Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

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

Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Open to Public Inspection

Α	For t	the 2016 calen	dar year, or tax y	ear begir	nning Jul	1	, 2	016, and	endin	g Jun	30		2017	
В	Check	if applicable	C Name of organiza	tion BEI	BASHI-TRA	NSITION	I TO H	OPE			D Employ	er identi	fication number	
	Π	ddress change	Doing business a	s							23-	2484	046	
	$\square$	lame change	Number and stree	et (or PO bo	x if mail is not deli	vered to street a	(ddress		Room/s	suite	E Teleph			
	Щ	nitial return	1235 Sprin	g Gard	len Stree	et.					(21	5) 7	69-3561	
	Н	inal return/terminated			country, and ZIP		code		1		\22	<u> </u>	3301	
	Н	mended return	Philadelph	in			,	PA 19	9123		G Gross r	eceints (	\$2,973,8	01
	Н	application pending	F Name and address		officer:			PA 13	7123	H(a) Is this a				es X No
	ш^	opplication pending	GARY B BELI			~ DIITI AD	אדוור אם.	DN 10	1111	1				
1	Tax	c-exempt status	X 501(c)(3)	501(c) (		n PHILAL	4947(a)(		5277	H(b) Are all If 'No,'	attach a list (	see instru	ictions)	Ц
<u>'</u> J		<del>'</del>		<del>- · · · ·</del>	) - (11	isercito.)	4947(a)(	1) 01   1	[ ] 21 J					
<u>у</u> К			w.bebashi.	T	T T	Other ►		Tiv	<u>.</u>	H(c) Group	<u> </u>			
		m of organization	X Corporation	Trust	Association	Other -		L Year o	of formation	on 198	5   M S	state of le	gal domicile I	PA
Pa	rt I	Summar Briefly describ	y oe the organization	n'e miecioi	n or most sign	uficant activ	tion	3 4 3 4	0					
	i '		people to					Alds	Ser	vice O	rganız	atio:	n	
<u>2</u>														
nar			o high qua romotion e						arti	icare, r	17 A\\\ \\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	25_56	irvices,	
Ve	2		x F If the or						more t	 han 25% c	f its pet a			
မ	3		ting members of t									3		10
95	4		dependent voting	-	• • •							4		10
ië	5		of individuals emp									5		57
Activities & Governance	6	Total number	of volunteers (est	imate if ne	ecessary)							6		0
¥	7a	Total unrelate	d business reveni	ue from Pa	art VIII, colum	n (C), line 1	2					7a		0.
	b	Net unrelated	business taxable	income fr	om Form 990	-T, line 34 -			• • • • •			7b		0.
								ACIL	FD	<u>  P</u>	rior Year		Current	Year
Ð	8		and grants (Part \		•	u		CEIV			,796,2	212.		2,985.
Revenue	9	Program serv	ice revenue (Part	VIII, line 2	?g)					181	685,5	92.	1,07	0,816.
ě	10	Investment in	come (Part VIII, co	olumn (A),	, lınes 3, 4, an	d 7d) . ↓	AL·	4 Z O	KITIR.	12			-	
Œ ,	11	Other revenue	e (Part VIII, colum	n (A), line	s 5, 6a, 8c, 90	;, iuc, and;;	չ(e)							
	12		- add lines 8 thr							2	,481,8	04.	2,97	3,801.
	13		milar amounts pai			-		ALC: N						
	14		to or for members			-								
ري ،	15	Salaries, othe	r compensation, e	employee	benefits (Part	IX, column	(A), lines	5-10) .		. 1	,586,1	.43.	1,89	7,271.
nse	16 a	Professional f	undraising fees (F	Part IX, co	lumn (A), line	11e)								
Expenses	b	Total fundrais	ing expenses (Pa	rt IX, colur	mn (D), line 2:	5) ►		167,8	876.					
ũ	17	Other expens	es (Part IX, colum	ın (A), lıne	s 11a-11d, 11	f-24e)					819,9	63.	89	4,465.
	18	· ·	es Add lines 13-1			=					,406,1			1,736.
	19	Revenue less	expenses Subtra	act line 18	from line 12						75,6			2,065.
5 <b>8</b>			•							Beginnir	ng of Curre		End of	
g E	20	Total assets (	Part X, line 16) .								594,2			9,319.
A B	21	Total liabilities	(Part X, line 26)								210,2	-	23	3,260.
Net Assets Fund Baland	22	Net assets or	fund balances Su	ubtract line	e 21 from line	20					383,9	94.		6,059.
	rt II	Signatur	e Block							<b>'</b> -				
		<del></del>	are that I have examine er (other than officer) is	ed this return,	including accomp	anying schedul	es and stater	nents, and t	to the bes	st of my know	edge and be	ief, it is tn	ue, correct, and	
comp	olete D	eclaration of prepare	er (other than officer) is	based on all	information of which	h preparer has	any knowled	ge		-				
				$\leq$	-/-	m				1	2/29/1	7		
Sig	ın	Signatu	re of officer	)						Da	te			ŧ **
He	re	▶ GAR	BELL							Execu	itive 1	Direc	ctor	
			print name and title											
_		Print/Type pr	reparer's name		Preparer's sign	ature/	<i>-</i>	Dat	te /c	1/39/	Check	rf	PTIN	
Pai	id	DEBORA	H ROUNDTRE	EC	XLD OTA		WY	71/8/_	<b>\</b>	<u>~///</u> 7	self-employe	ed :	P0023127	2
Pre	раг		► MACKTRI	ΞΕ, <b>1</b>	L.C.				1	//				
	e Or				E STE 40	0					Fırm's EIN	23-	3085637	
			BALA CY				PA 19	004	_/	-	Phone no	(610		960
Mav	the I	IRS discuss this	s return with the p		own above?	see instruct							. X Yes	No
	_		eduction Act No							A0101 11/1	2146			90 (2016)

