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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury

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F	or ca	alenda	ar year 2014 or tax year beginning $03/06/14$, a	and ending 12/3	1/14						
		of four				A Emplo	yer identification number				
	тн	TE C	GALA OF HOPE FOUNDATION INC			46-	-4277044				
			street (or P O box number if mail is not delivered to street address)	Roo	om/suite		ione number (see instructions)				
			PENTAGON BLVD ROOM 500			93'	7-427-6456				
	City or town, state or province, country, and ZIP or foreign postal code					C If exemption application is pending, check here					
_	BEAVERCREEK OH 45431										
G	Ch	neck a		n of a former public cha	ırıty	D 1. Fo	reign organizations, check here	► <u></u>			
			Final return Amended i				reign organizations meeting the				
_			Address change Name char			85	% test, check here and attach of	computation			
Н	_ Ch	neck ty	ype of organization X Section 501(c)(3) exempt private t		MI		ite foundation status was termi	nated under			
	S	ection	4947(a)(1) nonexempt charitable trust Other taxable	e private foundation	0 9	section	n 507(b)(1)(A) check here				
1	Fai	r mari	ket value of all assets at J Accounting method.	Cash X Accr	ual ∜	1	oundation is in a 60-month tem				
		-	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check her	e			
_		16)	\$ 527,073 (Part I, column (d) must b	e on cash basis)		L	<u> </u>	(d) Disbursements			
	Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	for chantable purposes (cash basis only)			
_	\neg	4	Contributions, gifts, grants, etc , received (attach schedule)	858,702				(cash basis only)			
7		1 2	Check ► If the foundation is not required to attach Sch B	3337.32							
)		3	Interest on savings and temporary cash investments								
/		4	Dividends and interest from securities								
W		- 5а	Gross rents								
2 0		b	Net rental income or (loss)				· · ·				
S	ָב <u>ׁי</u>	6a	Net gain or (loss) from sale of assets not on line 10								
Ž	Şē	b	Gross sales price for all assets on line 6a								
ANNE	Re	7	Capital gain net income (from Part IV, line 2)			0					
Ö		8	Net short-term capital gain				0				
E	1	9	Income modifications			***************************************	-				
Φ	·	10a	Gross sales less returns and allowances				<u> </u>				
8	ļ	b	Less Cost of goods sold								
8		С	Gross profit or (loss) (attach schedule)				MAT 1 9 2015				
2012		11	Other income (attach schedule)	0.50 500		<u> </u>					
QF.		12	Total. Add lines 1 through 11	858,702		<u> </u>	<u></u>				
_	က္က	13	Compensation of officers, directors, trustees, etc	0	ļ	Lane.					
	eúses	14	Other employee salaries and wages	19,128							
記)er	15	Pension plans, employee benefits	2 000	 						
20	X	16a	Legal fees (attach schedule) SEE STMT 1 Accounting fees (attach schedule) STMT 2	2,000 1,150							
8	Operating and Administrative Ex	Ь	Accounting fees (attach schedule) STMT 2 Other professional fees (attach schedule)	1,150	 						
8	ati	17	Interest								
C	str	17 18	Taxes (attach schedule) (see instructions)								
ō	ij	19	Depreciation (attach schedule) and depletion								
\bigcirc	트	20	Occupancy								
罗	Ă	21	Travel, conferences, and meetings	897							
Z	pu	22	Printing and publications	1,983							
SCANNED OCT	g D	23	Other expenses (att sch.) STMT 3	10,571							
Š	Ē	24	Total operating and administrative expenses.								
	Ta		Add lines 13 through 23	35,729		0	0				
	ğ	25	Contributions, gifts, grants paid	295,900				295,900			
_	<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	331,629		0	0	295,900			
_		27	Subtract line 26 from line 12		1			‡			
		a	Excess of revenue over expenses and disbursements	527,073							
		Ь	Net investment income (if negative, enter -0-)			0					
		l c	Adjusted net income (if negative, enter -0-)	1	I		0	E .			

