**	PUBLIC	DISCLOSURE	COPY *	*
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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Jnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations
▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.lrs.gov/form990.

Form **99**

Department of the Treasury Internal Revenue Service ns) 2016 Open to Public Inspection

OMB No, 1545-0047

AI	For the	2016 calendar year, or tax year beginning and	ending		
B	Check if applicable	C Name of organization		D Employer identifi	ication number
	Addres	HOPEKIDS, INC			
L	Name			86-1	042378
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) P O BOX 28471	E Telephone number 612-	r 345-0933	
	termin- ated			G Gross receipts \$	4,572,739.
	Amend			H(a) Is this a group r	and a standard the state of the
	Application	F Name and address of principal officer: JOSHUA TAYLOR			s? Yes X No
	pendin	9 PO BOX 240721, APPLE VALLEY, MN 55124			ncluded? Yes No
1.	Tax·exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	-	list. (see instructions)
		e: WWW.HOPEKIDS.ORG		H(c) Group exemption	
KI	Form of	organization; 🗶 Corporation 🔄 Trust 🤄 Association 🔄 Other 🕨	L Year	of formation: 2001	A State of legal domicile: AZ
Pa		Summary			
ø	11	Briefly describe the organization's mission or most significant activities: \underline{EVEN}	rs and	SUPPORT CO	MMUNITY FOR
Activities & Governance		FAMILIES WITH A CHILD WITH LIFE-THREATEN	ING IL	LNESS.	
SLD		Check this box 🕨 🛄 if the organization discontinued its operations or dispos		1	
OV	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	8
8		Number of independent voting members of the governing body (Part VI, line 1b)			6
es		Fotal number of individuals employed in calendar year 2016 (Part V, line 2a)			0
ivit	6	Fotal number of volunteers (estimate if necessary)			500
Act	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
,	bi	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
en		Contributions and grants (Part VIII, line 1h)		3,177,789.	3,230,845.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Rei		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		25,360.	47,284.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		109,053. 3,312,202.	81,957. 3,360,086.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,312,202.	3,300,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		731,042.	929,800.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10),		131,042.	929,000.
Expenses	162 1	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25)	95		V•
EX.				1,807,202.	2,269,851.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,538,244.	3,199,651.
	1	Revenue less expenses. Subtract line 18 from line 12		773,958.	160,435.
12 Sa	15 1	revenue less expenses. Subtract line to nom line 12		ginning of Current Year	End of Year
anc anc	20 21 22	Fotal assets (Part X, line 16)	<u> </u>	1,886,069.	2,224,304.
Ass	21 -	Fotal liabilities (Part X, line 16)		14,622.	18,618.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,871,447.	2,205,686.
Pa	art II	Signature Block			A
		ties of perjury, I declare that have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
		, and complete. Declaration of preperer (other than officer) is based on all information of wh			
				5	817
Sig	n	Signature of officer		Date	
Her	8	JOSHUA TAYLOR, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name		Jate Check	PTIN
Pai	d	STEPHEN E. LIVINGSTON, CP	4	RAEL7 self-employ	
Pre	parer	Firm's name CLIFTONLARSONALLEN LLP	-	Firm's EIN	41-0746749
Use	Only	Firm's address 20 E. THOMAS RD, STE. 2300			
		PHOENIX, AZ 85012		Phone no. 60	2-266-2248
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	2	8-03L1
63200	02 11-11-16	m 990 (2016)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,819,701.	
4d	Other program services (Describe in Schedule O.)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	SEE SCHEDULE O	
4a	(Code:) (Expenses \$ 2,819,701. including grants of \$) (Revenue \$ 819,701.	8 ,489.)
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expen Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported.	
3	If "Yes," describe these changes on Schedule O.	es X No
2	prior Form 990 or 990-EZ?	es X No
2	LIFE-THREATENING CONDITION. Did the organization undertake any significant program services during the year which were not listed on the	
1	PROVIDE ONGOING EVENTS AND ACTIVITIES AND A POWERFUL, UNIQUE SUPPORT COMMUNITY FOR FAMILIES WHO HAVE A CHILD WITH CANCER OR SOME OTHER	ORT
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	X
	n 990 (2016) HOPEKIDS, INC 86-1042378 art III Statement of Program Service Accomplishments	8 Page 2

17000508 099347 038-00123700 2016.03040 HOPEKIDS,

Form	aan	(2016)
FUIII	990	(2010)

HOPEKIDS, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		A X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	- 22	
13	complete Schedule G, Part III	19	х	

Form **990** (2016)

632003 11-11-16

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HOPEKIDS, INC Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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 through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	v	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	_ A
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		- 22
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	31		
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
01	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b			<u> </u>	
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

632004 11-11-16

Form	990 (2016) HOPEKIDS, INC 86-1	042	378	Р	age 5
Par					
	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	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	2			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	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		X
	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	Γ			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Γ			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	bayor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	[7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	d?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109)8-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	$ \longrightarrow $			
	Enter the amount of reserves on hand	+	4.4		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		
<u>d</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	000	(2010)
				330	(2016)