TEEA0102 11/16/16

Part IV | Checklist of Required Schedules

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

# Part IV | Checklist of Required Schedules (continued)

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
ı	f 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		х
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		х
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)			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	c 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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33_		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38_	X	

**14 b** Form **990** (2016)

	n 990 (2016) BEBASHI-TRANSITION TO HOPE 23-2484046	<u> </u>	F	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			لكن
		_	Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			{
1	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 c	X	<b> </b>
_	(gambling) winnings to prize winners?	- 10	_	_
	a 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			
ı	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	<b>↓</b>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> x</u>
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		<del>  ^</del> -
	b if 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>	3 b		<b>├</b> ──
	a 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)?	4 a		х
'	b If Yes,' enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		┾
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
1	b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
•	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X	ļ —
1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		х
. (	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	х	
I	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h	х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	_8_		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
1	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	,,,			]
	a Gross income from members or shareholders			
l	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			ļ
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			Π
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
	a is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
(	c Enter the amount of reserves on hand			
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X

Par	dt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O See instructions.	v, and n	d for	
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
	J. Coverning Docy		Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year			
	Enter the number of voting members included in line 1a, above, who are independent 1 b			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		i j
2	officer, director, trustee, or key employee?	2		J
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7 8	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
•	members of the governing body?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
á	The governing body?	8 a	_X	
	b Each committee with authority to act on behalf of the governing body?	8 b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		$\overline{x}$
	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?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	x	
		12a	<u> </u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	1	
a	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)		<del></del> -	
40-	· · · · · · · · · · · · · · · · · · ·			
162	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? · · · · · · · · · · · · · · · · · · ·	16a		X
t	o If Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16 b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Pennsylvania			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  X  Upon request  Other (explain in Schedule O)	ivailab	le	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BEBASHI 1235 Spring Garden Street Philadelphia PA 19123 (2)	15) _7	69-3	3561

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

- 1 a 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

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee  (C)										
(A) Name and Title	(B) Average hours per	than	one both dir	(do no box, u an or ector/	ot che unless fficer ftruste		n	Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted irne)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	50.00				х					
(2) Karen Downer President	5.00	х								
(3) Linda Marshall Vice President	_ 5.00	х							-	-
(4) John Turner Secretary	<u>2.00</u>	х								_
(5) Traci Nickens Individual Director	2.00	х								
	2.00	х								
(7) Shanese Johnson, Esq Individual Director	2.00	х		Ĺ						
(8) Greg DeShields Individual Director	2.00	х								
(9) Rev. Dr. Arthur R. White Individual Director	2.00	х								
(10) Bimpe Dada Individual Director	2.00	х								
(11) Raymond Hayward Individual Director	2.00	х								
(12)										
(13)										
(14)										

