

OPENTO PUBLIC INSPECTION

EXTENDED TO NOVEMBER 15, 2017

Department of the Treasury

A For the 2016 calendar year, or tax year beginning

Internal Revenue Service

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

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

and ending

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

Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable	C Name of organization	D Employer identif	ication number	
Г	Addres	S DACKER OF HODE			
F	lchange Name change			43-1	.789081
F	Initial return	-	Room/suite	E Telephone number	
F	Final	P.O. BOX 510860	1100III/Suite	(314	
	return/ termin- ated			G Gross receipts \$	1,535,256.
Г	Amend			H(a) Is this a group r	
Ē	Application	•		for subordinate	
	pendin	⁹ P.O. BOX 510860, ST. LOUIS, MO 63151		H(b) Are all subordinates	
$\overline{1}$	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	1	a list. (see instructions)
		e: NWW.BASKETOFHOPE.ORG		H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other ▶	L Year		M State of legal domicile: MO
P		Summary			
•	1 1	Briefly describe the organization's mission or most significant activities: ${ t GIVII}$	NG HOP	E TO HOSPIT	'ALIZED
Governance		CHILDREN AND THEIR FAMILIES THROUGH THE 1	PERSON	AL DELIVERY	OF A
ern	2 (Check this box $lacktriangle$ if the organization discontinued its operations or dispos			ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
		Number of independent voting members of the governing body (Part VI, line 1b)			6
ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			4
Activities &	6	Total number of volunteers (estimate if necessary)			1500
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····		
		Contributions and system (Dout VIII line 1b)	<u> </u>	Prior Year 919,115.	Current Year 1,475,829.
Revenue	8	Contributions and grants (Part VIII, line 1h)		0.	1,473,023.
Ver	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-435.	-200.
Be	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,350.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		920,030.	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		504,933.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		85,277.	94,945.
JSe	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	ь.	Total fundraising expenses (Part IX, column (D), line 25)	21.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		95,503.	91,665.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		685,713.	
	19	Revenue less expenses. Subtract line 18 from line 12		234,317.	344,383.
or	CES		Ве	ginning of Current Year	
Net Assets	ਰ ਹੈ 20 -	Total assets (Part X, line 16)		2,148,658.	2,491,200.
it As	21 ·	Total liabilities (Part X, line 26)		3,521.	1,680.
		Net assets or fund balances. Subtract line 21 from line 20		2,145,137.	2,489,520.
_	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.	
0:		Signature of officer		I Date	
Sig		ANGELA BRUNETTE, EXECUTIVE DIRECTOR/SI	ድCR ድጥል		
He	ere	Type or print name and title	BCKEIA	11/1	
_		Print/Type preparer's name Preparer's signature][Date Check	PTIN
Рa	id	MARK G. HINSEN		if self-emplo	P00047496
		Firm's name ANDERS MINKLER HUBER & HELM LLP		Firm's EIN	43-0831507
	e Only	Firm's address 800 MARKET STREET, SUITE 500		5 2	
		ST. LOUIS, MO 63101-2501		Phone no. (3	14)655-5500
Ma	av the IF	RS discuss this return with the preparer shown above? (see instructions)		<u> </u>	X Yes No

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: GIVING HOPE TO HOSPITALIZED CHILDREN AND THEIR FAMILIES THROUGH THE
	PERSONAL DELIVERY OF A BASKET OF HOPE FOR THE CHILD CONTAINING TOYS,
	GAMES, CRAFT AND EDUCATION ITEMS, STUFFED ANIMALS AND MORE AND A
	BASKET OF HOPE TOTE FOR THE PARENTS CONTAINING ITEMS TO NOURISH THEM
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,121,739 • including grants of \$ 944,636 •) (Revenue \$)
	PROVIDED HOPE THROUGH THE GIVING OF A BASKET OF HOPE FILLED WITH AGE
	APPROPRIATE GAMES, TOYS, CRAFTS AND EDUCATIONAL ITEMS TO CHILDREN
	SUFFERING FROM SERIOUS ILLNESSES ALONG WITH A BASKET OF HOPE TOTE TO
	THEIR PARENTS WITH ITEMS TO NOURISH THEM PHYSICALLY, MENTALLY,
	EMOTIONALLY AND SPIRITUALLY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,121,739.
	Form 990 (2016)