1a Enter the number of voting members of the governing body at the and of the tax year 1		tion A. Governing Body and Management			
If the use matherial differences in voting rights among members of the governing body, or if the governing body or under the direct supervision of officer, director, trustee, or key employees have a family relationship or a business relationship with any officer officer, director, rustee, or key employees to an annagement character company or other person? Image: Company of the governing documents since the prior Form 980 was filed? Image: Company of the governing documents since the prior Form 980 was filed? Image: Company of the governing documents since the prior Form 980 was filed? Image: Company of the governing documents since the prior Form 980 was filed? Image: Company of the governing documents since the prior Form 980 was filed? Image: Company of the governing documents since the prior Form 980 was filed? Image: Company of the governing documents since the prior Form 980 was filed? Image: Company of the governing documents since the governing documents since the governing documents since the governing bod? Image: Company of the governing documents since the governing bod? Image: Company of the governing bod governing bod governing bod governing bod governing bod governi				Yes	Ī
bedy despited trad authority to an exercise committee or similar committe, explain in Schedule 0. b b Enter the number of volting members included in line 1a, above, who are independent b d 2 Did any officer, director, trustes, or key employee have a family relationship or a business relationship with any other officers, directors, or trustees, or key employees to a management company or other person? 3 3 Did the organization delegate control over management delies customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization have members or stockholders? 6 6 Did the organization have members or stockholders? 7 7 Did the organization have members or stockholders? 7 8 Did the organization have members or stockholders? 7 9 Did the organization have members or stockholders? 7 9 Did the organization have members or stockholders? 7 9 Did the organization have members or stockholders? 7 9 Did the organization have bord have to helaff of the governing bod? 8 9 Did the organization have bord haveres, baranches, or affiliates? 1			3		
b Enter the number of voting members included in line 1a, above, who are independent					
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, rustee, or key employees to a 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 4 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 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8a X 9 Did the organization contemportaneously document the meetings held or written actions undertaken during the year by the following: 8a X 9 Did the organization have written policies and procedures governing body? 8a X 9 Each committee with authority to act on behalf of the governing bodies of reguees to file yound the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization reserved to the organization reserved to the organization have local chapters, branches, or affiliates? 10a 9 Is there any officer, directo			_		
a differ, director, trustee, or key employee? 3 Did the organization delegate control over management duiles customarily performed by or under the direct supervision 3 Did the organization make any significant changes to its governing documents since the prior form 950 was fled? 4 Did the organization have aware during the your of a significant diversion of the organization's assets? 6 Did the organization have members os tockholders? 7 Did the organization have members, sockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Dev any governing body? 7 Deventing bo			2		
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of officers, directors, or tustees, or key employees to a management company or other person? 3 4 Did the organization bacement wave during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members, stockholders? 6 7 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? 7a 8 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? 7b 9 Did the organization contemporamously document the metings held or written actions undertaken during the year by the following: 8a 10 Did the organization have members, stockholders, or other persons other that the governing body? 8a 10 Did the organization contemporamously document the metings held or written actions undertaken during the year by the following: 8a 11 The governing body? 8a X 12 Stach committee with authority to act on behalf of the governing body? 8a X 13 I of the organization nave local onpheres, branches, or affiliates? 10a X 10a 14 The governing body? 11a X 12a X <t< td=""><td></td><td></td><td>2</td><td></td><td></td></t<>			2		
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b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). If a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Bection C. Disclosure IT List the states with which a copy of this Form 990 is required to be filed ▶AZ, MN, CO II8 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			15a	x	t
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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 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? 16a Section C. Disclosure 16b 17 List the states with which a copy of this Form 990 is required to be filed ▶AZ, MN, CO 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X X Own website X Y 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: JOSH TAYLOR - 612-345-0933 PO BOX 240721, APPLE VALLEY, MN 55124			155		ł
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20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► JOSH TAYLOR - 612-345-0933 PO BOX 240721, APPLE VALLEY, MN 55124 32006 11-11-16 Form 990 (id finar	icial	
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 Form 990 (2016)
 HOPEKIDS, INC
 86-1042378
 Page

 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

86-1042378

Page **6**

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	Г

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 report-

able 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.

(list any hours for related organizations below line)(list any hours for related organizations below line)(list any hours for related organizations below line)the organization (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for organizations (W-2/1099-MISC)compatibility for for organizations (W-2/1099-MISC)compatibility for for organization (W-2/1099-MISC)compatibility for <br< th=""><th>(A) Name and Title</th><th>(B) Average hours per week</th><th>box</th><th>not c</th><th>Pos heck</th><th>more erson</th><th>ן than is bot or/trus</th><th>h an</th><th>(D) Reportable compensation from</th><th>(E) Reportable compensation from related</th><th>(F) Estimated amount of other</th></br<>	(A) Name and Title	(B) Average hours per week	box	not c	Pos heck	more erson	ן than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(1) DAVE OSGOOD 1.00 X X X 0.0.0. CHAIRMAN 1.00 X X 0.0.0. (2) STEVEN WHITEMAN 1.00 X X 0.0.0. TREASURER X X 0.0.0. 0. (3) DAVE CHAPMAN 1.00 X X 0.0.0. SECRETARY X X 0.0.0. 0. (4) MARK NUESSLE 1.00 X 0.0.0. 0. DIRECTOR X 0.0.0. 0. 0. (5) JOE BIRKHOLZ 1.00 X 0.0.0. 0. DIRECTOR X 0.0.0. 0. 0. (6) ANGELIQUE LEHMANN WADDELL 1.00 X 0.0.0. 0. DIRECTOR X 0.0.0. 0. 0. 0. (7) BART SWEENEY 1.00 X 0.0.0. 0. 0. DIRECTOR X 0.0.0. 0. 0. 0. 0. (8) JOSH TAYLOR 40.00 0.0.0. 0. 0. 0. 0.		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization and related organizations
(2) STEVEN WHITEMAN1.00XXX0.0.TREASURERXXX0.0.0.(3) DAVE CHAPMAN1.00XXX0.0.SECRETARYXXX0.0.0.(4) MARK NUESSLE1.00X0.0.0.DIRECTORX0.0.0.0.(5) JOE BIRKHOLZ1.00X0.0.0.DIRECTORX0.0.0.0.(6) ANGELIQUE LEHMANN WADDELL1.00X0.0.DIRECTORX0.0.0.(7) BART SWEENEY1.00X0.0.DIRECTORX0.0.0.(8) JOSH TAYLOR40.0000.0.		1.00	x		x				0.	0.	0.
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(6) ANGELIQUE LEHMANN WADDELL1.00X0.0.DIRECTORX0.0.0.(7) BART SWEENEY1.00X0.0.DIRECTORX0.0.0.(8) JOSH TAYLOR40.00000.	(5) JOE BIRKHOLZ	1.00									
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632007 11-11-16

