77 18 Grants payable and accrued expenses . 0 17 1,77 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Total and the repayable to urrelated third parties 21 Unsecured nortgages and notes payable to urrelated third parties 22 Unsecured nortgages and notes payable to urrelated third parties 23 Secured mortgages and notes payable to urrelated third parties 24 Unsecured nortgages and notes payable to urrelated third parties 25 Other liabilities income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Total liabilities and lines 31 (1) (4) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7			Savings and temporary cash investments		2	
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4986(f)(f)), persons described in section 4986(f)(f)(g), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Prepaid expenses and deferred charges Description of the person of the person (as a person of the person of			Pleages and grants receivable, net		3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			Accounts receivable, net		4	
6 Loans and other receivables from other disqualified persons (as defined under section 4956()(11), persons described in section 4956()(3)(3), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees and sponsoring organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 1 Less: accumulated depreciation 1 Lob		5	trustees, key employees, and highest compensated employees.		_	
Total assets See Part IV, line 11 10 10 10 10 10 10 10	23	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 6,473 219,843 10c 219,211 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 19 21 21 219,911 16 275,76 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disquilified persons. Complete Part IV of Schedule D 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities, including federal income tax, payables to related third parties 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Permanently restricted net assets 39 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 37 Total liabilities and net assets/fund balances	Se	7				
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 225,756 10b Cass: accumulated depreciation 10b 6,473 219,843 10c 219,211 11 Investments—publicly traded securities 11 Investments—bublicly traded securities 11 Investments—cother securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 114 15 15 15 15 15 15 1	As	8	Inventories for sale or use		-	
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b Less: accumulated depreciation 10b 6,473 219,843 10c 219,211 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—protries. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 29, and lines 33 and 34. 27 Unrestricted net assets 29 Permanently restricted net assets 00 Total liabilities in the load of the sasets 01 Total liabilities and not follow SFAS 117 (ASC 958), check here I and complete lines 30 through 34. 28 Retained earnings, endowment, accumulated income, or other funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total liabilities and net assets/fund balances 105,360 33 249,47 10tal liabilities and net assets/fund balances 105,360 33 249,47 10tal liabilities and net assets/fund balances			other basis Complete Part VI of Schodulo D			
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12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 15 15 15 15 15 15 15		11	- Control (C. 201), 1987 (1997)	£10,040		219,203
13 Investments—program-related. See Part IV, line 11 14 14 15 15 15 16 15 15 16 16		12	Investments—other securities. See Part IV, line 11			
14		13	Investments—program-related. See Part IV, line 11			
Total assets. See Part IV, line 11. Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 15 (must equal line 34). Total assets. Add lines 1 through 25 (must equal line 34). Total liabilities and net assets. Total liabilities and net assets. Total liabilities and net assets for fund balances. Total liabilities and net assets/fund balances.		14	Intangible assets			
16 Total assets. Add lines 1 through 15 (must equal line 34)		15	Other assets. See Part IV, line 11		15	
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Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ✓ and complete lines 27 through 29, and lines 33 and 34. Temporarily restricted net assets 29 Permanently restricted net assets 3105,360 Organizations that do not follow SFAS 117 (ASC 958), check here ✓ and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 219,911 34 Total liabilities and net assets/fund balances 219,911 34 Total liabilities and net assets/fund balances 219,911 34			Accounts payable and accrued expenses		-	1,741
20 Tax-exempt bond liabilities			Grants payable		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25 Corganizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets			Deferred revenue		19	
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			Tax-exempt bond liabilities		20	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here II and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here II and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 25 Total liabilities and net assets/fund balances 26 Total liabilities and net assets/fund balances 27 Unrestricted net assets 105,360 27 199,47 199,47 28 Temporarily restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here II and complete lines 30 through 34. 31 Total net assets or fund balances 32 Total liabilities and net assets/fund balances 28 Total liabilities and net assets/fund balances 29 Total liabilities and net assets/fund balances			Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Unsecured notes and loans payable to unrelated third parties	bilities	22	trustees, key employees, highest compensated employees, and			
Unsecured notes and loans payable to unrelated third parties	Lia	23				
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			Unsecured notes and loans payable to unrolated third parties	114,551		24,551
Organizations that follow SFAS 117 (ASC 958), check here of the complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets			Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		24	
Organizations that follow SFAS 117 (ASC 958), check here of the complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		06	Table Calculation A Line 47 days			
Complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		20	Total liabilities. Add lines 17 through 25	114,551	26	26,292
34 Total liabilities and net assets/fund balances	nces	07	complete lines 27 through 29, and lines 33 and 34.			
34 Total liabilities and net assets/fund balances	ala		Unrestricted net assets	105,360		199,473
34 Total liabilities and net assets/fund balances	8		Permanently restricted net assets			50,000
34 Total liabilities and net assets/fund balances	Ž	23	Organization that do not follow 2512 447 (420 251)		29	
34 Total liabilities and net assets/fund balances	or Fi		complete lines 30 through 34.			
34 Total liabilities and net assets/fund balances	ets		Capital stock or trust principal, or current funds			
34 Total liabilities and net assets/fund balances	488		Patriced capital surplus, or land, building, or equipment fund			
34 Total liabilities and net assets/fund balances	et/		Total not seems or fund belonger			
	Z		Total liabilities and not assets /fund halances			249,473
		UT	Total habilities and het assets/fund daignoes	219,911	34	275,765 Form 990 (2017)