Part VII   Section A. Officers, Directors, Tri	(B)	<u>rey</u>	<u> </u>		oye C)	es,	and	a <u>nignest Con</u>	ipensated Empi	oyee	<b>S</b> (cont	inuea)
(A) Name and title	Average hours per week (list any	box	, unle icer ar	heck ss pe nd a c	rson direct	than o	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	amo	(F) stimated unt of oth pensatio	ner
	hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anization d related anization	1
(15)												
(16)							i	-			-	
(17)												
(18)												
(19)								-				
(20)	<del> </del>											
(21)												
(22)											-	
(23)					-							
(24)										-		
(25)											•	
1 b Sub-total			•••		• •							
c Total from continuation sheets to Part VII, Section 17-14 (add lines 4) and 4a)							<b>&gt;</b>					
d Total (add lines 1b and 1c)							ived	d more than \$100.0	000 of reportable com	pensa	tion	
from the organization				-,								
3 Did the organization list any former officer, director	or trustee	e kev	emi	nlov	ee	or bio	ihes	st compensated em	nplovee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such in	ndıvidual		٠.'		• •					3	<del>                                     </del>	Х
For any individual listed on line 1a, is the sum of repetite organization and related organizations greater to such individual	han \$150,	000?	If 'Y	es, '	com	plete	Sci	hedule J for		4		Х
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or the organization of the organiz										5	<u> </u>	x
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization Report compe	ed indepe	nden	t cor	itrac	tors	that	rece	eived more than \$1	00,000 of			
(A) Name and business addre	_				,,,,,			(B) Description o		(	C) ensatio	n
							$\exists$				_	
							_					
Total number of independent contractors (including	but not lim	nited	to th	ose	liste	d ab	ove	who received mor	re than			_
\$100,000 of compensation from the organization	<b>&gt;</b>											_

Par	t VI	II Statement of Rev							
		Check if Schedule O c	ontains a	respon	se or note to any lii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	d d	Federated campaigns     Membership dues     Fundraising events     Related organizations     Government grants (contribution All other contributions, gifts, gr		1 a 1 b 1 c 1 d 1 e 1 f	1,613,108. 289,877.		-		
contri and 0	1 -	Noncash contributions include Total. Add lines 1a-1f.		'' —		1 002 005			
	<del> "</del>	Total. Add lines 1a-11	<del></del> -	<del></del>	Business Code	1,902,985.			<del> </del>
Program Service Revenue	2 a		·						
rogr	Į .	All other program service Total. Add lines 2a-2f .		<u> </u>		1,070,816.	0.	0.	0.
	3	Investment income (incluother similar amounts)	ding divid	lends, ıı	nterest and	1,070,816.			
	5	Royalties		<u></u>	•				
	b	Description Community (Inc.)  Description (Inc.)  Rental Income or (Ioss)							
		Net rental income or (los Gross amount from sales of	(i) Secu		(II) Other		-		
	,	Less cost or other basis and sales expenses							
		Net gain or (loss)							
Other Revenue		Gross income from fundr (not including. \$ of contributions reported See Part IV, line 18	on line 1	;) a					
₹ E		Less direct expenses .  Net income or (loss) from							
0		Gross income from gamil See Part IV, line 19	ng activiti	es					
	١	Less direct expenses .			<u> </u>				
	c	: Net income or (loss) from	gaming	activitie	s			<u> </u>	ļ
	}	Gross sales of inventory, and allowances Less cost of goods sold		а	<del></del>				
	l	: Net income or (loss) from			L				
		Miscellaneous Revenu			Business Code				
	11 a								
	ہ	I All other revenue						<del></del>	<del></del>
		Total. Add lines 11a-11d		<u>_</u>					
		Total revenue. See instr				2,973,801.	0.	0.	0.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a res	ponse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	116,935.	0.	116,935.	0.
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,467,970.	1,259,375.	98,659.	109,936.
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	169,020.	137,972.	19,004.	12,044.
10 Payroll taxes	143,346.	113,904.	19,499.	9,943.
11 Fees for services (non-employees)	Į.			
a Management				
<b>b</b> Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17 .				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion			<del></del>	
13 Office expenses	172,081.	153,826.	8,985.	9,270.
14 Information technology				
15 Royalties				
16 Occupancy	203,045.	203,045.	0.	0.
17 Travel	15,364.	8,114.	6,451.	
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,186.	0.	6,186.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,450.	40,921.	29,658.	3,871.
23 Insurance	16,160.	7,267.	8,053.	840.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a				
b Communications	56,767.	45,195.	8,620.	2,952.
c Utilities	15.749.	9,938.	4,992.	819.
d				
e All other expenses	334,663.	276,844.	40,417.	17,402.
25 Total functional expenses. Add lines 1 through 24e	2,791,736.	2,256,401.	367,459.	<u> 167,876</u> .
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				
SOP 98-2 (ASC 958-720)				