Form 990 (2016)

	990 (2016) HOPEKIDS ,									86-1	042	378	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	hours per (do not check more than one box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	pensa om the anizati d relate nizatio	e on ed
	Sub-total							•	112,968.		0.	1	5,7	96.
С	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	· · · · · · ·		·····	·····			0. 112,968.		0.		5,7	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	bov	e) wł	io r	eceived more than \$100	,000 of reportab	le			1
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>								highest compensated e			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	l ot	her compensation from	the organization		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>comption</i> B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest con										npens	ation f	rom	
	the organization. Report compensation for the calendar ye (A) Name and business address								(B) Description of s		С	(C omper		า
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lii	mite	d to		se lis)	stec	d above) who received m	nore than		Form	990 (*	2016
													200 (2	-010)

632008 11-11-16

Part '	VIII	Statement of Rever Check if Schedule O cont		or note to any lin	e 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
and Other Similar Amounts	1 a	Federated campaigns	1a					
DO	b	Membership dues	1b					
Am	с	Fundraising events	1c	202,819.				
ar	d	Related organizations	1d					
<u>i</u>	е	Government grants (contribut	ions) 1e					
S S	f	All other contributions, gifts, gran	ts, and					
Ę		similar amounts not included abo	ve 1f	3,028,026.				
P	g	Noncash contributions included in lines	1a-1f: \$	1,669,633.				
a	h	Total. Add lines 1a-1f		▶	3,230,845.			
				Business Code				
2	2 a							
e	b							
e le	С							
Be	d							_
Revenue	е							
	f	All other program service reve						
3	<u>g</u>	Total. Add lines 2a-2f						
	2	Investment income (including			26,448.			26,448
4	•	other similar amounts) Income from investment of ta		r i i i i i i i i i i i i i i i i i i i	20,110.			20,110
5				(H				
	5	Royalties	(i) Real	(ii) Personal				
		Gross rents		(ii) Feisonai				
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
1	u	assets other than inventory	1,074,637.					
	h	Less: cost or other basis						
	~	and sales expenses	1,053,801.					
	с	Gain or (loss)	20,836.					
		Net gain or (loss)			20,836.			20,836
e		Gross income from fundraisin			,			,
Other Kevenue		including \$ 202						
eve		contributions reported on line						
μ Σ		Part IV, line 18		196,999.				
	b	Less: direct expenses		134,724.				
		Net income or (loss) from fund			62,275.			62,275
g) a	Gross income from gaming ac	tivities. See					
		Part IV, line 19		26,040.				
	b	Less: direct expenses		14,847.				
	с	Net income or (loss) from gam	ning activities	▶	11,193.			11,193
10) a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale			5,989.	5,989.		
		Miscellaneous Revenu	е	Business Code	0 500	0 500		
11		MISC. REVENUE		900099	2,500.	2,500.		+
	b							+
	c							
		All other revenue			0 500			
		Total. Add lines 11a-11d		r	2,500. 3,360,086.	8,489.	^	. 120,752
12	_	Total revenue. See instructions.			5,500,000.	0,409.	0	Form 990 (201

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632009 11-11-16

Form **990** (2016)

17000508 099347 038-00123700 2016.03040 HOPEKIDS, INC

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Form 990 (2016) HOPEKID Part VIII Statement of Revenue HOPEKIDS, INC HOPEKIDS, INC

Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	omplete column (A).						
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	100 764	64 202		10 077					
	trustees, and key employees	128,764.	64,382.	51,505.	12,877.					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
_	persons described in section 4958(c)(3)(B)	C 1 0 E 2 0	100 116		140 026					
7	Other salaries and wages	648,538.	480,146.	25,556.	142,836.					
8	Pension plan accruals and contributions (include									
~	section 401(k) and 403(b) employer contributions)	94,243.	69,646.	3,905.	20,692.					
9	Other employee benefits	58,255.	41,052.	5,905.	11,791.					
10	Payroll taxes	50,255.	41,052.	5,412.	11,/91.					
11	Fees for services (non-employees):									
	Management	610.	430.	57.	123.					
b		8,312.	430.	8,312.	123.					
	Accounting	0,512.		0,512.						
	Lobbying Professional fundraising services. See Part IV, line 17									
	Investment management fees	150.		150.						
f g		130.		1300						
y	column (A) amount, list line 11g expenses on Sch 0.)	47,625.	33,667.	4,288.	9,670.					
12	Advertising and promotion									
13	Office expenses	27,332.	19,261.	2,539.	5,532.					
14	Information technology	24,600.	24,600.							
15	Royalties									
16	Occupancy	7,332.	5,167.	681.	1,484.					
17	Travel	22,422.	15,801.	2,083.	4,538.					
18	Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials Conferences, conventions, and meetings	10,088.	7,109.	937.	2,042.					
19 20		-0,000	,,±0,,		2,012.					
20 21	Payments to affiliates									
21	Depreciation, depletion, and amortization	11,354.	8,001.	1,055.	2,298.					
23	Insurance	23,479.	16,546.	2,181.	4,752.					
23 24	Other expenses. Itemize expenses not covered	. ,	.,	, =	,					
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)									
а	amount, list line 24e expenses on Schedule 0.) HOPE DAY PROGRAM EVENTS	2,024,742.	2,024,742.							
a h	MISCELLANEOUS	40,873.	9,151.	29,094.	2,628.					
ы с	FUNDRAISING	20,932.	5,1510		20,932.					
d										
e	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	3,199,651.	2,819,701.	137,755.	242,195.					
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)									
	0 11-11-16				Form 990 (2016)					