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COLLI	990	120111

Page 12

Par	t 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		239,126
2	Total expenses (must equal Part IX, column (A), line 25)	2		95,014
3	Revenue less expenses. Subtract line 2 from line 1	3		144,112
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		105,360
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		249,473
Par	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: ☐ Cash ☐ Accrual ☐ Other			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or		March 1900 High
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the properties above a district the properties above and sixty with the properties and selection of an independent accounts the properties are also as a selection of an independent accounts the properties are also as a selection of an independent accounts the properties are also as a selection of an independent accounts the properties are also as a selection of an independent accounts the properties are also as a selection of an independent accounts the properties are also as a selection of an independent accounts the properties are also as a selection of an independent accounts the properties are also as a selection of an independent accounts the properties are also as a selection of an independent accounts the properties are also as a selection of a selectio		2c	
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	cplain in		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		
- Ou	the Single Audit Act and OMB Circular A-133?	IOI III	0-	,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao tha	За	√
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	
		uulio.		000 :::
			Forn	n 990 (2017)

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 for instructions and the latest information.

OMB No. 1545-0047 2017 **Open to Public**

Inspection Name of the organization Employer identification number **BETSY ANN ROSS HOUSE OF HOPE** Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I

ine o	organization is not a private found	ation because it	is: (For lines 1 through	n 12, che	ck only o	ne box.)		
1	A church, convention of church	hes, or associat	tion of churches descr	ribed in s	ection 17	70(b)(1)(A)(i).		
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	Form 990	or 990-E	Z).)		
3	A hospital or a cooperative ho	spital service or	ganization described	in sectio	n 170(b)(1)(A)(iii).		
4	A medical research organizati hospital's name, city, and stat	on operated in c :e:	onjunction with a hos	pital desc	cribed in	section 170(b)(1)(A)	(iii). Enter th	10
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	or operat	ed by a governmen	tal unit desc	cribed in
6	A federal, state, or local gover	nment or govern	nmental unit described	d in secti	on 170(b)(1)(A)(v).		
7	An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup	port fron	n a gover	nmental unit or fror	n the gener	al public
8	A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ or university or a non-land-gra university:	ization describe ant college of ag	d in section 170(b)(1) riculture (see instructi	(A)(ix) op ons). Ente	er the nar	ne, city, and state o	the college	or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	t income and un tincome 30, 19	inctions—subject to d irelated business taxa 75. See section 509 (a	ertain ex ble incon a)(2). (Co	ceptions, ne (less s mplete P	and (2) no more tha ection 511 tax) from art III.)	n 221 00/ of	ita
11	An organization organized and	doperated exclu	sively to test for publi	c safety.	See sect	ion 509(a)(4).		
12	An organization organized and of one or more publicly support	orted organization	ons described in sect	ion 509(a	a)(1) or se	ection 509(a)(2). Se	e section 5	09(a)(3)
	Check the box in lines 12a thro	ough 12d that de	scribes the type of sup	oporting o	organizati	on and complete line	s 12e, 12f, a	and 12g.
а	Type I. A supporting orgar the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	ajority of t	rted organization(s), the directors or trust	typically by ees of the	giving
b								
	control or management of organization(s). You must	the supporting o	organization vested in	the same	e persons	that control or man	on(s), by na age the sup	ving ported
С		rated. A suppor	ting organization oper	rated in c	onnectio	n with, and functions	ally integrate	∍d with,
d		i ntegrated. A sugrated. The orga	upporting organization	operated	d in conn a distribi	ection with its support	orted organi: d an attenti	zation(s) veness
е	☐ Check this box if the organ functionally integrated, or ☐	ization received	a written determination	on from t	he IRS th	at it is a Type I Type	e II, Type III	
f	Enter the number of supported of							
g	Provide the following information	about the supp	oorted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amou other suppo instruction	ort (see
				Yes	No			
A)								
В)								
C)								
D)								
E)								