Form 990 (2016) BEBASHI-TRANSITION TO HOPE
Part X Balance Sheet

_		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	163,147.	1	118,624.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	314,299.	3	565,157.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	13,434.	9	4,951.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b 317,299.		10 c	110,587.
	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)		16	799,319.
-	17	Accounts payable and accrued expenses.	52,571.	17	45,359.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D $\dots$		25	187,901.
	26	Total liabilities. Add lines 17 through 25	210,255.	26	233,260.
,,		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
Ses		lines 27 through 29, and lines 33 and 34.			
_	27	Unrestricted net assets	33,72,11	27	516,426.
39	28	Temporarily restricted net assets	46,820.	28	49,633.
D E	29	Permanently restricted net assets		29	
Net Assets or Fund Balar		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances		33	566,059.
Z	34	Total liabilities and net assets/fund balances		34	799,319.
BA					Form <b>990</b> (2016)

FOILT 330 (2010) BEBASHI - IRANSITION TO HOPE	23-4	2484046		10	ige iz
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				<u>.    </u>
1 Total revenue (must equal Part VIII, column (A), line 12)		1	2,9	73,8	301.
2 Total expenses (must equal Part IX, column (A), line 25)		2	2,7	91,7	136.
3 Revenue less expenses Subtract line 2 from line 1		3	1	82,0	65.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	3	83,9	94.
5 Net unrealized gains (losses) on investments		5			
6 Donated services and use of facilities		6			
7 Investment expenses		7			
8 Prior period adjustments		8			
9 Other changes in net assets or fund balances (explain in Schedule O)		9			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	į				
column (B))	• • • • •	_10	5	66,C	<u> 159.</u>
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					. ∏
				Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ewed on a				
separate basis, consolidated basis, or both			l .		
Separate basis Consolidated basis Both consolidated and separate basis					
<b>b</b> Were the organization's financial statements audited by an independent accountant?			2 b	Х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate				
basis, consolidated basis, or both			·		
X   Separate basis			ļ		<b> </b>
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audi	t, •••••	2 c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	he Single		3 a	Х	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the r	equired au	dıt			i
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u> .	3 b	X	
BAA			Form	990 (	2016)