Form 990 (2016) BASKET OF HO 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4		Х
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</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
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,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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?			
	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)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	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	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	20-	X
		_	Ω	(0010)

Form 990 (2016) BASKET OF HOPE 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		X
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			l
	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
	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		
	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			7.7
	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			- v
	Schedule L, Part I	25b		Х
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,"	00		х
07	complete Schedule L, Part II	26		Λ
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	27		х
20	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		22
28	instructions for applicable filing thresholds, conditions, and exceptions):			
9		28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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			<u>-</u> -
	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	X	

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Form 990 (2016)

BASKET OF HOPE

FUIIII 99U I	(2010)	BIDIEL OF HOLE	43 1703001
Part V	Stat	tements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	X							
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 4									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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		Х						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		v						
	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	۵.								
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_	X							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	21							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х						
Ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70								
u _	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х						
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h		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									
11	Section 501(c)(12) organizations. Enter:									
	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.	40								
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 Enter the amount of receives an hand									
	Enter the amount of reserves on hand	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b								
D	in res, has it lied a form report these payments: in rio, provide an explanation in schedule o		990	(2016)						
		. 5111		(-3.0)						

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 6								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?								
3									
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х				
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	• •							
	more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	Revenue Code.)							
				Yes	No				
	Did the organization have local chapters, branches, or affiliates?		10a	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such			l					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a			12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $$			١					
	in Schedule O how this was done		12c	X					
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and appro-	val by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			l				
	The organization's CEO, Executive Director, or top management official		15a		X				
b	Other officers or key employees of the organization		15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange								
	taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	anization's							
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure	AD THE OF CA C							
17	List the states with which a copy of this Form 990 is required to be filed ►IL, AZ, NM, NJ, A								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	· I (Section 501(c)(3)s only)	availab	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
		n in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy, ar	nd finan	cial					
	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 b	ooks and records: ►							
	KENT R. MILFORD - (314) 843-9910 11141 S TOWNE SOUARE # A. ST. LOUIS. MO 63123								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	(do not check more than one			than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of 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)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
(1) MIKE FURREY PRESIDENT	1.00	x		x				0.	0.	C
2) PAUL BRUNETTE	1.00									
ICE PRESIDENT		Х		Х		K		0.	0.	(
(3) TRACY SENF PREASURER	1.00	x		x				0.	0.	(
(4) DENISE HOFFMAN	1.00									
DIRECTOR	10 00	Х				_		0.	0.	(
(5) ANGELA BRUNETTE EXECUTIVE DIRECTOR/SECRETA	40.00	X		X				46,264.	0.	(
(6) JOHN SHIVELY	1.00	22		21				40,204.	<u> </u>	<u> </u>
DIRECTOR		х						0.	0.	(
(7) DANIELLE GABOR	1.00							_	_	
DIRECTOR	1 00	Х						0.	0.	(
(8) PAUL GROSSE DIRECTOR	1.00	x						0.	0.	(
							_			
		-								
										Eorm 990 (20

(B) (A) (C) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) 46,264 0. 1b Sub-total 0. Ō. c Total from continuation sheets to Part VII, Section A 46,264. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form 990 (2016)

BASKET OF HOPE

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

Form 990 (2016)

632008 11-11-16

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
		Check if Schedule O contains a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	361,677. 194,275.	1,475,829.			
			Business Code				
Program Service Revenue	2 a b c d e						
۱ ۵		All other program service revenue					
	3	Investment income (including dividends, inter other similar amounts)	est, and	12.			12.
	b b	Royalties (i) Real Gross rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities	(ii) Other				
	d	and sales expenses Gain or (loss) Net gain or (loss)	212. -212.	-212.			-212.
Other Revenue		Gross income from fundraising events (not including \$ 114,152 • of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b	E 0 41 E				
₽		Net income or (loss) from fundraising events	>	0.			
	9 a	Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b					
	c 10 a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	>				
		Miscellaneous Revenue	Business Code				
	11 a b c						
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		1,475,629.	0.	0.	-200.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 944,636. 944,636. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 46,264 41,638. 2,313. 2,313. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 42,000. 42,000. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 6,327. 177. <u>177.</u> 6,681. Payroll taxes 10 Fees for services (non-employees): 11 a Management 2,926. 2,780. 146. Legal 25,830. 24,538. 1,292. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 5,182. 272. 5,454. Advertising and promotion 12 12,018. 11,447. 540. 31. 13 Office expenses Information technology 14 Royalties 15 7,475. 7,869. 394. Occupancy 16 17,439. 18,357. 918. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 9,036. 8,584. 452. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 3,713. 3,527. 186. DUES REGISTRATION AND LICENS 3,038. 2,886. 152. 2,244. **AUTO EXPENSE** 2,132. 112. DINING AND ENTERTAINMEN 649. 617. 32. 531. 531 e All other expenses 1,131,246. 1,121,739. 6,986. 2,521. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Form 990 (2016) Part X Balance Sheet

