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## Form **990**

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Ā	For the	2011 cale	endar year, or tax year beginning , 2011, and ending			, 20					
В		applicable	C Name of organization CRADLE OF HOPE		D Employe	er identification n	umber				
$\overline{\Box}$		change	Doing Business As		• •	23-7349015					
Η		-	Number and street (or P O box if mail is not delivered to street address)  Room/suite		E Telephor						
Η	Name c	•	<b>I</b>	1	E (Ciopilo)						
$\exists$	Initial re		1935 WEST COUNTY ROAD B2			651 636-0637					
$\vdash$	Termina		City or town, state or country, and ZIP + 4								
$\sqsubseteq$	Amende	ed return	ROSEVILLE, MN 55113-2722	igspace	G Gross re		353,815				
Ш	Applicat	tion pending				for affiliates? 🔲 Yes					
	'SAME AS C ABOVE" H(b) Are all affiliates includ										
I Tax-exempt status    501(c)(3)											
<u>J</u>	J Website: ► CRADLEOFHOPE.ORG H(c) Group exemption in										
K	Form of	of legal domicile	MN								
Part I Summary											
	1	Briefly de	escribe the organization's mission or most significant activities: TO PRO	VIDE REIM	BURSEM	ENT OF PERSO	NAL				
•	1	AND ME	DICAL EXPENSES OF UNDERPRIVILGED WOMAN CHOOSING TO BEAR CHIL	DREN RAT	HER THA	N UNDERGO	AN				
ဋ		ABORTIO	ON.								
Ţ,											
Governance	2	Check th	nis box ▶ ☐ if the organization discontinued its operations or disposed of	more than	25% of	its net assets.					
ၓ	3				_		9				
<b>ం</b> ర	4		of independent voting members of the governing body (Part VI, line 1b)		4		9				
Activities &	5		mber of individuals employed in calendar year 2011 (Part V, line 2a)		5		3				
:≩:	6		mber of volunteers (estimate if necessary)		6		45				
Ą			•		7a		0				
	7a		related business revenue from Part VIII, column (C), line 12		<u> </u>						
	b	Net unre	elated business taxable income from Form 990-T, line 34	Pnor Ye	7b	Current Y					
				PHOT TE		Current					
e	8		itions and grants (Part VIII, line 1h)	350,473		345,742					
ē	9	_	service revenue (Part VIII, line 2g)		0		0				
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		8,325		8,073				
-	11		venue (Part VIII, column (A), lines 5. 6d. 8c, 9c, 10c, and 11e)		23,889		0				
	12		renue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		382,687		353,815				
	13	Grants a	ınd simila (amounts baid (Part IX, column (A), lines 1-3)		224,035		229,275				
	14	Benefits	paid-to-or-for-members-(Part IX, column (A), line 4)								
S	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	66,811			62,027				
Expenses	16a	Profession	dnal)fûñdrájsing jeest/Part 🖟 column (A), line 11e)								
ğ	b		ndraising expenses (Part IX ⊈olumn (D), line 25) ▶	9 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			N (1966)				
Ŵ	17	Othertex	penses (Part IX) column (A), lines 11a-11d, 11f-24e)		51,702		47,532				
	18	Total ex	penses-Add-lines-13-17-(must equal Part IX, column (A), line 25) .		342,548		338,834				
	19	Revenue	e less expenses. Subtract line 18 from line 12		40,139		14,981				
٠	Ę		Ве	ginning of Cu	irrent Year	End of Y	ear				
Set Set	20	Total ass	sets (Part X, line 16)		177,918		193,296				
Net Assets	21	Total liab	bilities (Part X, line 26)		2,922		3,319				
ž	22	Net asse	ets or fund balances. Subtract line 21 from line 20		174,996		189,977				
P	art II	Signa	iture Block								
			ury, I declare that I have examined this return, including accompanying schedules and statem- plete. Declaration of preparer (other than officer) is based on all information of which preparer to			my knowledge an	d belief, it is				
_			1 20 1 Pul								
Si	gn	Sign	nature of officer	Da	ite	, ,					
	ere	خ ۱۱	Daniel F. Ruch President		10	122/12					
		Typ	e or print name and title								
_	-:-		ype preparer's name Preparer's signature Date	)	Ch'	PTIN					
	aid				Check self-em						
	repar	1	name •	T c		• • •					
U	se On				n's EIN ▶						
M	av the I		address ► ss this return with the preparer shown above? (see instructions)		one no		s No				
1411	~, I	410043	and total in the property character (see mondestone)				<u></u>				

For Paperwork Reduction Act Notice, see the separate instructions.