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with		
end-of-year figure reported on prior year's return)	1	(
2 Enter amount from Part I, line 27a	2	<u>52</u> 7,073
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	527 <u>,</u> 073
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	527,07

Part IV Capital Gains ar	nd Losses for Tax on Investme	nt Income			
(a) List and desc 2-story bnck wa	(b) How acquired P – Purchase D – Donation	(c) Date acquire (mo , day, yr)			
1a N/A					
b					
<u>c</u>					
d					
e					
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	,	other basis	1) Gain or (loss) plus (f) minus (g)
_a				ļ	
<u>b</u>					
С					
_d					
Complete only for appete chauses	gain in column (h) and owned by the four	ndation on 12/31/69			
Complete only for assets snowing					s (Col. (h) gain minus out not less than -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any		ses (from col (h))
_a				 	
b				 	
<u>c</u>		-			
_d					
Capital gain net income or (net ca	tf gain, also enter in If (loss), enter -0- in		·	2	
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6)				·
	column (c) (see instructions). If (loss), en	ter -0- ın		3	
	nder Section 4940(e) for Reduc	ed Tax on Net I	nvestment Inco		
	foundations subject to the section 4940(a				
		y tax on not invocance	,		/-
If section 4940(d)(2) applies, leave the	is part blank				N/A
	ion 4942 tax on the distributable amount of fy under section 4940(e) Do not complete		e penod?		Yes No
	each column for each year, see the instruc		any entres		
(a)		Stions before making		1	(d)
Base penod years Calendar year (or tax year beginning in) Adjusted qualifying distributions	Net valu	(c) ue of nonchantable-use asse	ets (c	Distribution ratio col (b) divided by col (c))
2013					.
2012					
2011					
2010					
2009				 	
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the	5-year base period – divide the total on lin	e 2 by 5, or by the			
number of years the foundation h	has been in existence if less than 5 years			3	
4 Enter the net value of nonchanta	ble-use assets for 2014 from Part X, line	5		4	
E Multiply line 4 by line 2				5	
5 Multiply line 4 by line 3					
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from				8	
If line 8 is equal to or greater that Part VI instructions	n line 7, check the box in Part VI, line 1b,	and complete that pa	irt using a 1% tax rate	e See the	
I GIL VI HIBU UCUCIIO					

	990-PF (2014) THE GALA OF HOPE FOUNDATION INC 46-42//044				Pi	age 4
Par			·			
	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1		1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		1			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	ļ			
	here ▶ and enter 1% of Part I, line 27b		1			
c /	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of		1			
ı	Part I, line 12, col (b)		1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	ļ			0
	Add lines 1 and 2	_3_				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	↓			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0
6	Credits/Payments		1			
a :	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a		1			
b	Exempt foreign organizations – tax withheld at source		1			
c ·	Tax paid with application for extension of time to file (Form 8868)		1			
d	Backup withholding erroneously withheld 6d		1			
7	Total credits and payments. Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	1			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<u> </u>			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶	11				
Par	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?			1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers > \$					
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
-	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X\	/		7	х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	x	Ī
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			<u>"</u>		
3	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			Ī	•	Ī
				9		$ \mathbf{x} $
	complete Part XIV			- "	⊢—	<u> </u>
40	Did any persons become substantial contributors during the tay year? If "Voe " attach a sahadula listure their			1	l	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	4		10	x	