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Form **990** (2016)

11 17000508 099347 038-00123700 2016.03040 HOPEKIDS, INC

Form 990 (2016)	HOPEKIDS,	INC
Part X	Balance Shee	t	

		Check if Schedule O contains a response or not	te to any line in	this Part X			
	-		Ţ		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			806,457.	1	868,126.
	2	Savings and temporary cash investments	305,719.	2	1,267,048.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			18,965.	4	28,406.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated employee	s. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) v	oluntary			
ţ		employees' beneficiary organizations (see instr).	Complete Par	t II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
<	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			8,690.	9	30,309.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		109,461.			10.005
	b	Less: accumulated depreciation		99,396.	16,408.	10c	10,065.
	11	Investments - publicly traded securities			729,830.	11	10,350.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		·····	0	14	10.000
	15	Other assets. See Part IV, line 11	0.	15	10,000.		
	16	Total assets. Add lines 1 through 15 (must equ			1,886,069.	16	2,224,304.
	17	Accounts payable and accrued expenses	14,622.	17	18,618.		
	18	Grants payable				18	
	19					19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ilid						22	
Lia	23	Complete Part II of Schedule L Secured mortgages and notes payable to unrela				22	
	23	Unsecured notes and loans payable to unrelate				23	
	25	Other liabilities (including federal income tax, pa		F		27	
	20	parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			14,622.	26	18,618.
		Organizations that follow SFAS 117 (ASC 958), check here	► X and			
ŝ		complete lines 27 through 29, and lines 33 an					
nce	27	Unrestricted net assets			1,472,682.	27	1,976,576.
ala	28	Temporarily restricted net assets			398,765.	28	229,110.
Вр	29					29	
Fun		Organizations that do not follow SFAS 117 (A	SC 958), chec	k here 🕨 🗌			
P		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec				31	
et /	32	Retained earnings, endowment, accumulated in	come, or other	funds		32	
z	33	Total net assets or fund balances			1,871,447.	33	2,205,686.
	34	Total liabilities and net assets/fund balances			1,886,069.	34	2,224,304.
							Form 990 (2016)

Form **990** (2016)

Form	1990 (2016) HOPEKIDS, INC	86-10	<u>42378</u>	Pag	je 12
Pa	rt 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	3,360		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,199		
3	Revenue less expenses. Subtract line 2 from line 1	3),43	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,871	L,44	$\frac{17}{2}$
5	Net unrealized gains (losses) on investments	5	173	3,80)4.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,205	5,68	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X 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 oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			_ (~ ~ ~ ~ `

Form **990** (2016)

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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

4947(a)(1) nonexempt (charitable trust.
Attach to Form 990 of the second s	or Form 990-EZ.

20	IU
Open to	Public
Insper	tion

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.got	/form990.	Inspection
	Employe	r identification number
HOPEKIDS, INC	-	6-1042378
r Public Charity Status (All organizations must complete this part.) See instruct	ons.	

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in sect							
3		A hospital or a cooperative					ii).		
4		A medical research organiz						the hospital's name	
•		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owner	1 or opera	ted by a d	overnmental unit descrit	ned in	
5		section 170(b)(1)(A)(iv). (C				icu by a g			
6				montal unit described in a	nantion 1	70(6)(4)(4)	60		
7	X	A federal, state, or local gov						nu de lite, el e e evile e el ive	
'	- 23	An organization that norma		antial part of its support i	rom a gov	ernmental	unit or from the general	public described in	
~		section 170(b)(1)(A)(vi). (C	•						
8		A community trust describe							
9		An agricultural research org	-			-	-	-	
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the colleg	e or	
		university:							
10		An organization that norma							
		activities related to its exen	-					-	
		income and unrelated busir		e (less section 511 tax) fro	om busine	esses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	,						
11		An organization organized a	and operated exclus	sively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in	
	_	lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.		
a		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	' giving	
		the supported organization	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting	
		_ organization. You must c	complete Part IV, Se	ections A and B.					
k	, ∟	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	iving	
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	: L	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
c	ı 🗌	Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its supported organi	zation(s)	
		that is not functionally int	tegrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement and an attent	iveness	
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	, and Part	V .		
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III		
		functionally integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.			
1	Ente	er the number of supported o	organizations						
ç	Pro	vide the following informatior							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 HOPEKIDS, INC

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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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,814,626.	2,134,234.	2,794,155.	3,177,789.	3,230,845.	13,151,649.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,814,626.	2,134,234.	2,794,155.	3,177,789.	3,230,845.	13,151,649.
	The portion of total contributions				, , , , ,		
Ŭ	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)						89,158.
6							13,062,491.
	Public support. Subtract line 5 from line 4.						13,002,491.
		(a) 2012	(b) 2012	(a) 2014	(4) 2015	(a) 2016	
	endar year (or fiscal year beginning in)	(a) 2012 1,814,626.	(b) 2013 2,134,234.	(c) 2014 2,794,155.	(d) 2015 3,177,789.	(e) 2016 3,230,845.	(f) Total 13,151,649.
	Amounts from line 4	1,014,020.	2,134,234.	2,194,195.	5,177,709.	5,250,045.	15,151,049.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	76.	1 220	1 224	1 240	26,448.	20 226
_	and income from similar sources	/0.	1,228.	1,234.	1,240.	20,440.	30,226.
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.)	99,441.	129,909.	185,313.	257,643.	223,039.	
11	Total support. Add lines 7 through 10						14,077,220.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	67,550.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					>
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2016 (li	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	92.79 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	93.83 %
16a	1 33 1/3% support test - 2016. If the o	rganization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies a	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2015. If the o	rganization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	0 10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				
				., ,	,		

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or	990-EZ) 2016	HOPEKIDS,	INC