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Cat No 11282Y

Form **990** (2011)

Form 99	90 (2011)	Page <b>2</b>
Part		lishments to any question in this Part III
1	Briefly describe the organization's mission: AIDING WOMEN IN FINANCIAL CRISIS DUE OT PRE	
2	prior Form 990 or 990-EZ?	ogram services during the year which were not listed on the
3	services?	ke significant changes in how it conducts, any program
4	expenses. Section 501(c)(3) and 501(c)(4) organ	omplishments for each of its three largest program services, as measured by sizations and section 4947(a)(1) trusts are required to report the amount of es, and revenue, if any, for each program service reported.
4a	REIMBURSING PERSONAL AND MEDICAL EXPENS	including grants of \$ ) (Revenue \$ ) ES TO PREGANT WOMAN CHOOSING TO BEAR CHILDREN RATHER THAN
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(Code: ) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.	
4e	(Expenses \$ including grants of \$  Total program service expenses ▶	) (Revenue \$ ) 254,108

Part	Checklist of Required Schedules			rage <b>U</b>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	-	<b>√</b>
9	Did the organization report an amount in Part X, line 21; 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		<b>√</b>
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		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		. 3.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>✓</b>	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
T	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			,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	11f		<b>✓</b>
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, XII, and XIII is optional	12a 12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		1
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		<u>,</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>√</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	Checklist of Required Schedules (continued)			
•	D. ( )		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>/</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>✓</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> </u>
240	\$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 25	24a		<b>✓</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		4	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>/</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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		1
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
			<del></del>	<del></del>

Form **990** (2011)

Part				_
	Check if Schedule O contains a response to any question in this Part V	<u></u>	· ·	
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	'	ž	- (A)
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			<u> </u>
_	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	ļ
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  3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<b>✓</b>	ļ,
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		é	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
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		V
þ	If "Yes," enter the name of the foreign country:	**		- 🐺
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<u> </u>	<u> </u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	<b>✓</b>
C	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			,
<b>h</b>	organization solicit any contributions that were not tax deductible?	6a		· -
þ		- Ch		
7	gifts were not tax deductible?	6b		32.
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	144		1. The state of th
а	and services provided to the payor?	7a	<u> </u>	-4.5
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	<u> </u>	<del>                                     </del>
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>3</b> \$50	45	\$
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	********	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	<u> </u>	<del>                                     </del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7.18		7 70
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	,	17	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		188	*2*
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	100	2,,,,	
а	Initiation fees and capital contributions included on Part VIII, line 12	Ji i v	17.4	32
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	]"{ }		950 B
11	Section 501(c)(12) organizations. Enter:	1	1700	32
а	Gross income from members or shareholders		, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
b	Gross income from other sources (Do not net amounts due or paid to other sources	`^`	180	3,71
	against amounts due or received from them.)	3 3	73:	1.00
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	٠,		(Reg
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>,</u>		1.4%
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.	* *	*	38
ь	Enter the amount of reserves the organization is required to maintain by the states in which	´	1	1
	the organization is licensed to issue qualified health plans	1	16	v (\$\display 1
С	Enter the amount of reserves on hand	<u> </u>		*
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	ļ.—.
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	i	i

Part '											
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.  Check if Schedule O contains a response to any question in this Part VI										
Section	on A. Governing Body and Management	<del>· · · ·</del>	• •								
9000	on 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	T.	. ,	<del>                                     </del>							
	If there are material differences in voting rights among members of the governing body, or	1 、		-							
	if the governing body delegated broad authority to an executive committee or similar	,									
	committee, explain in Schedule O.										
b Enter the number of voting members included in line 1a, above, who are independent . 1b											
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	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1							
6	Did the organization have members or stockholders?	6	<u> </u>	✓_							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	'	١,							
	one or more members of the governing body?	7a		<b>/</b>							
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		1							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	45°		y ce							
	the year by the following.	بشكيما		لمشت							
a	The governing body?	8a	1	<del> </del> -							
ь 9	Each committee with authority to act on behalf of the governing body?	8b	<del>-</del>	┼							
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	<del>  `                                   </del>							
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	:	<u> 7. %</u>	轮							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	ļ	<b>↓</b> ✓							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		١,							
40	describe in Schedule O how this was done	12c	<del></del>	\ <u>\</u>							
13 14	Did the organization have a written whistleblower policy?	14	$\vdash$	1							
15	Did the process for determining compensation of the following persons include a review and approval by	7	9 <u>2</u> .	V (1)							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	1432. · · · · · · · · · · · · · · · · · · ·	1							
b	Other officers or key employees of the organization	15b		1							
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	2 .	1	· ŝ							
	with a taxable entity during the year?	16a	<u> </u>	1							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	, ";	,	2,							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		-							
Secti	on C. Disclosure	1.55		<del></del>							
17	List the states with which a copy of this Form 990 is required to be filed ► MN										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	(c)(3)s	only)							
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	of inte	rest r	olicy							
	and financial statements available to the public during the tax year.		. 001 F	.c.icy,							
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	3								
-	organization. ► JOHN KAMMERER, 1935 WEST COUNTY ROAD B2, ROSEVILLE, MN 55113-2722										