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	rt VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	equired (contin	nued)			
5a	During the year did the foundation pay or incur any amount to			. 👽	1	1	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494		Y	′es 🔀 No		I	
	(2) Influence the outcome of any specific public election (see section 4955), or to c	arry on,		. (5 2	- 1	I	
	directly or indirectly, any voter registration drive?		\vdash	es X No	- 1	1	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		∐ Y	′es 🏻 No		1	
	(4) Provide a grant to an organization other than a charitable, etc., organization des	scribed in		. 🖼		I	
	section 4945(d)(4)(A)? (see instructions)		∐ Y	'es X No		I	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed	lucational	_	(-		1	
	purposes, or for the prevention of cruelty to children or animals?		_	′es 🗓 No		1	
þ	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under t		ribed in	/-		ŧ	
	Regulations section 53 4945 or in a current notice regarding disaster assistance (se	ee instructions)?		N/A	_5b		
	Organizations relying on a current notice regarding disaster assistance check here			▶ ∐		1	
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tax				1	
	because it maintained expenditure responsibility for the grant?		N/A 📗 Y	∕es ∐ No │		1	
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)					1	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay p	remiums				1	
	on a personal benefit contract?			res 🗶 No		ŧ	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	nal benefit contract	7		6b	<u> </u>	<u>X</u>
	If "Yes" to 6b, file Form 8870					1	
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter	er transaction?	<u> </u>	res X No		1	
b	If "Yes," did the foundation receive any proceeds or have any net income attributab			N/A	7b		
P	Information About Officers, Directors, Trustees, Fou	ındation Mana	gers, Highly F	Paid Employed	es,		
	and Contractors						
1	List all officers, directors, trustees, foundation managers and their compensa-	tion (see instruction	ons).				
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Evr	ense acc	~ount
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		r allowan	
		devotes to position		compensation			
SI	EE STATEMENT 5						
		-					
		1					
					<u> </u>		
					-		
		<u> </u>	<u> </u>		L		
2	Compensation of five highest-paid employees (other than those included on	line 1 – see instr	uctions). If none,	enter			
	"NONE."	1	Ι	T			
		(b) Title, and average		(d) Contributions to employee benefit	(e) Ex	pense acc	count.
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		r allowan	
		 	 	compensation	├		
N	ONE	}		}	\		
		 		 	 		
			ļ.				
		 			+-		
			1	1			
		 	· · · · · ·	 	 		
					├ ─		
					1		
		1		<u>L </u>			
Tot	al number of other employees paid over \$50,000					1 ==	<u> </u>
				ı	-orm 99	90-PF	(2014)

orm 990-PF	(2014) THE GALA OF HOPE FOUNDATION INC	46-4277044	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundat	ion Managers, Highly Paid En	nployees,
3 Five his	and Contractors (continued) phest-paid independent contractors for professional services (see instructi	ons), if none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			(-)
Total number	of others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct chantable activities during the tax year. Include relevant statistical information such as id other beneficiaries served, conferences convened, research papers produced, etc.	s the number of	Expenses
1 N/A			
2			
3			<u> </u>
· ·			
4			
0-414 6			
Part IX-E	Summary of Program-Related Investments (see instruct to largest program-related investments made by the foundation during the tax year on lines 1 and 2	ions)	
1 N/A	o largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
,,			
2			
			
All other progra	m-related investments. See instructions		
J			

Total. Add lines 1 through 3

Pa	At X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foun	dations,
	see instructions)		
1	Fair'market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	432,247
С	Fair market value of all other assets (see instructions)	1c	122 245
d	Total (add lines 1a, b, and c)	1d	432,247
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	432,247
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	6,484
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	425,763
6	Minimum investment return. Enter 5% of line 5	6	17,555
Pá	irt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	ounda	ations
	and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	17,555
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	17,555
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	17,555
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	17,555
D ₄	Act XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	295,900
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	295,900
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	295,900
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	า	
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII Undistributed Income (see instructions)) 			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years pnor to 2013	2013	2014
	line 7				17,555
2	Undistributed income, if any, as of the end of 2014				
а	Enter amount for 2013 only				
ь	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2014				
а	From 2009				1
b	From 2010				1
c	From 2011	1			1
d	From 2012	1			l
e	From 2013				1
f	Total of lines 3a through e	1			1
4	Qualifying distributions for 2014 from Part XII,			 	
•	line 4 ▶ \$ 295,900				
_					
a	Applied to undistributed income of prior years				
U					1
_	(Election required – see instructions)	:			
С	Treated as distributions out of corpus (Election				1
	required – see instructions)			••••	17 555
đ	Applied to 2014 distributable amount	070 245			17,555
е		278,345			<u> </u>
5	Excess distributions carryover applied to 2014				<u> </u>
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	278,345		······································	
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				<u> </u>
	been issued, or on which the section 4942(a)				-
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount – see instructions				
e	Undistributed income for 2013 Subtract line		İ		
	4a from line 2a. Taxable amount – see		1		
	instructions				
f	Undistributed income for 2014 Subtract lines				
	4d and 5 from line 1. This amount must be		1		
	distributed in 2015				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				1.
8	Excess distributions carryover from 2009 not			•	
-	applied on line 5 or line 7 (see instructions)				‡
9	Excess distributions carryover to 2015.				
•	Subtract lines 7 and 8 from line 6a	278,345			1
10	Analysis of line 9				
a	Excess from 2010		1		1
a b	Excess from 2011	1	1		
C	Excess from 2012	1	1		
	Excess from 2013		1		
d e	070 24	5	1		
	270/34	-1	I		t