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) o	organization,
check this box and stop here	<u></u>					▶∟
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2016 (li	ne 8, column (f) c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2015	Schedule A, Part	: III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage)			
17 Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by li	ine 13, column (f))		17	%
18 Investment income percentage from 2	015 Schedule A,	Part III, line 17 _			18	%
19a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, an	d line 17 is not
more than 33 1/3%, check this box an	id stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶∟
b 33 1/3% support tests - 2015. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 [.]	1/3%, and
line 18 is not more than 33 1/3% , che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	ported organ	ization ►
20 Private foundation. If the organization	1 did not check a	box on line 14, 19	9a, or 19b, check t	this box and see ir	structions	>
632023 09-21-16			15	Sch	edule A (Fo	rm 990 or 990-EZ) 2016
			10			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		11a		
h	below, the governing body of a supported organization?			
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion D. Type Toupporting Organizations		Vac	No
4	Did the directory tructory or membership of one or more supported every institute have the neuror to		Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	•		
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0'		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	an ol ai	7 U-EZ)	2016
	<u> </u>			

Schedule A (Form 990 or 990 EZ) 2016 HOPEKIDS, INC

 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 Test)

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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets			
d	d Total (add lines 1a, 1b, and 1c) 1d			
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii) Underdietrikutiene	(iii) Diatributable
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
<u>b</u>	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

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

FUNDRAISING EVENTS

GAMING

632028 09-21-16

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

86-1042378

HOPEKIDS,	INC
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2016)
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Name of organization

Employer identification number

HOPEKIDS, INC

86-1042378

Part I	Contributors (See instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$93,237.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$145,381.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$113,830.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$94,652.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$136,864.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18		Schedule B (Form 22	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization

Employer identification number

HOPEKIDS, INC

86-1042378

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
1	HOPEDAY PROGRAM EVENT-GAME TICKETS.		
		\$93,237.	06/30/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	HOPEDAY PROGRAM EVENT-MOVIE TICKETS.		
		\$145,381.	06/30/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	HOPEDAY PROGRAM EVENT-MOVIE TICKETS.		
		\$113,830.	06/30/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	HOPEDAY PROGRAM EVENT-GAME TICKETS.		
		\$94,652.	06/30/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	HOPEDAY PROGRAM EVENT-GAME TICKETS.		
		\$136,864.	06/30/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
623453 10-1	8-16 23	Schedule B (Form S	190, 990-EZ, or 990-PF) (2016)

038-03L1

art III	DS, INC Exclusively religious, charitable, etc., con	tributions to organizations described	$\frac{86-1042378}{10000}$ in section 501(c)(7), (8), or (10) that total more than \$1,000 f				
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	columns (a) through (e) and the follow	ving line entry. For organizations				
	Use duplicate copies of Part III if addition	nal space is needed.					
) No. [.] om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
·							
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
) No.		[
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
· ·							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
.							
-							
) No.							
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
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-							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
Γ.							
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No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	1 t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
.							
			Schedule B (Form 990, 990-EZ, or 990-PF)				

Department of the Treasury

Internal Revenue Service

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

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



No

No

No

Employer identification number 86-1042378

Held at the End of the Tax Year

Nam	e of the organization HOPEKIDS, INC		Emp	ployer identification numb $86-1042378$
Pa	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or A	ccol	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, li			
		(a) Donor advised funds (b) Fun	nds 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		ds	
	are the organization's property, subject to the organization's	s exclusive legal control?		Yes 🛛 I
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be used of	only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confer	ring	
	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, Part IV,	, line 7	
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a historically	impor	rtant land area
	Protection of natural habitat	Preservation of a certified hi	storic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of a co	nserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Y
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	1	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the organ	nizatior	n during the tax
	year ►			
4	Number of states where property subject to conservation ea	asement is located 🕨		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of		

	5	1 7 5	5 1	3 , 1	, 3		
	violations, and enforcement of	the conservation eas	sements it holds	?		Yes	No No
6	Staff and volunteer hours devo	ted to monitoring, in	specting, handlii	ng of violations, and	enforcing conservation	easements during the	year
	▶						
-			ومعالمه ومعاليه ومعا				

7	Amou	nt of expens	ses incurred	d in monite	oring,	inspec	ting,	handlin	g of violat	ions, and	enfor	cing	cons	servation easements during the year
	▶\$													
~	-						a (1)							

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	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.
632051	08-29-16

Schedule D (Form 990) 2016

25

_	dule D (Form 990) 2016 HOPEKID	-						86-10			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, c	or Oth	er Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, checł	any of the	following tha	t are a s	significant	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	• L (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit of		-						7		٦
Des	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered '	'Yes" or	1 Form 990), Part IV,	line 9, o	r	
	· · ·		-1' 6			4					
1a	Is the organization an agent, trustee, custod								7		7.0.0
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L	Yes		_ No
D		and complete the it	bilowing t	able.					Amoun	+	
~	Boginning balanco						1c		Amoun	L	
	Beginning balance Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par											
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	/ears back	(e) Fou	r 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 the cur		ce (line 1	g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
с	Temporarily restricted endowment	%									
-	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	ind administe	ered for 1	the organiz	zation	1	Y.	N
	by:								2-(1)	Yes	No
	(i) unrelated organizations								3a(i)		
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								30		
_	t VI Land, Buildings, and Equipm		ownent								
	Complete if the organization answere		0. Part IV	. line 11a. S	See Form 990). Part X	. line 10.				
	Description of property	(a) Cost or c			or other		ccumulate	ed	(d) Boo	k valu	e
	1 1 1	basis (investr		• •	(other)	• •	preciation		. ,		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			10	9,461.		99,3	96.	1	0,0	65.
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)				1	0,0	65.
								O - III -	D / E	- 000	0040