Form	aan	(201	11	

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.									, or trustee.	
	(C)									
(A)	(B) Position					(D)	(E)	(F)		
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (describe	익호	3	Q	ž	ΒŦ	ת	from the	related organizations	other compensation
	hours for	divid	St l	Officer	y e	함	Former	organization	(W-2/1099-MISC)	from the
	related	cto	ğ	T	靊	yee	۳	(W-2/1099-MISC)		organization
	organizations in Schedule	Individual trustee or director	altr		Key employee	ğ				and related organizations
	O)	stee	Institutional trustee		"	Highest compensated employee		1		•
			Ж			ated				
(1) DAN RUEB		١,		١.			İ			
PRESIDENT	20	<b>✓</b>	<u> </u>	✓			L.	0	0	0
(2) JOE KUEPPERS										
VICE-PRESIDENT	20			✓		ļ		0	0	0
(3) JOHN KAMMERER					ŀ					
TREASURER	10	<b>\</b>		✓				0	0	0
(4) KELSEY LUERS	]					Ì	]	1	]	
SECRETARY	10	✓		✓				0	0	0
(5) SHARON CLYSDALE										
DIRECTOR	20	✓						<u> </u>		
(6) CHRISTOPHER CLYSDALE										
DIRECTOR	15	✓		L						
(7) KIM RUEB				i						
DIRECTOR	2	✓								
(8) MIKKI GOTTWALT										
DIRECTOR	2	✓								
(9) MONICA MCCRAKEN-TIETJEN							"			
DIRECTOR	2	✓								
(10)						Ì				
(11)										
(12)	-			-				<del> </del>		
	1									
(13)		]								
(14)				$\vdash$			1			
			Ì	]	1	1	ì			

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(C)										
	(A)	(B) Position						200	(D)	(E)	(F)
	Name and title	Average	(do not check more than on						Reportable	Reportable	Estimated
		hours per					or/trust		compensation	compensation fro	1
		week (describe	익호	کِّز	Q	<u>ج</u>	용포	7	from the	related organizations	other compensation
		hours for	호호	Ě	Officer	9	동등	Former	organization	(W-2/1099-MISC	
		related	Cal	힣	_	힐	yee ce	"	(W-2/1099-MISC)		organization
		organizations in Schedule	ੋ ਵੁੱ	al t		Key employee	Į				and related organizations
		O)	Individual trustee or director	Institutional trustee		1 6	Highest compensated employee	İ			organizations
		]		8			ate		}		
(15)			-	-	_	<u> </u>		$\vdash$			<del></del>
(19)		ļ	l		l	l	ļ			ļ	
(4.6)			L	┝	<del> </del>			_		ļ	<del></del>
(16)					ŀ						ľ
44.00		<u> </u>		_	<u> </u>	├-		<u> </u>			
(17)											
					L	<u> </u>			<b></b>	ļ	
(18)						l	1	l		<u> </u>	
					L	L		L			
(19)		ļ					:				
					Ĺ.,	ĺ					
(20)											
		ĺ		Į		l			l	Į	1
(21)					Γ						
2											
(22)			† · · · · ·		-	t		<del>                                     </del>			<del></del>
3777											
(23)				-	$\vdash$	+-		$\vdash$	<del> </del>	<del></del>	<del></del>
(20)		1	1		İ	Ì	<u> </u>	}	1		
(0.4)			-	-	├	┼			<del>                                     </del>		<del></del>
(24)											
		ļ <u>.</u>	-	_		├—		├	<del> </del>		<del> </del>
(25)		-									
		<u></u>		L	Ц			Ļ	<u> </u>	<u></u>	<del> </del>
1b	Sub-total			•	•	•	•	<b>&gt;</b>			<del></del>
С	Total from continuation sheets to Part			•	•						<del></del>
d	Total (add lines 1b and 1c)							<u> </u>	<u> </u>	l	<u> </u>
2	Total number of individuals (including but		d to th	ose	e list	ted	above	e) w	ho received m	ore than \$100,	000 of
	reportable compensation from the organ	zation >									
											Yes No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	nest compensa	ated
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ividi	ual				. 3 🗸
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npei	nsatio	on a	ind other comp	ensation from	the state of the s
•	organization and related organizations										
	individual										. 4 /
5	Did any person listed on line 1a receive of	or accrue co	omne	nea	tion	fro	m anv	. un	related organi	zation or individ	
3	for services rendered to the organization										
Cookie	<del></del>	. 11 100, 0						-	- Pordon	<del></del>	. 13 14
	on B. Independent Contractors			.1							1400 000 -6
1	Complete this table for your five highest	·-									
	compensation from the organization. Rep	ort compe	ensatio	on re	or ti	ne c	alenc	ar y	year ending wil	in or within the	organization's tax
	year.										
	(A)								(B)		(C)
	Name and business add	ress						_	Description of s	services	Compensation
						_		Т			<del></del>
2	Total number of independent contractor	ors (includi	na bi	ut n	ot	lımı	ted to	o th	nose listed ab	ove) who	
_	received more than \$100,000 of compen		_					- ••		,	