Part XV .. Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year GRANDVIEW FOUNDATION NONE SO I 405 W GRAND AVE DIGITAL MAMMOGRAPHY UNIT PURCHASE DAYTON OH 45405 25,000 KETTERING MEDICAL FOUNDATION 3535 SOUTHERN BLVD NONE SO I START COMPLEMENTARY MEDICINE PROGRAM KETTERING OH 45429 75,000 PINK RIBBON GIRLS NONE PC 15 S 2ND ST BREAST CANCER PATIENT ASSISTANCE TIPP CITY OH 45371 20,000 SHAD MOTE 730 COLUMBINE CT. NONE HARDSHIP ASSISTANCE TIPP CITY OH 45371 900 PREMIER HEALTH NONE PC ONE WYOMING ST DAYTON OH 45409 CANCER PATIENT EDUCATION MATERIALS 100,000 DAYTON CHILDREN'S HOSPITAL 1 CHILDRENS PLAZA NONE PC PATIENT EQUIPMENT FOR ONCOLOGY UNIT DAYTON OH 45404 75,000 295,900 ▶ 3a Total Approved for future payment N/A Total ▶ 3b

Part XVI-A	Analysis of income-Producing Act	ivities			_	
,	unts unless otherwise indicated	Unrelate (a) Business code	ed business income (b) Amount	(c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program sen	vice revenue					(See instructions)
		· 				
		·		 		
c				ļ		
d				ļ		
e				<u> </u>		
f				<u> </u>		
g Fees and	d contracts from government agencies			<u> </u>		
2 Membership	dues and assessments			<u> </u>		
3 Interest on s	avings and temporary cash investments	L	_			_
4 Dividends an	d interest from securities					
5 Net rental inc	come or (loss) from real estate					
	anced property			1		
	-financed property			1		
	come or (loss) from personal property					
7 Other investi	· · · · · · · · · · · · · · · · · · ·					
) from sales of assets other than inventory			† — —		
	or (loss) from special events			 		
	or (loss) from sales of inventory			† · · · ·		
	ue a			-		· · · · · · · · · · · · · · · · · · ·
		-			··········	·
		-		 		
		· 		 		
				 		·
e	d aslumant (b) (d) and (s)	· -		1		
12 Subtotal Add	d columns (b), (d), and (e)				0	0
12 Subtotal Add	ne 12, columns (b), (d), and (e)				0	0
12 Subtotal Add 13 Total Add III (See worksheet I	ne 12, columns (b), (d), and (e) n line 13 instructions to venfy calculations)				13 _	
12 Subtotal Add 13 Total Add III (See worksheet I Part XVI-B	ne 12, columns (b), (d), and (e) n line 13 instructions to venfy calculations) Relationship of Activities to the A		ent of Exempt Po	ırpose	13 <u> </u>	
12 Subtotal Add 13 Total Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to venfy calculations) Relationship of Activities to the A	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add 13 Total Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0
12 Subtotal Add III 13 Total. Add III (See worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt Pounn (e) of Part XVI-A	urpose:	13s	0