Par	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part	X			
			Begi	(A) nning of year		(B) End of year
	1	Cash - non-interest-bearing		127,915.	1	106,371
	2	Savings and temporary cash investments		28,962.	2	26,063
	3	Pledges and grants receivable, net		1,349.	3	0
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Comple	te			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and conti	ributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
S.		employees' beneficiary organizations (see instr). Complete Part II of Sch	L		6	
Assets	7	Notes and loans receivable, net			7	
AS	8	Inventories for sale or use		,941,201.	8	2,315,945
	9	Prepaid expenses and deferred charges		3,556.	9	3,005
		Land, buildings, and equipment: cost or other				
			879.			
	Ь		063.	45,675.	10c	39,816
	11	Investments - publicly traded securities		· · · · · · · · · · · · · · · · · · ·	11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		,148,658.	16	2,491,200
	17	Accounts payable and accrued expenses		3,521.	17	1,680
	18	Grants payable		· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21				21	
ç,	22	Loans and other payables to current and former officers, directors, trust				
IIIe		key employees, highest compensated employees, and disqualified person				
Liabilities		Complete Part II of Schedule L			22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part >	(of			
		Schedule D	l		25	
	26	Total liabilities. Add lines 17 through 25		3,521.	26	1,680
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X	and			
န္		complete lines 27 through 29, and lines 33 and 34.				
uce	27	Unrestricted net assets	2	,145,137.	27	2,489,520
rund Balances	28	Temporarily restricted net assets			28	
g B	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here				
		and complete lines 30 through 34.				
SI	30	Capital stock or trust principal, or current funds			30	
מכני	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds			32	
ž	33	Total net assets or fund balances		,145,137.	33	2,489,520
	ı	Total liabilities and net assets/fund balances	·····	,148,658.	34	2,491,200

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		, 47		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,13	1,2	46.
3	Revenue less expenses. Subtract line 2 from line 1	3			4,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	,14	5,1	37.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2	, 48	9,5	20.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: 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 reviewed	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					Х
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization BASKET OF HOPE 43-1789081 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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.)

Sec	Section A. Public Support												
Cale	ndar 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.")	1701014.	628,645.	1049351.	919,115.	1475829.	5773954.						
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	1701014.	628,645.	1049351.	919,115.	1475829.	5773954.						
	The portion of total contributions												
	by each person (other than a												
	governmental unit or publicly												
	supported organization) included				1								
	on line 1 that exceeds 2% of the												
	amount shown on line 11,												
	column (f)						2985349.						
6	Public support. Subtract line 5 from line 4.						2788605.						
	Section B. Total Support												
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total						
7	Amounts from line 4	1701014.	628,645.	1049351.	919,115.	1475829.	5773954.						
8	Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties												
	and income from similar sources	16.	6.	4.		12.	38.						
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.)		500.		1,350.		1,850.						
11	Total support. Add lines 7 through 10						5775842.						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12							
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)							
_	organization, check this box and stop	here	<u></u>				>						
	ction C. Computation of Publ						10.00						
14	Public support percentage for 2016 (I					14	48.28 %						
15	Public support percentage from 2015					15	55.59 %						
16a	33 1/3% support test - 2016. If the o												
	stop here. The organization qualifies												
b	33 1/3% support test - 2015. If the c												
	and stop here. The organization qual												
17a	10% -facts-and-circumstances tes	J					*						
	and if the organization meets the "fac			-		_							
_	meets the "facts-and-circumstances"												
b	10% -facts-and-circumstances tes	_											
	more, and if the organization meets the		•		•								
	organization meets the "facts-and-circ												
<u>18</u>													