Par	t VIII	Statement of Revenue	<u> </u>			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a		, ,	*	*
g a	ь	Membership dues 1b				
s, C Am	С	Fundraising events 1c			· ·	
Gift	d	Related organizations 1d				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e 115,32	<u> 19</u>			
tio er S	f	All other contributions, gifts, grants,				
ë₹		and similar amounts not included above 1f 230,41			`	
Contribution and Other	g	Noncash contributions included in lines 1a-1f. \$ 2,60	0 -			,
	h	Total. Add lines 1a–1f	345,742		*	
Program Service Revenue		Business Code				
eĸe	2a					
ě	b					
ξ	C					
Š	d		· <del>                                      </del>			
Ian	e	All other program convey your				
õ	g	All other program service revenue .  Total. Add lines 2a–2f	ļ	ļ		
	3	Investment income (including dividends, interest	<del></del>		<del></del>	I
	•	and other similar amounts)	8,073			
	4	Income from investment of tax-exempt bond proceeds ►	0,073			8,073
	5	Royalties				
		(i) Real (ii) Personal	V * ,		* · *	<u> </u>
	6a	Gross rents	<b> </b>	,	. `	
	b	Less. rental expenses	1 *		<i>"</i>	* *
	С	Rental income or (loss)	N 10	% A.	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other		, %	(a) 's 's	w
	١.	assets other than inventory			* * *	* * *
	b	Less. cost or other basis and sales expenses	** ''	* * *	** 3	<b>%</b> .
	C	Gain or (loss)	- *	` **	, <sub>''</sub> , '' '' ''	, , , , , , , , , , , , , , , , , , ,
	d	Net gain or (loss)			**** **	
ø.			4	***	4 4	\$ y .
evenue	8a	Gross income from fundraising				
Š		events (not including \$	\$ * * * * * * * * * * * * * * * * * *		* *	* ` *
		of contributions reported on line 1c)	· " *	A	<b>\$</b> :	9,
Other R	١.	See Part IV, line 18	<u> </u>	<b>2</b> 5,	4 4	,, >-
ŏ		Less: direct expenses b		,	· · · · · · · · · · · · · · · · · · ·	
		Net income or (loss) from fundraising events . ►	<b>-</b>			
	9a	Gross income from gaming activities. See Part IV, line 19 a		4	«	•
	b	·			« » "	*
	C	Less direct expenses <b>b</b> Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less				
		returns and allowances a	, ,			
	ь	Less. cost of goods sold b		, ;		
	С	Net income or (loss) from sales of inventory .			· · · · · · · · · · · · · · · · · · ·	
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					-
	d	All other revenue				
	е	<b>Total.</b> Add lines 11a–11d ▶		,	1	* /
	12	Total revenue. See instructions ▶	353,815			8,073

#### 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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	229,275	229,275	* * * * *	***			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members			\$	- 3 8 8 13			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7 8	Other salaries and wages	57,659	10,580	18,343	28,736			
9 10 11	Other employee benefits	4,368	801	1,390	2,177			
a b c d	Management							
e f	Professional fundraising services See Part IV, line 17 Investment management fees							
g	Other	1,812	333	576	903			
12	Advertising and promotion		·					
13	Office expenses	28,616	3,771	943	23,902			
14	Information technology							
15	Royalties	0.000	2 222	520	<del></del>			
16	Occupancy	2,600	2,080	520	<del></del>			
17 18	Travel							
19	Conferences, conventions, and meetings .							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	219	175	44				
23	Insurance	4,241	778	1,348	2,115			
24	Other expenses. Itemize expenses not covered	· 🐞 🗼 🔅 🚜	1 1 A A A A A A A A A A A A A A A A A A	# mile who	e de person			
	above (List miscellaneous expenses in line 24e. If	*	* **	<b>♦</b> ~ <i>**</i>	· A * '~4.			
	line 24e amount exceeds 10% of line 25, column			\$ & × 5 3				
	(A) amount, list line 24e expenses on Schedule O.)	·			~			
a	PA GRANT COSTS	2,305		504	<del></del>			
b	TELEPHONE	2,922		584 418	4 557			
G	POSTAGE	3,647 1,170		1,170	1,557			
d e	BANK CHARGES All other expenses	10,044		2,172	1,557			
25	Total functional expenses. Add lines 1 through 24e	338,834			59,390			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)	330,034	257,100	23,330	55,000			