Schedule D (Form 990) 2016

632052 08-29-16

Complete if the organization answered "Yes'				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (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	ine 11c. See Form 990) Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1)				5
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.				
Total. (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, Description	ine 11d. See Form 990), Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes"		ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a) (1)		ine 11d. See Form 990), Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a)		ine 11d. See Form 990), Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		ine 11d. See Form 990	0, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		ine 11d. See Form 990	0, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		ine 11d. See Form 990	0, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes' (a) (1) (2) (3) (4) (5) (6)		ine 11d. See Form 990), Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		ine 11d. See Form 990), Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	Description	ine 11d. See Form 990	D, Part X, line 15.	(b) Book value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	Description			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (b) Part Z Other Liabilities. Complete if the organization answered "Yes" (c) Part X (c) Part X, col. (B) lin	Description	ine 11e or 11f. See For		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1.	Description			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description	ine 11e or 11f. See For		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description	ine 11e or 11f. See For		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description	ine 11e or 11f. See For		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (4)	Description	ine 11e or 11f. See For		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	ine 11e or 11f. See For		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6)	Description	ine 11e or 11f. See For		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	ine 11e or 11f. See For		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	ine 11e or 11f. See For		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	ine 11e or 11f. See For		

Schedule D (Form 990) 2016

Sche	edule D (Form 990) 2016 HOPEKIDS , INC			86-	1042378 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per R	etur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	3,697,545.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	173,804.		
b	Donated services and use of facilities	2b	19,800.		
с					
d					
е	Add lines 2a through 2d			2e	193,604.
3	Subtract line 2e from line 1			3	3,503,941.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	150.		
b	Other (Describe in Part XIII.)	4b	-144,005.		
с	Add lines 4a and 4b			4c	-143,855.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,360,086.
_				•	
_	rt XII Reconciliation of Expenses per Audited Financial Statem			•	
_	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wi	th Expenses per	•	ırn.
_	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses per	•	
Pa	Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents Wi	th Expenses per	Retu	ırn.
Pa 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wi	th Expenses per	Retu	ırn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wi a. 2a	th Expenses per	Retu	ırn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents Wi	th Expenses per		ırn.
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	th Expenses per		ırn. 3,363,306.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per 19,800. 144,005.		ırn. 3,363,306. 163,805.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per 19,800. 144,005.		ırn. 3,363,306.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per 19,800. 144,005.	Retu 1 2e	ırn. 3,363,306. 163,805.
Pa 1 2 a b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per 19,800. 144,005.	Retu 1 2e	ırn. 3,363,306. 163,805.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expenses per 19,800. 144,005.	Retu 1 2e	ırn. 3,363,306. 163,805. 3,199,501.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d	th Expenses per 19,800. 144,005. 150.	2e 3 4c	urn. 3,363,306. 163,805. 3,199,501. 150.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	th Expenses per 19,800. 144,005. 150.	2e 3	ırn. 3,363,306. 163,805. 3,199,501.

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 X, LINE 2:

THE	0	RGA	NIZ	ZAT	ION	QU	ALI	FIE	S A	SΑ	ΤA	X -1	EXE	MPT	OF	GAN	JIZ	ATI	ON	UN	DER	SE	CTI	ON		
501	.(C)(3	;) (OF	THE	IN'	TER	NAL	RE	VEN	UE	CO	DE .	AND	, т	HER	١EF	ORE	с, т	HE	RE]	ſS	NO			
PRC	VI	SIC	N I	FOR	FE	DER	AL	OR	STA	ΓЕ	COR	PO	RAT	ΕI	NCC	ME	TA	XES	5. I	N 2	ADDI	[T]	ON,	TH	Ξ	
ORG	AN	IZA	TIC	ON	HAS	BE	EN	DET	ERM	INE	DВ	BY '	THE	IN	TER	NAL	」 F	EVE	NUE	S	ERVI	ICE	(1	RS)	NO	T
то	BE	A	PRI	EVA	TE	FOUI	NDA	TIO	N W	ITH	IN	TH	ΕM	EAN	ING	; OF	۶ S	SECI	ION	I 5	09(<i>1</i>	A)	OF	THE		
COL)E.																									

MANAGEMENT BELIEVES THAT NO UNCERTAIN TAX POSITIONS EXIST FOR THE

ORGANIZATION AT DECEMBER 31, 2016 AND 2015.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

632054 08-29-16

-9,281.

-134,724.

-144,005.

9,281.

134,724.

144,005.

Part XIII Supplemental Information (continued)

COST OF T-SHIRTS SOLD OFFSET AGAINST REVENUE FOR TAX

INC

REPORTING

FUNDRAISING EVENT EXPENSES OFFSET TO REVENUE FOR TAX

REPORTING

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF T-SHIRTS SOLD OFFSET AGAINST REVENUE FOR TAX

REPORTING

FUNDRAISING EVENT EXPENSES OFFSET TO REVENUE FOR TAX

REPORTING

TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2016

632055 08-29-16

SCHEDULE G	ental Information Regarding	Fun	draig	ing or Gaming	Activ		OMB No. 1545-0047
(Form 990 or 990-E7) I	he organization answered "Yes" on	Form	990, F	Part IV, line 17, 18, o	or 19,		2016
Department of the Treasury	organization entered more than \$15 ► Attach to Form 990						Open to Public
	about Schedule G (Form 990 or 990-EZ)						Inspection
Name of the organization HOPEKI	DS, INC					86-104	lentification number 2378
Part I Fundraising Activities required to complete this part	S. Complete if the organization answe art.	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-l	EZ filers are not
b If "Yes," list the 10 highest paid inc	e Solicitat f Solicitat g Special or or al agreement with any individual Part VII) or entity in connection with p dividuals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stees ?	Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con	aiser ustody	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser	(vi) Amount paid to (or retained by) organization
		Yes	No		list	ed in col. (i)	
		<u> </u>	<u> </u>				
Total 3 List all states in which the organizat or licensing.	ion is registered or licensed to solicit o	contrik	. D ution:	s or has been notifie	d it is	exempt from	registration
LHA For Paperwork Reduction Act No	tice, see the Instructions for Form	990 or	990-	EZ. S	Scheo	dule G (Form	990 or 990-EZ) 2016