Schedule A (Form 990 or 990-EZ) 2016

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

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

50	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(6) 2014	(4) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
'	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				10.		
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
ŀ	Unrelated business taxable income	`					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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				1		
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				†		
	First five years. If the Form 990 is fo	r the organization	e firet eacond thir	d fourth or fifth	tay year as a soction	n 501(c)(3) organi-	zation
17	check this box and stop here	· ·	,		•	. , . ,	Lation,
Se	ction C. Computation of Publ						
	Public support percentage for 2016 (column (f))		15	%
	Public support percentage from 2015					16	% %
	ction D. Computation of Inve					1 10 1	70
	Investment income percentage for 20					17	%
	Investment income percentage for 20					18	
	a 33 1/3% support tests - 2016. If the						
156	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2015. If the						
20	line 18 is not more than 33 1/3%, che						
<u>U</u>	Private foundation. If the organization	лт ана пот спеск а	DUX UIT IIITIE 14, 19	a, or 190, check t	uns dox and see in	อนนบนบทร	

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.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	<u> </u>		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		
800	tion C. Type II Supporting Organizations			
360	ation 6. Type if Supporting Organizations		V	N ₂
_	Ways a resignify of the appearing time to all the day and the start of the start of the all the start		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			
<u> </u>	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	<u>).</u>	
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. <i>Answer (a) and (b) below.</i>			
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				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All				
	other Type III non-functionally integrated supporting organizations must con	nplete	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		<u> </u>		
	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	1c			
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-functionally	integr	ated Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2016

Pai	ITLY Type III Non-Functionally Integra	ted 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accon	nplish exe	mpt purposes		
2	Amounts paid to perform activity that directly further	ers exemp	ot purposes of supported		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exemp	ot purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval req	uired)			
6	Other distributions (describe in Part VI). See instruc	ctions			
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations t	o which tl	he organization is responsiv	е	
	(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				
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line	6		4	
2	Underdistributions, if any, for years prior to 2016 (re	eason-			
	able cause required- explain in Part VI). See instruc	tions			
3	Excess distributions carryover, if any, to 2016:				
а					
b					
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
i	Carryover from 2011 not applied (see instructions)				
j	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 201	6, 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 lin	nes 3h			
	and 4b from line 1. For result greater than zero, exp	olain in			
	Part VI. See instructions				
7	Excess distributions carryover to 2017. Add lines	s 3j			
	and 4c				
8	Breakdown of line 7:				
а					
b	Excess from 2013				
С	Excess from 2014				
d	Excess from 2015				
е	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 3h 3c 4h 4c 5a 6 9a 9h 9c 11a 11h and 11c Part IV Section B lines 1 and 2 Part IV Section C
	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 D (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BASKET OF HOPE

Employer identification number 43-1789081

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds			
	are the organization's property, subject to the organization's	•				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
Pai						
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or e		orically important land area			
	Protection of natural habitat	Preservation of a certi	fied historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b						
С	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re					
	year ▶					
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements i	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?		Yes			
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for			
_	conservation easements.					
Pai	t III Organizations Maintaining Collections o		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS	•				
	historical treasures, or other similar assets held for public exl	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri	ibes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	olic 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 tre		I gain, provide			
	the following amounts required to be reported under SFAS 1					
а	Revenue included on Form 990, Part VIII, line 1					
h	Assets included in Form 990, Part X		▶ \$			