Р	art X	Balance Sheet	<del></del>		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	115,998	1	154,300
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	61,264	4	38,181
	5	Receivables from current and former officers, directors, trustees, key	* * *		٧ 🏶
		employees, and highest compensated employees. Complete Part II of Schedule L	<u> </u>	5	* * * *
	6	Receivables from other disqualified persons (as defined under section		-	, , ,
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	: * ·	•	` **
		employers and sponsoring organizations of section 501(c)(9) voluntary		Ŋ	
κ		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	-	7	-
As	8	Inventories for sale or use	·	8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	\$ 4 × 1 × 2	<u> </u>	\$ 46 * 7 (t)
		other basis. Complete Part VI of Schedule D 10a 13,783		, ,	
	ь	Less: accumulated depreciation 10b 12,918	656	10c	865
	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)	177,918	16	193,296
	17	Accounts payable and accrued expenses	972	17	769
	18	Grants payable		18	
	19	Deferred revenue	1,950	19	2,550
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Payables to current and former officers, directors, trustees, key	·· · · · · · · · · · · · · · · · · · ·	<b>*</b>	* 1
Liabilities		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ē.	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		24	
	23	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,922	26	3,319
<u>ي</u>		Organizations that follow SFAS 117, check here ▶ □ and complete	60 A-6 4 4 0	*	*
ınce	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	113,732	<u>*</u> 27	151,846
age	28	Temporarily restricted net assets	61,264	28	38.131
Б	29	Permanently restricted net assets		29	00.101
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	· · · · · · · · · · · · · · · · · · ·	× 71	
ō	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et	33	Total net assets or fund balances	174,996	33	189,977
Z	34	Total liabilities and net assets/fund balances	177,918		193,296
_	:	The state of the s	1,7,510	<u> </u>	Form <b>990</b> (2011)

Form 9	90 (2011)			Pag	ge 12
Par	Reconciliation of Net Assets  Check if Schedule O contains a response to any question in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,815
2 3	Total expenses (must equal Part IX, column (A), line 25)	2 3			3,835 1,981
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,996
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		189	9,977
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			•	
1	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plaın ın	***	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<del></del>	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		2b		<b>✓</b>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account	-	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in	* : 32	多生物	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yearsued on a separate basis, consolidated basis, or both:	ar were	\$ 18 de 20		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			100.	* :
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

Form **990** (2011)

# (Form 990 or 990-EZ)

Department of the Treasury

#### 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. ▶ See separate instructions.

OMB No 1545-0047 2011

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number **CRADLE OF HOPE** 23-7349015 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 119(111) Provide the following information about the supported organization(s). (i) Name of supported (n) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your the organization in organization in col organization (described on lines 1-9 support col (i) of your above or IRC section governing document? (i) organized in the support' (see instructions)) Yes No Yes (A) (B) (C) (D) (E)

Total

8.×

Page 2 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.)

	on A. Public Support	, ——-				,	
Calend	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	259,870	188,747	197,726	199,686	345,742	1,191,771
2	Tax revenues levied for the						
	organization's benefit and either paid			l			
	to or expended on its behalf	}					
3	The value of services or facilities						
•	furnished by a governmental unit to the	}	ļ	,	j	]	
	organization without charge						
		250 070	100 747	407.726	100 000	245 742	4 404 774
4	Total. Add lines 1 through 3	259,870	188,747	197,726	199,686	345,742	1,191,771
5	The portion of total contributions by	₩. ×					
	each person (other than a						
	governmental unit or publicly		<b>*</b>	<b>**</b>		7	
	supported organization) included on	- ξ, <b>*</b> ~ `					
	line 1 that exceeds 2% of the amount			\$ <b>.</b>			
	shown on line 11, column (f)	å > å′,	<u> </u>	* 20 34	Mr. Sa		
6	Public support. Subtract line 5 from line 4	grande and the second	yk € 45°	<u> </u>	、 ※ *		1,191,771
	on B. Total Support						
Calend	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	259,870	188,747	197,726	199,686	345,742	1,191,771
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar			ŀ			
	sources	2,244	3,727	7,598	8,325	8,073	29,967
9	Net income from unrelated business						
	activities, whether or not the business					1	
	is regularly carried on			1			
10	Other income Do not include gain or						<del>-</del>
	loss from the sale of capital assets		Ì			ĺ	
	(Explain in Part IV.)	-76	0		. 0	0	-76
11	Total support. Add lines 7 through 10	***************************************	1 10 2	M. S	7	\$ . <sub>2</sub> . **-	1,221,662
12	Gross receipts from related activities, etc	(see instructi	ons)			12	1,521,655
13	First five years. If the Form 990 is for t				n, or fifth tax v		n 501(c)(3)
	organization, check this box and <b>stop he</b>						▶ □
Section	on C. Computation of Public Suppo						
14	Public support percentage for 2011 (line			11. column (fl)		14	97.55 %
15	Public support percentage from 2010 Sc					15	98 07 %
16a	33 <sup>1</sup> / <sub>3</sub> % support test—2011. If the organ						
	box and <b>stop here</b> . The organization qua						
b	331/3% support test—2010. If the orga						
	check this box and <b>stop here.</b> The organ						
170	10%-facts-and-circumstances test-2	•			-		
17a	10% or more, and if the organization me						
	Part IV how the organization meets the "						
	=						
	organization						_
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organiza	ition meets the	e "facts-and-c	ircumstances"	test, check th	nis box and st	op here.
	Explain in Part IV how the organization r					on qualifies as	a publicly
	supported organization						• • □
18	Private foundation. If the organization of						
	instructions	· · · · ·		<u></u>	· · · · ·	<del></del>	· · <u></u>