632081 09-12-16

 Schedule G (Form 990 or 990-EZ) 2016 HOPEKIDS, INC
 86-1042378 Pag

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AZ GOLF TOURNAMENT	AZ GALA	Λ	(add col. (a) through
			(event type)	AZ GALA (event type)	(total number)	col. (c))
	1	Gross receipts	139,045.	79,531.	181,242.	399,818
	2	Less: Contributions	73,404.	27,791.	101,624.	202,819
4	3	Gross income (line 1 minus line 2)	65,641.	51,740.	79,618.	196,999
	4	Cash prizes				
8	5	Noncash prizes				
	6	Rent/facility costs				
חוובתו באחבוואבא	7	Food and beverages				
ר	8	Entertainment		15,024.	63,029.	134,724
	9	Other direct expenses				134,724
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from			•	62,275
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1	Gross revenue			26,040.	26,040
3	2	Cash prizes			13,020.	13,020
חוובתו דעהבווזבז	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			1,827.	1,827
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	X Yes 100.00 %	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		►	14,847
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			11,193
)	Ent	er the state(s) in which the organization conc	lucts gaming activities: M	N		
		he organization licensed to conduct gaming a No," explain:				X Yes No
		re any of the organization's gaming licenses Yes," explain:		-	year?	Yes X No
	lf "`	Yes," explain:				
	lf "`					

Sch	nedule G (Form 990 or 990-EZ) 2016 HOPEKIDS,INC	86-10	042378	Page 3
-	Does the organization conduct gaming activities with nonmembers?		X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	XNo
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility		13a	.00 %
k	o An outside facility		13 ь 100	.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		
	Name MINNESOTA WILD FOUNDATION			
	Address Add			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo	unt		
	of gaming revenue retained by the third party > \$			
c	c If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name None			
	Gaming manager compensation <a> \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		🗌 Yes	X No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	°art III, lin	es 9, 9b, 10)b, 15b,
GA	MING ACTIVITY REPORTED			
TH	IE MINNESOTA WILD FOUNDATION, THE TAX-EXEMPT FOUNDATION OF	THE		
MI	NNESOTA WILD PROFESSIONAL HOCKEY TEAM, CONDUCTS 50/50 RAFF	LES I	AT	
TH	IEIR GAMES FOR WHICH A CHARITY IS THE NAMED BENEFICIARY. H	OPEK	IDS WA	S
тн	IE BENEFICIARY OF TWO OF THESE RAFFLES. HOPEKIDS RECEIVES	THE !	TOTAL	
RA	FFLE REVENUES, IS REQUIRED TO PAY THE WINNER AND COMPLY WI	тн ті	HE	
WI	THHOLDING AND W-2G REPORTING REQUIREMENTS, AND TO REIMBURS	E TH	Ξ	
FC	OUNDATION FOR VARIOUS EXPENSES OF CONDUCTING THE RAFFLE. I	N ADI	DITION	,
HC	PEKIDS IS REQUIRED TO OBTAIN A GAMING LICENSE IN MN.			
6320	32 N83 09-12-16 Schedule	G (Form	990 or 990	-EZ) 2016

Schedule Q (Form 990 or 990-EZ)	632084 04-01-16	099347	038-001	23700	2016.030	33 340 HOPF	RTDS	TNC	Concume d (038-03L1
									Schedule G (Form 990 or 990-F7

Department of the Treasury Internal Revenue Service	Complete if	the o	28b, or 28c, o ▶ Atta	swered "` or Form 9 ch to For	Ƴes" on 90-EZ, ∣ m 990 o	Form 990, Par Part V, line 38a or Form 990-E2	rt IV a or Z.	, line 25a, 25b, 2	orm99	00.	Or	AB No 20 Den To spect	16 Publion	lic
Name of the organization	UODERT	Da	TNO								identi		on nu	mber
Part I Excess B	HOPEKI enefit Trans)1(c)(3), s	ection 5	01(c)(4), and 5()1(c))(29) organizatio			423	/8		
			-					r Form 990-EZ, F			Db.			
1 (a) Name of disqualifi	ed person	(b) R	elationship betw person and or			(0	c) De	escription of trar	nsactio	on		(d) Ye	1	cted? No
			F	<u> </u>									-5	NO
2 Enter the amount of														
3 Enter the amount of Part II Loans to Complete if t	tax, if any, on li and/or Fror the organization	ne 2, a n Int e n answ n 990,	above, reimburs erested Pers	ed by the sons. Form 990	e organiz EZ, Par	ation	Forn	n 990, Part IV, lir) Balance due	ne 26;	or if th	(h) Apr	oroved		/ritten
interested person	with organi		of loan	from the organizatio	_{n?} prir	ncipal amount		balance due		ault?	bý boa comm Yes	ard or	agree Yes	ment?
					_									<u> </u>
Total						> \$								
			efiting Inter											
Complete if t (a) Name of interest			vered "Yes" on I			, line 27. (c) Amount of			of	<u> </u>	(0)	Purp	000.01	f
(a) Name of interest	led person		b) Relationship interested pers the organiza	on and		assistance		(d) Type assistan			• • •	assista		
		+			_					-+				
		+			_					-+				
		-												

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

Schedule L (Form 990 or 990-EZ) 2016

632131 10-24-16

Schedule L (Form 990 or 990-EZ) 2016 HOPEKIDS, INC

86-1042378 Page 2

Part IV	Business	Transacti	ions Inv	olving	Interes	ted Persons.
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Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
AMY WHITEMAN	DAUGHTER-IN-LAW OF	16,346.	AMY WORKS F	`	Х	

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AMY WHITEMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER-IN-LAW OF A BOARD MEMBER WHO IS ALSO THE TREASURER.