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

ame of the organization Employer Identification number												
BEBASHI-TRANSITION TO HO	BEBASHI-TRANSITION TO HOPE 23-2484046 23-2484046											
Part I Reason for Public Cha	rity Status (All or	ganizations must co	omplete th	ns part )	See instruction	ns.						
The organization is not a private foundat	ion because it is (For	lines 1 through 12, check	k only one b	ox)								
1 A church, convention of church	hes, or association of c	hurches described in <b>se</b>	ction 170(b	)(1)(A)(i).		70 1						
2 A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 99)	0 or 990-EZ	))		<b>O</b> •						
3 A hospital or a cooperative ho	spital service organizat	tion described in <b>sectior</b>	170(b)(1)(	A)(iii).								
A medical research organization     name, city, and state	on operated in conjunc	tion with a hospital desc	nbed in <b>sec</b>	tion 170(b)	(1)(A)(iii) Enter t	he hospital's						
5 An organization operated for the section 170(b)(1)(A)(iv). (Co	he benefit of a college mplete Part II)	or university owned or o	perated by	governme	ntal unit described	in						
6 A federal, state, or local gover		t unit described in <b>sectio</b>	on 170(b)(1	)(A)(v).								
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )												
9 An agricultural research organ	ization described in se	ction 170(b)(1)(A)(ix) o	perated in c	onjunction	with a land-grant o	college						
or university or a non-land-gra	nt college of agriculture	e (see instructions) Ente	er the name	city, and s	tate of the college	or						
from activities related to its exi investment income and unrela												
11 An organization organized and	d operated exclusively	to test for public safety	See <b>sectio</b> r	509(a)(4).								
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g												
Type I. A supporting organization(s) the power to re complete Part IV, Sections A	tion operated, supervis	ed, or controlled by its s	upported or	ganization(	s), typically by givi							
b Type II. A supporting organiza management of the supporting must complete Part IV, Sect	organization vested in											
c Type III functionally integrat organization(s) (see instruction				and function	onally integrated w	vith, its supported						
d Type III non-functionally inte functionally integrated The or instructions) You must comp	ganization generally mi	ust satisfy a distribution										
e Check this box if the organization integrated, or Type III non-fun	tion received a written	determination from the If	RS that it is	a Type I, T	ype II, Type III fun	ctionally						
f Enter the number of supported or	ganizations											
g Provide the following information	about the supported or	ganızatıon(s)										
(I) Name of supported organization	(ii) EiN	(ili) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization li in your goven document	sted supp ning	Amount of monetary port (see instructions)	(vi) Amount of other support (see instructions)						
			Yes_	No								
(A)												
(B)				_								
(C)					<del></del>							
(D)												
(E)												
Total												

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

360	tion A. Public Support	<del></del>	<del></del>				
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	1,639,041.	1,979,645.	2,431,541.	2,481,804.	2,973,801.	11,505,832.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,639,041.	1,979,645.	2,431,541.	2,481,804.	2,973,801.	11,505,832.
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						11,505,832.
Sect	tion B. Total Support	<del>-</del>					
	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,639,041.	1,979,645.	2,431,541.	2,481,804.	2,973,801.	11,505,832.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4.					4.
	Net income from unrelated business activities, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	!					
11	Total support. Add lines 7 through 10						11,505,836.
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
	First five years. If the Form 990 is organization, check this box and s	top here	• • • • • • • •	hırd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 📋
Sect	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 2010	6 (line 6, column (f)	divided by line 11	, column (f))		14	100.00%
15	Public support percentage from 20	015 Schedule A, Pa	art II, line 14			· · · · · <u>15</u>	100.00%
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a public	not check the box by supported organ	on line 13, and line	e 14 is 33-1/3% or	more, check this b	oox ► [x]
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did i qualifies as a public	not check a box on dy supported organ	ı line 13 or 16a, an nization	d line 15 is 33-1/3	% or more, check t	this box
	10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	t check this how a	nd stop bere. Evr	dain in Part VI how	′
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' test	circumstances' tes t The organization	it, check this box a qualifies as a pub	nd <b>stop here.</b> Exp licly supported org	olain in Part VI how anization	the ▶ 🔲
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ons ▶ 🔲

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

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

Sec	tion A. Public Support							
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	3	/(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				f			
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 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 or 1% of the amount on line 13 for the year				-			
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	3	(f) Total
9	Amounts from line 6	,	ľ					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b						-	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)			<u></u>				
	First five years. If the Form 990 is organization, check this box and s	top here	<u> </u>	third, fourth, or fifth	itax year as a sect	tion 501(c)(3)	<u></u>	<u></u>
<u>Sec</u>	tion C. Computation of Pu				<del></del>			
15	Public support percentage for 201						15	<del></del>
16	Public support percentage from 20				<u> <sub></sub></u>	<u> </u>	16	<del>ુ</del> ક
Sec	tion D. Compuțation of Inv							
17	Investment incomé percentage for	2016 (line 10c, co	lumn (f) divided by	line 13, column (f	))		17	<del></del>
18	Investment income percentage fro					L	18	8
	33-1/3% support tests—2016. If the support tests—2016 is not more than 33-1/3%, check the support tests—2016 is not more than 33-1/3%.	his box and stop h	ere. The organizat	ion qualifies as a p	oublicly supported	organization		▶ [_]
	33-1/3% support tests—2015. If to line 18 is not more than 33-1/3%,	check this box and	stop here. The or	ganızatıon qualıfie	s as a publicly sup	ported organ	ization	▶ 📋
20	Private foundation. If the organiz	ation did not check	k a box on line 14,	19a, or 19b, check	this box and see i	instructions.		▶ [ ]