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

Schedule D (Form 990) 2016

Pai	rt III Organizations Maintaining C	Collections of Art, His	torical Treasures,	or Other S	Similar Ass	sets(continued)
3	Using the organization's acquisition, access	on, and other records, chec	k any of the following tha	at are a signi	ficant use of it	ts collection items
	(check all that apply):					
а	Public exhibition	d \square	Loan or exchange progra	ams		
b	Scholarly research	е 🗌	Other			
С	Preservation for future generations					
4	Provide a description of the organization's c	ollections and explain how tl	ney further the organizat	ion's exempt	: purpose in P	art XIII.
5	During the year, did the organization solicit of	or receive donations of art, h	istorical treasures, or oth	ner similar as	sets	
	to be sold to raise funds rather than to be m	aintained as part of the orga	nization's collection?			Yes No
Pai	rt IV Escrow and Custodial Arran	gements. Complete if the	e organization answered	"Yes" on For	rm 990, Part I	V, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.				
1a	Is the organization an agent, trustee, custod	ian or other intermediary for	contributions or other as	ssets not inc	luded	
	on Form 990, Part X?				L	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table:			
						Amount
С	Beginning balance				1c	_
d	Additions during the year				1d	_
е	Distributions during the year				1e	
f	• • • • • • • • • • • • • • • • • • • •				1f	
2a	Did the organization include an amount on F	orm 990, Part X, line 21, for	escrow or custodial acco	ount liability?	'L	Yes No
	If "Yes," explain the arrangement in Part XIII					
Pai	rt V Endowment Funds. Complete	f the organization answered	"Yes" on Form 990, Par			
		(a) Current year (b) F	Prior year (c) Two yea	rs back (d)	Three years bac	k (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the cur	rent year end balance (line 1	g, column (a)) held as:			
а	Board designated or quasi-endowment	%	/			
b	Permanent endowment	%				
С	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.				
За	Are there endowment funds not in the posse	ession of the organization that	at are held and administe	ered for the o	organization	
	by:					Yes No
	(i) unrelated organizations					3a(i)
b	If "Yes" on line 3a(ii), are the related organiza					3b
4	Describe in Part XIII the intended uses of the		funds.			
Pai	rt VI Land, Buildings, and Equipn					
	Complete if the organization answere	d "Yes" on Form 990, Part I				
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accui		(d) Book value
		basis (investment)	basis (other)	depred	ciation	
1a	Land					
b	• • • • • • • • • • • • • • • • • • • •					
С	Leasehold improvements		C		0 063	20 016
d	I Equipment		67,879.	2	8,063.	39,816.
						20 016
Total	al. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, colur	mn (B), line 10c.)			39,816.

Schedule D (Form 990) 2016

Part VII	Investments - Other Securities.			
(a) Descrip	Complete if the organization answered "Yes" tion of security or category (including name of security)	on Form 990, Part IV, li (b) Book value	ne 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost of	or and of year market value
		(b) book value	(c) Method of Valuation. Cost of	or end-or-year market value
	al derivatives			
(2) Closely- (3) Other	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	h) moved agreed Forms 000 Port V and (P) line 10)			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
I dit ix	Complete if the organization answered "Yes"	on Form 990 Part IV li	ne 11d See Form 990 Part V line 15	
		Description	Tie Tie. Gee Form 330, Fart X, line 13.	(b) Book value
(1)				(-,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
. ,	mm (b) must equal Form 990, Part X, col. (B) line	e 15.)		•
Part X	Other Liabilities.	,		
	Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, li	ne 25.
1.	(a) Description of liability		(b) Book value	
(1) Fed	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line	e 25.)		
	for uncertain tax positions. In Part XIII, provide	•	e to the organization's financial statem	ents that reports the