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

(Complete only if you checked the box on line 9 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.)

	in the organization rails to quality	ander the te	ists listed bek	ow, picase co	Jilpiete i ait		
	on A. Public Support				<del>,</del>		
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")				!	ļ	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities				· '		
	furnished in any activity that is related to the organization's tax-exempt purpose	}			Ì		
3	Gross receipts from activities that are not an			<del></del>			<del>-</del>
_	unrelated trade or business under section 513	]			į		
4	Tax revenues levied for the				<u> </u>	<del></del>	
7	organization's benefit and either paid	1					
	to or expended on its behalf		1		1		
_	·				<u> </u>		
5	The value of services or facilities	ļ			,		
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	<u> </u>					
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						_
	received from other than disqualified						
	persons that exceed the greater of \$5,000	}	1	1	1	i l	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	<del></del>	1				
8	Public support (Subtract line 7c from	16.74 A 16.78	\$ 44,574 TO		200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	344723744	
	line 6.)		4.0		4 3 × 14 × 18 18		
Secti	on B. Total Support	200 moo 40 m	1 4		100.00	2000 57	
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a							
	payments received on securities loans, rents,					] }	
	royalties and income from similar sources .	!	1		1	ì	
b	Unrelated business taxable income (less	<u> </u>					
	section 511 taxes) from businesses	1	1		ļ	)	
	acquired after June 30, 1975						
_	Add lines 10a and 10b		ļ.—	<del></del>	<del> </del>	<del> </del>	<del></del>
		<del></del>	<del> </del>				
11	Net income from unrelated business activities not included in line 10b, whether						
	•	1	1		1	ļ ;	
40	or not the business is regularly carried on	<u> </u>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	
12	Other income. Do not include gain or	1					
	loss from the sale of capital assets	i	1	1	1	[ 1	
46	(Explain in Part IV.)		<del> </del>	<del></del>	<del></del>	<del> </del>	
13	Total support. (Add lines 9, 10c, 11,	1	1	}		]	
	and 12.)	L	<u> </u>	<u> </u>		L	- FO4( ):23
14	First five years. If the Form 990 is for the	_					
	organization, check this box and stop he			· · · ·	· · · · ·	<u> </u>	<u>· · ▶ ⊔</u>
	on C. Computation of Public Suppo					TATE	
15	Public support percentage for 2011 (line		•				%
16	Public support percentage from 2010 Sc			<u></u>	· · · · ·	16	%
	on D. Computation of Investment In			<del></del>		1.=1	
17	Investment income percentage for 2011					17	<u>%</u>
18	Investment income percentage from 201					18	<u>%</u>
19a	331/3% support tests-2011. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2010. If the organic						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instruc	ctions 🕨 🔲