Part IV | Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

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

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

				•
Sche	edule A (Form 990 or 990-EZ) 2016 BEBASHI-TRANSITION TO HOPE			184046 Page (
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganizat	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust o instructions. All other Type III non-functionally integrated supporting organizations	on Nov 20, s must com	1970 (explain in Part \nplete Sections A throu	/I) <b>See</b> gh E
Sec	tion A – Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_ 3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		<u></u>
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1 a		
	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
C	Total (add lines 1a, 1b, and 1c)	1 d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

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Schedule A (Form

2

3

4

5

2 Enter 85% of line 1

4 Enter greater of line 2 or line 3

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2016

Par	t V   Type III Non-Functionally Integrated 509(a)(3) Si	ipporting Organiza	tions (continued)	
Sect	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		1
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizatio	ns,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u></u>	·· <u>·</u>	
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ition is responsive (provid	e details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		·	
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
_ 3	Excess distributions carryover, if any, to 2016			
a				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
	Excess from 2016			

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Schedule A (Form 990 or 990-EZ) 2016

Page 8

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

# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

n990. Inspection
Employer Identification number

	BEBASHI-TRANSITION TO HOPE		22 2404046	
Pa		s or Ac	23-2484046   Counts	
Га	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	5 01 AQ	counts.	
	(a) Donor advised funds	(b) F	Funds and other acco	unts
1	Total number at end of year	(-/-		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisore the organization's property, subject to the organization's exclusive legal control?			□No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose impermissible private benefit?	used only	y 1	□No
Pai			· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply)	_		
1		ounter"	u important lama ancie	
			y important land area	
	H — — — — — — — — — — — — — — — — — — —	certitied n	istoric structure	
•	Preservation of open space	- <b>6</b>		- AL -
	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year	or a cons	ervation easement or	i the
			Held at the End of th	ne Tax Year
	a Total number of conservation easements	2 a		
1	Total acreage restricted by conservation easements	2 b		
	Number of conservation easements on a certified historic structure included in (a)	2 c		
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic			
	structure listed in the National Register	2 d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ▶	e organiza	ation during the	
4	Number of states where property subject to conservation easement is located ▶			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of vand enforcement of the conservation easements it holds?	violations,	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	ervation e	easements during the	year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations $\$$	tion easei	ments during the yea	r
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170 and section 170(h)(4)(B)(ii)?	(h)(4)(B)(	(i) · · · · · .	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements.	e stateme he organi	ent, and balance shee zation's accounting fo	t, and or
Par		ther Sir	nilar Assets.	
1 8	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stater art, historical treasures, or other similar assets held for public exhibition, education, or research in furth in Part XIII, the text of the footnote to its financial statements that describes these items	ment and nerance o	balance sheet works of public service, provi	of ide,
ı	o If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statemen historical treasures, or other similar assets held for public exhibition, education, or research in furthera following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$	
	(ii) Assets included in Form 990, Part X		· <u> </u>	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	ıl gaın, pr	ovide the following	
í	Revenue included on Form 990, Part VIII, line 1		▶\$	
ı	Assets included in Form 990, Part X		▶\$	