		Exempt Organiza	tions								
1	Did the organ	nization directly or indire	ectly engage in	n any of the follow	ng with any othe	r organization o	described			Yes	No
	ın section 50	1(c) of the Code (other	than section 5	501(c)(3) organizat	tions) or in section	on 527, relating	to political				į
	organizations										Ė
	•	m the reporting founda	tion to a noncl	hantable exempt o	rganization of						ĺ
	(1) Cash				3				1a(1)		x
	(2) Other as	sets							1a(2)		x
	Other transa										
		assets to a noncharital	ble evernt or	ranization					1b(1)		x
	• •	es of assets from a nor						ſ	1b(2)		x
									1b(3)		X
		f facilities, equipment, o	n other assets	•					1b(4)		X
		sement arrangements						1	1b(5)	-	X
		r loan guarantees		androsoma onlinitati				ł			X
	• •	ance of services or mei	·	-					1b(6) 1c		X
	_	icilities, equipment, mai	-	•	· -	(h) aboute abou	aua abau tha fair a	 	10		
		r to any of the above is									
		goods, other assets, or									
		transaction or sharing	1 -	of nonchantable exempt				nsactions, and sharing arra		ot c	
N/A	a) Line no	(b) Amount involved	(c) Name	or noncriamable exempt	organization	(0,0	escription of transfers, tra	risactions, and snaming are	ngeniei		
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	described in If "Yes," con	ation directly or indirect is ection 501(c) of the C inplete the following sch (a) Name of organization	Code (other tha	•	3)) or in section	. •		tion of relationship	Y	es 🛚	No
	N/A	-		· · · · · · · · · · · · · · · · · · ·						_	
		naities of penury, I declare the						knowledge and belief, it is	true,		
Sigi Her	ı	nd complete Declaration of p	La La		- 1 //o			May the IRS discu with the preparer (see instructions)	shown b	elow Yes	No
	Sugr	ature of officer or trustee	gille	<u>~</u>		-14-15	Title	UTIVE DIRE	CTC	<u>DR</u>	
	Pnnt/T	ype preparer's name			Preparer's signatu	re		Date	-	Check	ш
Paid	PTCU	ממס מ מסג	CDX		1			10/12) /1 E	1	mployed
Prep	arer	ARD P. GRAF, (CDAE HITC	HES & CO	OMPANY,	TNC			308:	1
Use	Only I			GRAF, HUG RIPPLE F		JEFFINI,	INC.			383	
	Firm's		ON, OH	45440-32				027			262
		DAIT	JA, OR	#J##U-34		<u>.</u>		Phone no 937	_		E

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Employer identification number

2014

THE GALA OF	HOPE FOUNDATION INC	46-4277044
Organization type (check	cone)-	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a priva	ate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule	ile and a Special Rule See
General Rule		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, concepts or property) from any one contributor. Complete Parts I and II. See inscribing contributions.	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Forr and that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, ling	m 990 or 990-EZ), Part II, line utions of the greater of (1)
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ g the year, total contributions of more than \$1,000 exclusively for religion tional purposes, or for the prevention of cruelty to children or animals.	us, charitable, scientific,
contributor, durin contributions tota during the year fo General Rule ap	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ in the year, contributions exclusively for religious, charitable, etc., purposaled more than \$1,000. If this box is checked, enter here the total contributor an exclusively religious, charitable, etc., purpose. Do not complete an opplies to this organization because it received nonexclusively religious, or more during the year.	ses, but no such outions that were received by of the parts unless the
990-EZ, or 990-PF), but i	t that is not covered by the General Rule and/or the Special Rules does it must answer "No" on Part IV, line 2, of its Form 990, or check the box	on line H of its Form 990-EZ or on its