(D) DESCRIPTION OF TRANSACTION: AMY WORKS PART-TIME FOR HOPEKIDS AS THE

DONOR STEWARDSHIP MANAGER.

Schedule L (Form 990 or 990-EZ) 2016

632132 10-24-16

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

Name of the	organization
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Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

HOPEKIDS	. INC
HOT DREEDD	/ 110

Employer identification number
86-1042378

Pa	rt I Types of Property					-				
		(a)	(b)	(c)	h	(d				
		Check if applicable	Number of contributions or	Noncash contri amounts report		Method of d noncash contrib		•	~	
				Form 990, Part VI		noncash contrib	ution a	mount	5	
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 $_{\dots}$									
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		1 1 1 0	1						
25	Other (EVENTS)	X	1,140							
26	Other (INTERNET SVC)	X	1	8	,071.	FMV				
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organi							~		
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement	29			0		
								Yes	No	
30a	a 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									
	exempt purposes for the entire holding period	?					30a		X	
b	If "Yes," describe the arrangement in Part II.						31	37		
31								X		
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								37	
	contributions?						32a		X	
	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.									
LHA	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)									

Schedule M (Form 990) (2016) HOPEKIDS, INC

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 NUMBER OF EVENTS ARE REPORTED IN COLUMN B. EVENTS

REPORTED ON LINE 25 IS THE VALUE OF THE DONATED TICKETS TO EVENTS FOR

THE HOPEKIDS HOPEDAY PROGRAM.

INTERNET SERVICE - THE NUMBER OF CONTRIBUTORS IS REPORTED IN COLUMN B

AND THE VALUE OF THE ACCESS IS REPORTED ON LINE 26.

Schedule M (Form 990) (2016)

632142 08-23-16

Part II

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Employer identification number 86 - 1042378

HOPEKIDS, INC

FORM 990, PART III, LINE 4A:

OUR HOPEDAY PROGRAM IS DESIGNED TO ENSURE OUR HOPEKIDS AND THEIR FAMILY ALWAYS HAVE SOMETHING TO LOOK FORWARD TO RATHER THAN DWELLING ON WHAT THEY ARE DEALING WITH NOW; CHEMO, HOSPITAL STAYS, SURGERIES, THERAPY ETC. OUR IMPACTS ARE "HOPE AND ANTICIPATION" - KEEPING OUR KIDS FOCUSED ON THE FUTURE, "FAMILY FOCUS" - OUR EVENTS BRING FAMILIES TOGETHER IN SUPPORTIVE ACTIVITIES WHEN CIRCUMSTANCES THREATEN TO RIP THEM APART. OUR EVENTS OFFER FUN FOR ALL FAMILY MEMBERS, ALLOWING THEM TO SPEND MUCH NEEDED TIME TOGETHER, "COMMUNITY & SUPPORTIVE RELATIONSHIPS" - OUR HOPEDAY PROGRAM DRAWS MANY FAMILIES TOGETHER IN A UNIQUE, SUPPORTIVE AND RECREATIONAL ENVIRONMENT FOR CONNECTION, SHARING AND ENCOURAGEMENT. OUR KIDS AND FAMILIES MEET OTHERS JUST LIKE THEM, "SAFETY AND ACCEPTANCE" - IN OUR SUPPORTIVE PEER COMMUNITY NO CHILD IS THE ONLY ONE WEARING A MASK, IS BALD OR USING A WHEELCHAIR. ΑТ "ECONOMIC SUPPORT" HOPEKIDS, EVERYONE IS ACCEPTED AND EVERYONE BELONGS, ALL OUR EVENTS ARE PRE-ORGANIZED AND AVAILABLE FREE OF CHARGE TO OUR FINANCIALLY DISADVANTAGED FAMILIES. IN 2016, OUR CHAPTERS (AZ, CO, MN TX) PROVIDED 1,303 EVENTS (UP 22% FROM 2015) TO 3,271 FAMILIES. 2016 PROGAM ATTENDANCE EXCEEDED 59,500 PEOPLE. WE ENROLLED 821 NEW FAMILIES TO THE PROGRAM IN 2016 (A 65% INCREASE FROM 2015).

FORM 990, PART V, LINE 2A: THE ORGANIZATION HAS OUTSOURCED ITS PAYROLL FUNCTION TO INSPERITY, A PROFESIONAL EMPLOYER ORGANIZATION (PEO), WHO PAYS THE EMPLOYEES WORKING FOR THE ORGANIZATION AND ISSUES ALL W-2'S UNDER ITS FEIN. THEREFORE, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16 38

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

HOPEKIDS, INC

Employer identification number 86-1042378

THE ORGANIZATION HAS REPORTED 0 W-2'S AS IT DOES NOT ISSUE ANY W-2'S

UNDER ITS FEIN.

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

THE AUDIT COMMITTEE REVIEWS AND PRESENTS TO BOARD

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

ALL NEW BOARD MEMBERS ARE PROVIDED WITH THE POLICY AND REQUIRED TO SIGN IT AND ANNUALLY IT IS REVIEWED BY ALL MEMBERS AND SIGNED. POTENTIAL CONFLICTS ARE DISCUSSED AT REGULAR BOARD MEETINGS AS THEY ARISE AND ARE RESOLVED.

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

THE BOARD OF DIRECTORS REVIEWED AND DETERMINED BY USING GUIDESTAR

COMPENSATION REPORT 16H EDITION SEPTEMBER 2016. THE DELIBERATION AND

DECISION WAS NOTED IN THE DECEMBER 17TH, 2015 MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

39

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE

FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE WEBSITE.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

632212 08-25-16