•					
Schedule D (Form 990) 2016 BEBA	SHI-TRANSITIO	N TO HOPE		23-248	4046 Page
Part III Organizations Maint			rical Treasures, or		
3 Using the organization's acquisiti items (check all that apply)					
a Public exhibition		d Loan o	r exchange programs		
b Scholarly research		e Other			
c Preservation for future gener	ations	_			
Provide a description of the organ Part XIII	nization's collections ar	d explain how the	y further the organization	n's exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather th	an to be maintained as	part of the organiz	zation's collection?	<u></u>	Yes No
Part IV Escrow and Custodi line 9, or reported an	al Arrangements. amount on Form 9	Complete if the 90, Part X, line	e organization ansv 21	wered 'Yes' on Forn	n 990, Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?					☐Yes ☐No
b If 'Yes,' explain the arrangement					[].ss
bit 100, explain the arrangement	in r are xiii and comple	ic the following tal	,,,,		Amount
c Beginning balance				. 1c	7 41104111
d Additions during the year				1 d	
e Distributions during the year					
f Ending balance					
2 a Did the organization include an a					Yes No
b If 'Yes,' explain the arrangement					
b ii 100, explain the arrangement	arr arryani onook nork	, ii dio oxpidiladio.	nas seen promote en r		
Part V   Endowment Funds.	Complete if the ord	anization ansv	vered 'Yes' on Form	990. Part IV. line	10.
	(a) Current year	(b) Prior year	(c) Two years back		(e) Four years back
1 a Beginning of year balance	1,	1		1	
<b>b</b> Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships		·			-
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the current year en	d balance (line 1g	column (a)) held as	<u> </u>	
a Board designated or quasi-endov		8	(-),		
b Permanent endowment		<b>-</b>			
c Temporarily restricted endowmer	<del></del>	ş.			
The percentages on lines 2a, 2b,		°			
•	•				
3 a Are there endowment funds not a organization by	n the possession of the	organization that	are held and administere	ed for the	Yes No
(i) unrelated organizations					. 3a(i)
(ii) related organizations					.,,
<b>b</b> If 'Yes' on line 3a(ii), are the relati					. 3b
4 Describe in Part XIII the intended					1 1
Part VI Land, Buildings, and	<del></del>	5 5 Chaomhaile It			
Complete if the organ		Yes' on Form 9	990, Part IV, line 11	a. See Form 990, F	art X, line 10.
Description of property		t or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements	198,555.		132,421.	66,134.
d Equipment	196,940.		184,878.	12,062.
e Other	32,391.			32,391.
Total. Add lines 1a through 1e (Column (d) must equi	al Form 990, Part X, colun	nn (B), line 10c )		110,587.