Par	ule A (Form 990 or 990-EZ) 2017 The support Schedule for Organization of Schedule for Organizati	ations Dosor	ibad in Casti	170/h\/d\	(A)(:-)1 d	70/1-1/41/41/	Page .
	(Complete only if you checked the	ne box on line	5. 7. or 8 of	Part Lor if the	(A)(IV) and 1	ru(b)(1)(A)(VI)) alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below. pl	ease comple	te Part III.)	any under
Sect	ion A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		19,030	73,614	93,401	239,126	425,17
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						120/11
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		19,030	73,614	93,401	239,126	425,17
5	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)						
6	Public support. Subtract line 5 from line 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			111111111111111111111111111111111111111		405 47
Sect	ion B. Total Support						425,17
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		2	0	0	0	(i) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			J	J	o d	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						425,17
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th organization, check this box and stop her	re					
	ion C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6	i, column (f) div	vided by line 11	, column (f))		14	%
15 16a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organization and stop here. The organization and	zation did not	check the box	on line 13, and	d line 14 is 331	15 /3% or more, o	% check this
b	box and stop here. The organization qual 33 ¹ / ₃ % support test—2016. If the organization this box and stop here. The organization	zation did not d	check a box on	line 13 or 16a	and line 15 is	331/3% or mo	re, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "t	017. If the orga	inization did no and-circumstar	t check a box	on line 13, 16	a, or 16b, and	line 14 is Explain in

b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

BETSY ANN ROSS HOUSE OF HOPE

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

47-1398541 Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Name of organization

BETSY ANN ROSS HOUSE OF HOPE

Employer identification number 47-1398541

(b) ame, address, and ZIP + 4 Rd., Apt 300 -3260 (b) ame, address, and ZIP + 4		(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)	
Rd., Apt 300 -3260 (b)	\$ 95,000 (c)	Payroll	
	Total contributions	(d) Type of contribution	
5426		Person Payroll Noncash (Complete Part II for noncash contributions.)	
	(c) Total contributions	(d) Type of contribution	
Windover Foundation 501 Silverside Rd Wilmington, DE 19809		Person Payroll Noncash (Complete Part II for noncash contributions.)	
(b) ime, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
Suite 104	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(b) me, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
undation	\$\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(b) me, address, and ZIP + 4	(e) Total contributions	(d) Type of contribution	
	\$ 9,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
	(b) ame, address, and ZIP + 4 on (b) ame, address, and ZIP + 4 Suite 104 (b) ame, address, and ZIP + 4 undation	(b) ame, address, and ZIP + 4 Total contributions \$ 25,000 December 25,000 Total contributions (c) Total contributions Suite 104 Total contributions (c) Total contributions	