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organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" on Form 900, Part IV, line 12: 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 900, Part VIII, line 12: a Net unrealized gains (908699 on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) a Add lines 22 through 24 4 Amounts included on Form 990, Part VIII, line 12: a Investment experiess not included on Form 990, Part VIII, line 70 b Other (Describe in Part XIII) C Add lines 24 and 40 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 Total experiess and lesses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 3 Control (Describe in Part XIII) c Add lines 24 amounts included on line 1 but not on Form 990, Part IV, line 25: a Control (Describe in Part XIII) c Add lines 24 amounts included on line 1 but not on Form 990, Part IV, line 25: a Control (Describe in Part XIII) a Investment experiess and lesses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 75: a Cother losses d Clother (Describe in Part XIII) c Add lines 24 amounts included on Form 990, Part IV, line 75: a linestment experies and lines of Facilities 2 Amounts included on Form 990, Part IV, line 75: a linestment experies and lines of Facilities 2 Amounts included on Form 990, Part IV, line 75: b Other (Describe in Part XIII) c Add lines 4a am 4db 4 Cother losses d Other (Describe in Part XIII) c Add lines 2 at mough 24 3 Subtract line 26 from line 1 4 Amounts included on Form 990, Part IV, line 75: a linestment experies and included on Form 990, Part IV, line 75: a linestment experies and included on Fo	Par	t XI Reconciliation of Revenue per Audited Financial State		Revenue per R	Returr	۱.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2						4 550 044
a Net unrealized gains (losses) on investments both calculates 2b 1 35,000. c Recoveries of prior year grants 2c 8 2c 59,415. c Recoveries of prior year grants 2c 8 35,000. c Recoveries of prior year grants 2c 8 34,415 d Other (Describe in Part XIII) 2c 94,415 3 Subtract line 2e from line 1 3 1,475,629 4 Announts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4b 4b 4c 7b 4c 7b	1	Total revenue, gains, and other support per audited financial statements			1	1,570,044
b Donated services and use of facilities 2c Recoveries of prior year grants 2c Recoveries of prior year grants 2c S S S S S S S S S S S S S S S S S S	2					
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RETURNS FOR TAX YEARS 2013 AND LATER REMAIN SUBJECT TO EXAMINATION BY

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number BASKET OF HOPE 43-1789081 Fundraising Activities. Complete if the organization answered "Yes" on Form 990. Part IV. line 17. Form 990-EZ filers are not

required to complete this par	t.	700 700 0	mr om ooo, r are rv,	IIII 77.1 OIIII 000 L2	i moro dro not		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
a Mail solicitations e Solicitation of non-government grants							
b Internet and email solicitations			rnment grants				
c Phone solicitations		fundraising					
d In-person solicitations	3	rarraraioirig	Overno				
2 a Did the organization have a written of	or aral agreement with any individual	(including	officere directore tru	otooo or			
key employees listed in Form 990, P					☐ No		
b If "Yes," list the 10 highest paid indiv		iant to agre	ements under which	the fundraiser is to b	е		
compensated at least \$5,000 by the	organization.						
		(iii) Did		(v) Amount paid			
(i) Name and address of individual	(ii) Activity	(iii) Did fundraiser have custody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)		
or entity (fundraiser)	(ii) / iotivity	or control of contributions?	trom activity	fundraiser listed in col. (i)	organization		
		001111111111111111111111111111111111111		listed in col. (i)			
		Yes No					
		/					
					_		
					_		
		<u></u>					
3 List all states in which the organization	on is registered or licensed to solicit	contribution	s or has been notifie	d it is exempt from re	egistration		
or licensing.							
					_		

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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

Schedule G (Form 990 or 990-EZ) 2016 BASKET OF HOPE 43-1789081 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events DINNER GOLF(add col. (a) through TOURNAMENT AUCTION col. (c)) (event type) (event type) (total number) 173,567. 128,740. 31,479. 13,348. 1 Gross receipts 8,779 83,364 22,009. 114,152. 2 Less: Contributions 59,415. 45,376 9,470. 4,569. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 59,415. 45,376. 4,569. 9 Other direct expenses 59,415. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue . 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2016

b If "Yes," explain: _

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sch	nedule G (Form 990 or 990-EZ) 2016 BASKET OF HOPE 43-	-1789081 Pag	ae 3
	Does the organization conduct gaming activities with nonmembers?		No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	••	
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	••	
	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address >		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
	le 16 IIV - II and a discount of a surjective discount of the		
ľ	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
(c If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		1
	retain the state gaming license?		No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	, lines 9, 9b, 10b, 15	5b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

Schedule (G (Form 990 or 990-EZ)	BASKET OF HOPE	43-1789081 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (continued)	
		4	
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BASKET OF	HOPE						43-178	39081
Part I General Information on Grants a	nd Assistance					•		
1 Does the organization maintain records t	o substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the selection		
criteria used to award the grants or assis	tance?						X Yes	No No
2 Describe in Part IV the organization's pro	cedures for moni	toring the use of grant	funds in the Unite	d States.				
Part II Grants and Other Assistance to I	_				anization answered "\	es" on Form 990, Part I	V, line 21, for any	
recipient that received more than \$					(f) Mathad of	, , , , , , , , , , , , , , , , , , , 		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations			ne line 1 table				>	