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

**Employer identification number** 

CRAD	LE OF HOPE		23-7349015
Par	Organizations Maintaining Dono organization answered "Yes" to Fo		Funds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and		<del>.</del>
_	funds are the organization's property, subject		
6	Did the organization inform all grantees, do only for charitable purposes and not for the		
		· · · · · · · · · · · · · · · · · · ·	
Par		lete if the organization answered "Ye	
1	Purpose(s) of conservation easements held to	· · · · · · · · · · · · · · · · · · ·	
•	Preservation of land for public use (e.g.,		
	☐ Protection of natural habitat		on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza easement on the last day of the tax year	tion held a qualified conservation contrib	oution 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	Total acreage restricted by conservation eas		
С	Number of conservation easements on a cer		<del></del>
d	Number of conservation easements includ	* *	
	historic structure listed in the National Regis	ter	2d
3	Number of conservation easements modified tax year ►	d, transferred, released, extinguished, or	terminated by the organization during the
4 5	Number of states where property subject to Does the organization have a written pol violations, and enforcement of the conservations.	icy regarding the periodic monitoring,	
6	Staff and volunteer hours devoted to monito		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation	easements during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation experiences.	text of the footnote to the organization'	
Part		ctions of Art, Historical Treasures ered "Yes" to Form 990, Part IV, line	•
1a	If the organization elected, as permitted und works of art, historical treasures, or other	, , , , , , , , , , , , , , , , , , , ,	
	public service, provide, in Part XIV, the text of	•	
b	If the organization elected, as permitted unworks of art, historical treasures, or other public service, provide the following amount	nder SFAS 116 (ASC 958), to report in similar assets held for public exhibition s relating to these items:	its revenue statement and balance sheen, education, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII,	, line 1	<b>. &gt; \$</b>
2	(ii) Assets included in Form 990, Part X. If the organization received or held works following amounts required to be reported u	of art, historical treasures, or other sir	▶ \$nılar assets for financial gain, provide th
-	Revenues included in Form 990, Part VIII, lin		
a b	Assets included in Form 990, Part X		***************************************

Part	III Organizations Maintaining	Collections of	Art, His	storical 1	<b>Freasures</b>	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o						
а	Public exhibition		d	☐ Loan	or exchang	je progi	ams	
b	☐ Scholarly research		е	☐ Othe	r			
C	☐ Preservation for future generations							
4	Provide a description of the organiza XIV.	tion's collections	and exp	laın how t	hey further	the org	anızatıon's exer	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part								
	line 9, or reported an amour				garnzation	al 15 WCI	00 103 1010	om 550, raitiv,
	Is the organization an agent, trustee				or contribut	ions or	other assets no	ot .
	included on Form 990, Part X?							
ь	If "Yes," explain the arrangement in P							1c3 110
•	ii 100, Oxplain ino arrangoment ii 1	art 7014 aria comp	note the i	Onowing t	abic.		Α Α	mount
С	Beginning balance					1c	<del></del>	
d	Additions during the year					1d	<del></del>	<del></del>
	_ · ·							
e	Distributions during the year .					1e		
f	Ending balance					1f		U Van U Na
2a	Did the organization include an amou		art A, IIII	e 217 .				☐ Yes ☐ No
b Pari	If "Yes," explain the arrangement in P  Endowment Funds. Compl		ization a	nowarad	"Voo" to E	orm O	O Port IV line	10
Fail	Endowment Funds. Compi	(a) Current year		rior year			(d) Three years back	
4-	Demonstrate of the balance	(a) Current year	(0) P	nor year	(c) Two year	IS DACK	(d) Three years back	
1a	Beginning of year balance		<del></del>		ļ			
b	Contributions				ļ			S 2 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
С	Net investment earnings, gains, and							
	losses	<u></u>	<del>                                     </del>		ļ			5-2-2-3 <b>3-3-3</b> 3-3
d	Grants or scholarships				<u> </u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
е	Other expenditures for facilities and programs							
f	Administrative expenses							新生生の概念をと
g	End of year balance							學學 医乙酰硫代基甲基
2	Provide the estimated percentage of	the current year e	nd balan	ce (line 1g	, column (a	ı)) held a	as:	
а	Board designated or quasi-endowme	nt ▶	%					
b	Permanent endowment ▶							
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2		00%.					
За	Are there endowment funds not in th			iization th	at are held	and ad	ministered for th	ne
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organ	zations listed as	required	on Sched	lule R? .			3b
4	Describe in Part XIV the intended use							<u> </u>
Part	VI Land, Buildings, and Equip	ment. See For	m 990, F	art X, lin	e 10.			·····
	Description of property	(a) Cost or (invest	other basis	(b) Cost	or other basis other)		Accumulated epreciation	(d) Book value
	Land			<del>                                     </del>		3.	4.8	
b	Buildings			<del>                                     </del>			ν / G / ' A	
C	Leasehold improvements	` <del>                                    </del>		+			<del></del>	
d	Equipment	.	13,78	<del></del>			12,918	865
e	Other	.	13,70.	<del>* </del> -			12,310	603
	Add lines 1a through 1e (Column (d) r	nust equal Form	000 000	Y colum	n (P) June 14	2(a) )		900
rotal.	Add intes ta through te (Column (a) r	nust equal Form	<del>σσυ, Paπ</del>	A, COIUINI	ı (b), iine T	J(C).)	. <u></u> . ▶	865