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		 \$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
THE REAL PROPERTY.	Ann Ross House of Hope		47-1398541
Pa	organizations Maintaining Donor Adv Complete if the organization answered "	ised Funds or Other Similar Fur Yes" on Form 990, Part IV, line 6.	nds or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, at only for charitable purposes and not for the benefit conferring impermissible private benefit?	it of the donor or donor advisor, or f	or any other purpose
Pai	t II Conservation Easements.		· · · · · · · L Yes L No
	Complete if the organization answered "	Voc" on Form 000 Dort IV line 7	
1	Purpose(s) of conservation easements held by the o	res on Form 990, Part IV, line 7.	
	Preservation of land for public use (e.g., recreat	ion or education (Check all that apply).	f - http://www.news.news.news.news.news.news.news.n
	Protection of natural habitat	Preservation o	f a historically important land area
	Preservation of open space	☐ Preservation o	f a certified historic structure
2	Complete lines 2a through 2d if the organization he	ld a qualified consequation contribution	on in the form of a consequence
	easement on the last day of the tax year.	id a quamed conservation continbution	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified h	istoric structure included in (a)	2b
d	Number of conservation easements included in ((c) acquired after 7/25/06 and not	2c
	historic structure listed in the National Register .	o, acquired arter 7725/00, and not	· · 2d
3	Number of conservation easements modified, trans		
	tax year ▶	ionida, roidadda, oxtinigaidhida, or torr	milated by the organization during the
4	Number of states where property subject to conserv	vation easement is located	
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas	arding the periodic monitoring, ins	pection, handling of
6	Staff and volunteer hours devoted to monitoring, inspecti		
7	Amount of expenses incurred in monitoring, inspecting \$ \begin{align*}\$		
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports or balance sheet, and include, if applicable, the text of organization's accounting for conservation easemen	the footnote to the organization's fin	and expense statement, and
Par	Organizations Maintaining Collections Complete if the organization answered "	of Art, Historical Treasures, or Yes" on Form 990, Part IV, line 8.	Other Similar Assets.
1a	If the organization elected, as permitted under SFA	S 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	assets held for public exhibition, ed	lucation, or research in furtherance of
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide the following amounts relating	assets held for public exhibition, ed ng to these items:	lucation, or research in furtherance of
	(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, following amounts required to be reported under SF	historical treasures, or other similar FAS 116 (ASC 958) relating to these it	assets for financial gain, provide the ems:
a	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X		b ¢

Par	Organizations Maintaining	Collections of A	art, Histo	orical Treasures	or Othe	er Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	er record	ds, check any of th	ne followin	ng that are a s	ignificant use of its
а	☐ Public exhibition		d [Loan or exchang	ae prograr	ms	
b	Scholarly research			Other			
C	Preservation for future generations	3					
4	Provide a description of the organiza XIII.		nd explai	n how they further	the organ	nization's exen	npt purpose in Part
5	During the year, did the organization	solicit or receive of	lonations	of art, historical to	reasures	or other simils	ar
	assets to be sold to raise funds rather	than to be maintain	ned as pa	art of the organizat	ion's colle	ction?	□ Yes □ No
Par	t IV Escrow and Custodial Arra	angements.		<u> </u>			
	Complete if the organization 990, Part X, line 21.	answered "Yes"					
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or othe	r interme	ediary for contribut	tions or o	ther assets no	Tes No
b	If "Yes," explain the arrangement in P	art XIII and complet	te the foll	owing table:			
						Aı	mount
C	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount	nt on Form 990, Par	rt X, line 2	21, for escrow or co	ustodial a	ccount liability	? Tes No
b	If "Yes," explain the arrangement in P	art XIII. Check here	if the exp	olanation has been	provided	on Part XIII .	🗆
Par	t V Endowment Funds.						
	Complete if the organization	answered "Yes"	on Form	n 990, Part IV, line			
		(a) Current year	(b) Prior	year (c) Two year	rs back (d)) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of t	he current year end	l balance	(line 1g. column (a	n) held as:		<u> </u>
а	Board designated or quasi-endowmer	nt ▶	%	(iii o i g, colaiiii (a	yy noid do.		
b	Permanent endowment ▶	%	,,,				
C	Temporarily restricted endowment ▶						
	The percentages on lines 2a, 2b, and	2c should equal 10	n%				
3a	Are there endowment funds not in the	e possession of the	organiza	ation that are held	and admir	nistered for the	a
	organization by:		0.34	and that are mora	ana aam	motored for the	Yes No
	(i) unrelated organizations						
	(ii) related organizations						3a(i)
b	If "Yes" on line 3a(ii), are the related of	raanizations listed a	s require	ed on Schedule R2			3a(ii) 3b
4	Describe in Part XIII the intended uses	of the organization	's endow	ment funds			OD
Pari			10011401	mont funds.			
1 411	Complete if the organization		on Form	OOO Dort IV line	11- 0-	- F 000	Dest V. Base 40
_	Description of property						
	Description of property	(a) Cost or othe (investmen	no-p contrato contrato	b) Cost or other basis (other)		umulated eciation	(d) Book value
1a	Land			20,000	and some faile	Light of the second	20,000
b	Buildings			195,627		5,648	189,979
С	Leasehold improvements					-75.5	100,070
d	Equipment			10,129		825	9,304
е	Other					EASTER AND EASTER	
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 990), Part X,	column (B), line 10)c.)		219.283