Schedule I (Form 990) (2016) BASKET OF HOPE 43-1789081

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (d) Amount of non-(c) Amount of (f) Description of noncash assistance cash assistance recipients cash grant BASKET OF HOPE PROVIDES BASKETS FILLED WITH TOYS, GAMES AND OTHER INSPIRATIONAL MATERIALS TO NOURISH NEWLY DIAGNOSED CHILDREN AND THEIR FAMILIES GAMES, TOYS AND OTHER AFFECTED BY CANCER OR OTHER SERIOUS ILLNESSES. 3149 0. 944,636.FAIR MARKET VALUE INSPIRATIONAL MATERIALS. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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Page 2

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

BASKET										890	81		
Part I Excess Benefit Tran	sacti	ons (section 50)1(c)(3), sect	ion 501(c)(4), and 5	01(c)(29) organizatior	ns only	′).				
Complete if the organization	on ansv	wered "Yes" on I	orm 9	990, Pa	art IV, line 25a or 25	5b, oı	r Form 990-EZ, P	art V, I	ine 40	b.			
(b) Relationship between disqualif			lified	(c) Description of transaction				(d) Corrected?					
(a) Name of disqualified person		person and organization				(C) D	escription of tran	isactio	JUON		Ye	es	No
											\perp		
											Щ		
2 Enter the amount of tax incurred b	•	•	•		•	•	•						
									\$				
3 Enter the amount of tax, if any, on	line 2,	above, reimburs	ed by	the or	ganization	\			> \$				
Part II Loans to and/or Fro	m Int	erested Per	sons	_		-							
Complete if the organization					Dort V line 200 or	Eor	n 000 Port IV lin	o 26: /	or if th	o orac	nizoti.	on	
reported an amount on Fo					, rait v, iiile soa oi	1 011	11 990, Fait IV, III	le 20, t	וו נו	e orga	ınzan	JII	
(a) Name of (b) Relati		(c) Purpose	(d) Lo	an to or	(e) Original	1	f) Balance due	(g)	In	(h) Āpļ	roved	(i) W	ritten
interested person with organ					principal amount		(1) 2 4 4 1		default?		(h) Approved by board or committee?		ment?
			Ť	From				Yes	No	Yes	No	Yes	No
						Ц							
	_												
^{Total} Part III │ Grants or Assistand	o Por	ofiting Inter	ooto	d Do	> §	<u> </u>							
	`												
Complete if the organization							(-1) T	- 4		1-1			
(a) Name of interested person		(b) Relationship between interested person and			` '	(c) Amount of assistance assistance		1 , ,			Purpose of sistance		
		the organiza		ŭ	455,514,755	assistar				20010tai 100			
	+								+				
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							1		\dashv				
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									$\neg \dagger$				

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

Schedule L (Form 990 or 990-EZ) 2016

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	d "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction			aring of zation's nues?
				Yes	No
ANGELA BRUNETTE	ANGELA BRUNETTE'S H		ANGELA BRUN		X
JANELLE MADI	JANELLE MADI'S FATH	31,975.	JANELLE MAD		X
Part V Supplemental Information	onses to questions on Schedule L (see	instructions)			
1 Tovide additional information for resp	onses to questions on ochequie E (see	matructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
•					
(A) NAME OF PERSON: ANGEL	A BRUNETTE				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	'ION:		
ANGELA BRUNETTE'S HUSBAND	, PAUL BRUNETTE, IS .	A MEMBER OF	THE BOARD.		
(C) AMOUNT OF TRANSACTION	\$ 46,779.				
(D) DESCRIPTION OF TRANSA	CTION: ANGELA BRUNET	TE IS THE E	XECUTIVE		
DIDECTOD / CECDETADY OF THE	OPCANTZATION AND DE	CETVED COME	ENCAULON ED	ом п	ur

- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: JANELLE MADI

ORGANIZATION.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JANELLE MADI'S FATHER, PAUL BRUNETTE, IS A MEMBER OF THE BOARD.