Part VII	Investments-Other Securitie	s. See Form 990, Part X,	, line 12.
(8	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	derivatives		
	held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			<del> </del>
(F)			<del> </del>
(G)			<del></del>
(H) (I)			
	/hl must aqual Form 000 Port V and /Pl line 121		
Part VIII	(b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Relate		( line 13
	(a) Description of investment type	(b) Book value	(c) Method of valuation
	(a) Description of livestment type	(b) Book value	Cost or end-of-year market value
(1)		<del></del>	
(2)		<u> </u>	<del>                                     </del>
(3)			<del> </del>
(4)		<del></del>	<del></del>
<u>(5)</u>		<del></del>	
(6)		<del> </del>	
(7)			
(8)		<del> </del>	<del> </del>
(10)			
	(b) must equal Form 990, Part X, col. (B) line 13)	<del> </del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part IX	Other Assets. See Form 990, F		
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)		<del></del>	
_(8)	<del> </del>		
(9)			
(10)	(h)t court Form 2000 Port V	ant (D) line 15 )	
	umn (b) must equal Form 990, Part X,		<u>· · · · · · · · · ▶</u> l
Part X	Other Liabilities. See Form 99  (a) Description of liability	(b) Book value	
1. (1) Federal	Income taxes	(b) Book value	
(2)	Theome taxes		
(3)		<del></del>	
(4)		<del> </del>	
(5)		<del> </del>	
(6)		<del> </del>	
(7)	··· <u>-</u>		
(8)		<del></del>	
(9)			
(10)			
(11)		<del> </del>	
	(b) must equal Form 990, Part X, col. (B) line 25)	>	
			o the organization's financial statements that reports the
	n's liability for uncertain tax positions		

0011000	C D (1 0111 000) 2011		_	raye 🕶
Pari	XI Reconciliation of Change in Net Assets from Form 990 to Au	idited Financial Statem	ents	} }
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	[	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	[	3	
4	Net unrealized gains (losses) on investments	[	4	
5	Donated services and use of facilities	[	5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		_8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine I		10	
Part	XII Reconciliation of Revenue per Audited Financial Stateme		Ret	turn
1	Total revenue, gains, and other support per audited financial statements.		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			4
а	Net unrealized gains on investments	2a		
р	Donated services and use of facilities	2b		
C	Recoveries of prior year grants			Na Contract of the Contract of
d	Other (Describe in Part XIV.)			4
е	Add lines 2a through 2d		26	<u>a  </u>
3	Subtract line 2e from line 1		3	<del>,</del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIV.)	4b		
C	Add lines <b>4a</b> and <b>4b</b>			<u> </u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			<u> </u>
Part	XIII Reconciliation of Expenses per Audited Financial Statem	<del></del>	er F	leturn
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	
а	Donated services and use of facilities	2a	_ *	
b	Prior year adjustments	2b		
С	Other losses		_ 🖫	
d	Other (Describe in Part XIV.)	2d		É
е	Add lines 2a through 2d		26	a
3	Subtract line 2e from line 1		_ 3	;
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)	4b	_	
С	Add lines <b>4a</b> and <b>4b</b>		40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<del>9</del> 18 )	5	<u> </u>
Part	· · · · · · · · · · · · · · · · · · ·			
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 5, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, dditional information.			
				,
	······································	······		
	······································		<b></b>	

Schedule D (For	Page <b>5</b>					
Part XIV	Supplemental Information	(continued)				
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		······				
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	_					
	<del></del>	······································				
·····						

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

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization CRADLE OF HOPE

Employer identification number 23-7349015

PART VI, SECTION B, LINE 11:
THE FORM 990 IS PREPARED BY AN OFFICER OF THE ORGANIZATION WITH COPIES PROVIDEDTO EACH BOARD MEMBER. THE FORM
ALONG WITH CORRESPONDING FINANCIAL STATEMENTS ARE REVIEWED AND APPROVED BY THE BOARD WITH A MAJORITY VOTE.
PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE
UPON REQUEST.
PART VI, SECTION A, LINE 2 <sup>-</sup>
FAMILY RELATIONSHIPS
CHARON CLIVERALE AND CHRISTOPHER CLIVERALE ROTH DIRECTORS ARE NOTHER AND CON
SHARON CLYSDALE AND CHRISTOPHER CLYSDALE, BOTH DIRECTORS, ARE MOTHER AND SON.
KIM RUEB, DIRECTOR AND DAN RUEB, PRESIDENT& DIRECTOR ARE HUSBAND AND WIFE
MININGER, DIRECTOR AND DAIL ROLD, I RESIDENTA DIRECTOR ARE HOSDAND AND WILL

Schedule O (Form 990 or 990-EZ) (2011)	Page <b>2</b>
Name of the organization	Employer identification number
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