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization Employer identification number **BETSY ANN ROSS HOUSE OF HOPE** 47-1398541 Form 990 Part VI Line 11B: The Executive Director reviews Form 990 prior to signature. A copy is also provided to the board of directors. Form 990 Part VI Line 19: The documents are maintained in the office and can be reviewed by the public during normal business hours. Form 990 Part X Line 28: The organization received \$140,000 in restricted donations. \$90,000 of these funds were used to pay down the mortgage on the facility, as shown on Line 23. The remaining \$50,000 are temporarily restricted for renovation work to be completed in next fiscal year. Form 990 Part XI Line 9: \$1 is rounding difference.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

▶ File a separate application for each return.
 ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

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/efile, click on Charities & Non-Profits, and click on 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 trus must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instruction. File by the due date for filing your return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ Form 990 or Form 990-EZ Form 990-BL O2 Form 1041-A O3 Form 4720 (individual) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Fax No. ▶ Interdification partnerships, REMICs, and trust returns of the file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Emp	filing of t	his form, visit www.irs.gov/efile, click on Charitie	es & Non-P	ofits, and click on e-file fo	r Charities and I	Von-	Profits.	io olooti oriio
All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trus must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instruction								
Type or print File by the due date for liming your li	All corpo	rations required to file an income tax return other	er than For	m 990-T (including 1120-C	filers), partners	hips,	REMIC	s, and trusts
print File by the due date for full pour return See instructions. City, Town or post office, state; and zige code. For a foreign address, see instructions.								
due date for filling your return, See instructions. Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Code Section Code Is For Section Code Is Form 990-T (corporation) Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A 088 Oscillation Is Code Is Form 990-T (corporation) Form 990-Tipec (individual) 03 Form 4720 (other than individual) 09 Form 990-Tipec (individual)		LOGIN AND KOKS HOUS	So at	Hope	Hy-139	3F	441	or
Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Code Separate Return Separate Separa	due date fo	r City Yourn or post office state and 7219 and 5	MCK.	Social Social	I security number	(SSN	i) 	
Application Is For Code Ser		Augusta ME 043	38 – 5	do see instructions.				
S For Code Is For Code Code Is For Code Code Code Code Is For Code Co	Enter the	Return Code for the return that this application	is for (file a	separate application for e	ach return) .			04
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Telephone No. ▶			04	Form 5227				10
Telephone No. ▶				Form 6069				11
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)	Form 99	0-T (trust other than above)	06	Form 8870				12
I request an automatic 6-month extension of time until	If the orIf this is for the w	'ganization does not have an office or place of b s for a Group Return, enter the organization's for hole group, check this box ▶ ☐ . If	ousiness in ur digit Gro it is for par	the United States, check thus Lip Exemption Number (GE	nis box . . . N)		 If th	▶□ nis is ttach
 Calendar year 20 or	1 Ir	equest an automatic 6-month extension of time	until M	ganization's return for:	file the exempt	t orga	anizatior	ı return
Change in accounting period 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. 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. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	>	calendar year 20 or tax year beginning	, 20	∬ , and ending	6 30		, 20	18
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Valuations in you are young to make an electronic runds withdrawal (direct debit) with this Form 8868, see Form 8452 EO and Form 8070 EO					vm 8453-EO and	Form	9970 50) for norm ====

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