- (C) AMOUNT OF TRANSACTION \$ 31,975.
- (D) DESCRIPTION OF TRANSACTION: JANELLE MADI, ANGELA AND PAUL BRUNETTE'S

 DAUGHTER, IS THE PROGRAM DIRECTOR/OFFICE MANAGER OF THE ORGANIZATION AND

 SHE RECEIVED COMPENSATION FROM THE ORGANIZATION.
- (E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

BASKET OF HOPE

Employer identification number 43-1789081

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ution an	nount	S
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		117,379.	FAIR MARKET	' VAI	LUE	
5	Clothing and household goods	X			FAIR MARKET			
6	Cars and other vehicles			-				
7	Boats and planes							
8	Intellectual property			A				
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	X	1	37,500.	FAIR MARKET	' VAI	LUE	
19	Food inventory			,				
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			276 224				
25	Other (TOYS AND GAME)	Х	48		FAIR MARKET			
26	Other (TEA)	X	1	4,067.	FAIR MARKET	' VAI	LUE	
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz		•					
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29			1	
	B : "						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		•	·		20-		Х
	exempt purposes for the entire holding period?	·				30a		$\stackrel{f \Lambda}{=}$
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	action that =	oquires the review	of any populardard contribe	itions?	24		Х
31					***************************************	31		-25
s∠a	Does the organization hire or use third parties of contributions?					32a		х
h	contributions? If "Yes," describe in Part II.					oza		-22
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of proport	y for which column (a) is cho	ncked			
33	describe in Part II.	olullili (C) 10	a type of propert	y for writeri coluitiii (a) is che	iondu,			
	ACOUND IIII AILII.							

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BASKET OF HOPE

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 43-1789081

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BASKET OF HOPE FOR THE CHILD CONTAINING TOYS, GAMES, CRAFT AND EDUCATION ITEMS, STUFFED ANIMALS AND MORE AND A BASKET OF HOPE TOTE FOR THE PARENTS CONTAINING ITEMS TO NOURISH THEM PHYSICALLY, MENTALLY, EMOTIONALLY, AND SPIRITUALLY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PHYSICALLY, MENTALLY, EMOTIONALLY, AND SPIRITUALLY. FORM 990, PART VI, SECTION A, LINE 2: PAUL BRUNETTE AND ANGELA BRUNETTE ARE HUSBAND AND WIFE. FORM 990, PART VI, SECTION A. LINE 8B: THERE IS NO COMMITTEE THAT HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION SENT OUT A PDF COPY OF THE 990 VIA E-MAIL BEFORE IT WAS FILED. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS, THE EXECUTIVE DIRECTOR AND ALL EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN OR REASONABLY SHOULD BE KNOWN.

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

BY REQUEST

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

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

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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

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

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

must u	se Form 7004 to request an extension of time to file incom	e tax retu	ns.					
				Enter file	er's identifying n	umber		
Туре о	Name of exempt organization or other filer, see instru	Employer identification number (EIN) o						
print								
File by the	BASKET OF HOPE	43-1789081						
due date	for Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.	Social se	SN)			
return. Se instructio	See 1.00 Bott 51000							
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 9	90-BL	02	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)					
Form 9	90-PF	04	Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069					
Form 990-T (trust other than above) 06 Form 8870					12			
Tele If the	books are in the care of books are in the care of the phone No. (314) 843-9910 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit of the group, check this box	s in the Ur Group Exe	Fax No. ited States, check this box	f this is fo	r the whole group	n is for.		
1 1	request an automatic 6-month extension of time until	NOVE	MBER 15, 2017 , to file	the exem	npt organization r	eturn		
	or the organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization is for the organization in the organization is for the organization in the organization is for th		on's return for: d ending					
2 If	the tax year entered in line 1 is for less than 12 months, c		ĭ -	Final retur	<u> —</u> · m			
- ï	Change in accounting period							
3a If	i this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less any			_		
	onrefundable credits. See instructions.	,,	,	За	\$	0.		
_	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and					
	stimated tax payments made. Include any prior year overp			3b	\$	0.		
_	Balance due. Subtract line 3b from line 3a. Include your pa							
b	y using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.		
Cautio	n: If you are going to make an electronic funds withdrawal	(direct de	hit) with this Form 8868 see Form 8	453-FO ai	nd Form 8870-FC	for navment		

instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)