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(a) Description of investment  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶	s' on Form 990, F	Part IV, line 11c. See Form 990, Part X, line 13.  (c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15  (b) Book value
(2) Closely-held equity interests	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
(3) Other (A) (B) (C) (D) (E) (F) (G) (H) (II) (III)	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
(A) (B) (C) (D) (E) (F) (G) (H) (I) (I) (Interest   Investments   Program Related. Complete if the organization answered 'Yes (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Iotal. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets. Complete if the organization answered 'Yes (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (8)	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
(B) (C) (C) (D) (E) (F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
(C) (D) (E) (F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
(D) (E) (F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
(E) (F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
(F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
(G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
(H) (II) (III) (IIII) (IIIIIIIIIIIIIIIII	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) >  Part VIII   Investments — Program Related. Complete if the organization answered 'Ye:  (a) Description of investment  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13) >  Part IX   Other Assets. Complete if the organization answered 'Ye:  (a) Description of investment   Other Assets    (b) must equal Form 990, Part X, column (B) line 13) >  Part IX   Other Assets    (a) Description of investment   Other Assets    (b) must equal Form 990, Part X, column (B) line 13) >  (c)    (d)   Other Assets    (e)   Other Assets    (f)    (g)    (	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) >  Part Viii   Investments — Program Related. Complete if the organization answered "Yes (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Iotal. (Column (b) must equal Form 990, Part X, column (B) line 13) >  Part IX   Other Assets. Complete if the organization answered "Yes (a) Description (1) (2) (3) (4) (5) (6) (7) (8)	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
Part VIII   Investments - Program Related. Complete if the organization answered 'Yes (a) Description of investment  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Iotal. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX   Other Assets. Complete if the organization answered 'Yes (a) Descri  (1) (2) (3) (4) (5) (6) (7) (8)	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
Complete if the organization answered 'Yes  (a) Description of investment  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13) >  Part IX Other Assets.  Complete if the organization answered 'Yes  (a) Descri  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
(a) Description of investment  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)    Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶    Part IX   Other Assets.   Complete if the organization answered 'Yes (a) Description (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	s' on Form 990, F	(c) Method of valuation Cost or end-of-year market value  Part IV, line 11d See Form 990, Part X, line 15
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Iotal. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶  Part IX Other Assets.  Complete if the organization answered 'Yes (a) Descri (1) (2) (3) (4) (5) (6) (7)	s' on Form 990, F	Part IV, line 11d See Form 990, Part X, line 15
(2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) ►  Part IX Other Assets.  Complete if the organization answered 'Yes (a) Descri (1) (2) (3) (4) (5) (6) (7) (8)		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(3) (4) (5) (6) (7) (8) (9) (10)    Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶   Part IX   Other Assets.		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶  Part IX Other Assets.  Complete if the organization answered 'Yes (a) Descri (1) (2) (3) (4) (5) (6) (7) (8)		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(5) (6) (7) (8) (9) (10)    Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶   Part IX   Other Assets.   Complete if the organization answered 'Yes (a) Descri (1) (2) (3) (4) (5) (6) (7) (8)		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.  Complete if the organization answered 'Yes (a) Descri (1) (2) (3) (4) (5) (6) (7) (8)		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13 ) ▶  Part IX Other Assets.  Complete if the organization answered 'Yes (a) Descri (1) (2) (3) (4) (5) (6) (7) (8)		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(8) (9) (10)    Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶    Part IX		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13)   Part IX Other Assets.  Complete if the organization answered 'Yes  (a) Descri  (1) (2) (3) (4) (5) (6) (7) (8)		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX  Other Assets.  Complete if the organization answered 'Yes  (a) Descri  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) >  Part IX Other Assets.  Complete if the organization answered 'Yes (a) Descri  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Other Assets. Complete if the organization answered 'Yes (a) Descri (1) (2) (3) (4) (5) (6) (7) (8)		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Complete if the organization answered 'Yes (a) Description (a)		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(a) Description (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	ption	(D) BOOK Value
(2) (3) (4) (5) (6) (7) (8)		
(3) (4) (5) (6) (7) (8)		
(4) (5) (6) (7) (8)	· .	
(5) (6) (7) (8)		· · · · · · · · · · · · · · · · · · ·
(7) (8)		
(8)	· ·	
·		
(9)		·
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line	15)	
Part X Other Liabilities.		
Complete if the organization answered 'Yes' on Form	n 990, Part IV, line 11	1e or 11f. See Form 990, Part X, line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Accrued Compensated Absences	33,52	
(3) Accrued Payroll & Taxes	36,10	
(4) Fund allocated for Retirement Fund	118,26	59.
(5)		
(6)		<del></del>
(7)		<b></b>
(8)	-	<del> </del>
(9)		
(10)		,
(11)		<del></del>
otal. (Column (b) must equal Form 990, Part X, column (B) line 25)		
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide the text of the footnote ax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been supported in the footnote.</li> </ol>		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
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	
a Net unrealized gains (losses) on investments	'
b Donated services and use of facilities	
c Recovenes of prior year grants	'
d Other (Describe in Part XIII )	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII )	
c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Ded VII Decembration of Francisco Aveloue Francisco Control Provides Francisco Francis	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	Return.
· · · · · · · · · · · · · · · · · · ·	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements	20
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements	2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements	2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements	1 2e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements	2e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a  1 Total expenses and losses per audited financial statements	2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

#### 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.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

BEBASHI-TRANSITION TO HOPE

The form 990 is first reviewed by the Fiscal Director, Executive

Pt VI, Line 11b Director and Board Treasurer

Pt VI, Line 12c The Board is asked to update conflict of interest form annually.

Yes for the CEO/Executive Director; the process involved a review with

Pt VI, Line 15a deliberated by independent persons.

For other managers the review is performed again with comparability

research that included comparability data that was reviewed and

Pt VI, Line 15b  $\,$  data, by the CFO and Executive Director.