Name of organization

THE GALA OF HOPE FOUNDATION INC

Employer identification number 46-4277044

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed						
(a)	(b)		(c)		(d)		
<u>N</u> o.	Name, address, and Z	P + 4	Total contri	butions	Type of contribution		
1	DEBORAH FLETCHER AND I 5500 TERRACE CREEK DAYTON	OR. JOHN URSE OH 45459-1457	\$	27,000	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a)	(b)		(c)		(d)		
No.	Name, address, and Z	P + 4	Total contri	butions	Type of contribution		
2	MILLS FAMILY FOUNDATION 3500 PENTAGON BLVD SUITE 500 BEAVERCREEK	ON 45431	\$	75,000	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and Z	IP + 4	(c) Total contri		(d) Type of contribution		
3	DAYTON CHILDREN'S HOSE 1 CHILDRENS PLAZA DAYTON		\$	50,000	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and Z	IP + 4	(c) Total contri		(d) Type of contribution		
4	TERESA J. HUBER 8235 OLD TROY PIKE PO BOX 102 DAYTON	ОН 45424	\$	41,500	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and Z	IP + 4	(c) Total contri		(d) Type of contribution		
5	HOSPICE OF DAYTON 324 WILMINGTON PIKE DAYTON	ОН 45420	\$	25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and 2	(IP + 4	(c) Total contr		(d) Type of contribution		
6	KETTERING MEDICAL CEN 2110 LEITER ROAD MIAMISBURG		\$	50,000	Person X Payroll Noncash (Complete Part II for noncash contributions)		

Name of organization

THE GALA OF HOPE FOUNDATION INC

Employer identification number 46-4277044

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.		(b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	PREMIER HEALTH 110 N MAIN STREET DAYTON	он 45402	\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a)		(b)	(c)	(d)	
No. 8	PHIL AND PAM BLAG 1347 PARK TERRACI BELLBROOK		Total contributions \$ 56,800	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	Nome addre	(b) ss, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	Name, addre	(b) ess, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	Name, addro	(b) ess, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	Name. addr	(b) ess, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)	

Federal Statements

Statement 4 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors (continued)

	City, State, Zip	DAYTON OH 45424	DAYTON OH 45420		MIAMISBURG OH 45342	DAYTON OH 45402		BELLBROOK OH 45440
Name	Address	TERESA J. HUBER 8235 OLD TROY PIKE	HOSPICE OF DAYTON, INC.	S24 WILMINGION AVE KETTERING MEDICAL CENTER	2110 LEITER ROAD	PREMIER HEALTH 110 N. MAIN ST	PHIL AND PAM BLACK	1347 PARK TERRACE DR
		TERESA	HOSPICE	KETTERI		PREMIER	PHIL AN	

orm 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	
Statement 5 - F	•

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BOB MILLS 3500 PENTAGON BLVD BEAVERCREEK OH 45431	PRESIDENT	5.00	0	0	0
BARBARA MILLS 3500 PENTAGON BLVD BEAVERCREEK OH 45431	VICE PRESIDE	5.00	0	0	0
PHIL BLACK 1347 PARK TERRACE DR BELLBROOK OH 45440	TRUSTEE	2.00	0	0	0
FRANK PEREZ 350 STONEHAVEN RD DAYTON OH 45429	TRUSTEE	2.00	0	0	0
GIL DUKEMAN 1553 BEAVER VALLEY RD BEAVERCREEK OH 45434	TRUSTEE	2.00	0	0	0

Federal Statements

Statement 6 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
MILLS FAMILY FOUNDATION PHIL AND PAM BLACK	\$ 75,000 56,800
TOTAL	\$ 131,800

Statement 7 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

IN WRITING INCLUDING ORGANIZATION (OR PERSON) AND REASON FOR REQUEST GRANT, AMOUNT REQUESTED, PROCESS TO PROVIDE DOCUMENTATION OF USE OF GRANT AND AMOUNTS EXPENDED, VERIFICATION OF TAX-EXEMPT STATUS, EIN NUMBER, (OR PERSONAL INFORMATION AND SS NUMBER, IF APPICABLE) AND DESCRIPTION OF THE ORGANIZATION, TRUSTEES AND MISSION, AND LAST 2 YEARS OF FORM 990'S.

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NO SUBMISSION DEADLINES IDENTIFIED.

Statement 8 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

NO RESTRICTION CURRENTLY SET. ALL GRANT EXPENDITURES SUBJECT TO BOARD APPROVAL.

46-4277044

Federal Statements

Direct Public Support

Contributor	Cash Contribution	Noncash Contribution
EVENT CONTRIBUTIONS	707,635	
AUCTION PROCEEDS, NET	149,917	
OTHER CONTRIBUTIONS	1,150	
TOTAL	858,702	0