2949306006614 Return of Organization Exempt From Income Tax

MB No 1545-0047

2018

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.

→ Do not enter social security numbers and the latest information. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2018 cale	ndar year, or tax year beginning Jul 1 , 2018, and endir	ng Jun	30	, 20 1 9
В	Check if	applicable	C Name of organization BEBASHI-TRANSITION TO HOPE	C	Employ	er identification number
	Address	change	Doing business as		23-2	484046
	Name cl	•	Number and street (or P O box if mail is not delivered to street address) Room/su	ute E	Telepho	ne number
$\overline{\sqcap}$	Initial ref		1235 Spring Garden Street	i	(215	769-3561
$\overline{\Box}$		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
$\overline{\Box}$	Amende		Phıladelphia, PA 19123	l	Gross re	eceipts \$ 3,660,408.
\Box			F Name and address of principal officer			subordinates? Yes No
	, ippou.	g	GARY B BELL, 1235 Spring Garden, PHILADELPHIA, PA 191	1 -		
$\overline{}$	Tay-eye	mpt status				list (see instructions)
<u>:</u>	Website		www.bebashi.org	H(c) Group e	xemption	number ▶
K			Corporation ☐ Trust ☐ Association ☐ Other ►			of legal domicile PA
	art I	Summ				
	1		escribe the organization's mission or most significant activities. Multi-	nurnose health	and soci	al service organization
ø	'	-	er people to maximize their health and overall w			
anc anc			to high quality and culturally sensitive healt			
Ĕ	2		is box ► If the organization discontinued its operations or disposed			
ار Governance	3		of voting members of the governing body (Part VI, line 1a)		3	10
	4		of independent voting members of the governing body (Part VI, line 1b)		4	10
Ę,	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	
Ţ	6		nber of volunteers (estimate if necessary)		6	28
Activities &	1		elated business revenue from Part VIII, column (C), line 12		7a	0.
i	7a		lated business taxable incom re from Form 999 T. line 38 - 1		7b	0.
<u>5</u> _	b	Net unrei	RECEIVED	Prior Yea		Current Year
_		Contribut	tions and grants (Part VIII line 16)	2,029,		
Revenue	8	Deagram	service revenue (Part VIII, International Science (Part VIII, Internationa			2,313,081. 1,347,327.
ΞĘ	9	Program		1,236,	700.	1,341,321.
Reven	10		ent income (Part VIII, column (A) lines 3, 4, and 7d)			
5	11	Other rev	venue (Part VIII, column (A), Ines 5 66 8c, 9c, 10c and 11e)	2.066	601	2 660 400
	12		enue — add lines 8 through 11 (must entitle at VIII) column (A), line 12)	3,266,	621.	3,660,408.
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)			
	14		paid to or for members (Part IX, column (A), line 4)	1 006	601	0.000.00
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,986,	691.	2,262,005.
ens	16a		onal fundraising fees (Part IX, column (A), line 11e)			
Expenses	b		draising expenses (Part IX, column (D), line 25) ► 143,626.	1 150	073	1 167 510
_	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,159,		1,167,510.
	18	•	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,146,		3,429,515.
	19	Revenue	less expenses. Subtract line 18 from line 12	Beginning of Curr	957.	230, 893. End of Year
Net Assets or Fund Balances			1. (D. 1.) (1 10)			
Sset	20		sets (Part X, line 16)		746.	1,233,781.
let A	21		pilities (Part X, line 26)		730.	316,872.
			ts or fund balances. Subtract line 21 from line 20	686,	016.	916,909.
	art II		ture Block			
			rry, I declare that I have examined this return, including accompanying schedules and state lete. Declaration of preparer (other than officer) is based on all information of which prepare			ny knowledge and belief, it is
		1 3)			
e:.		Suma		Date	/18/2	.019
Sig	_	Sign	ature of officer	Date	;	
He	ere	GA	BY B BELL, Executive Director			
		17 7	e or print name and title	loto.		DTIN
Pa	aid	Print Ty	pe preparer's name O A A Preparer's sydnature RN/MARA	ate	Check	
	epare	er VC	read form the the		self-em	<u> </u>
	se On	V Firm's n				23-3085637
		Firm's a	ddress ► 1 BALA AVENUE STE 400, BALA CYNWYD, PA 190	OO4 Phon	e no (6	10) 255-7960
Ma	y the If	RS discus	s this return with the preparer-shown above? (see instructions)	<u> </u>	<u></u>	Yes No
For	Panen	work Redu	ction Act Notice, see the separate instructions, RAA	EV 05/20/19 PRO		Form 990 (2018)

including grants of \$

Other program services (Describe in Schedule O.)

(Expenses \$

) (Revenue \$

	90 (2018)	` _		Page
Part	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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		×
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		×
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		×
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	6		Ų
7	"Yes," complete Schedule D, Part I	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i>	9_		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
đ	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		×
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		×
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		×
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		×
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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	_	×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? Ite Wes on the second letter of the sec	21		×

Part	Checklist of Required Schedules (continued)			
•			Yes	No
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		×
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		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
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		24d	<u> </u>	t
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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		×
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		×
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		×
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	7	×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		×
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		×
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	· ·		
4	Enter the number reported in Poy 2 of Ferral 1000 Fator 10 if yet anythroble	منتشقا	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1988 (, , ,	Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1		
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
р	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	388 S	へ 膝と 1 系	12 Care
2-		3a		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
ı.	· · · · · · · · · · · · · · · · · · ·	23374	**	11234
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).			
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	الكافي المساحدة	×
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> ^</u>
С	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 30		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ca		 ^
b	qifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		2 TČ SŽ	-3.7322
7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	×	This day
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	UNIX Y		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	300%		出級
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			200
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			**
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	63Cbr. 5-63	BE STORY
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	# 10 A	2536
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	154.3-498	17A8A53332
	Note. See the instructions for additional information the organization must report on Schedule O.	100	第 次	
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	NA.	12 July 18	600
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	4487, 33°4-3	NE SCA
16	If "Yes," see instructions and file Form 4720, Schedule N.			2.200
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	2825 N.F.	SANSON AC
	If "Yes," complete Form 4720, Schedule O.		黎沙泽	107 12

Part '				
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.		truct	· · · · · ·
C4:	Check if Schedule O contains a response or note to any line in this Part VI			<u>×</u>
Secu	on A. Governing Body and Management	 -	Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year . 1a 10	187	700	100 W
Ia	If there are material differences in voting rights among members of the governing body, or	4		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	الأهار		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			3000
	any other officer, director, trustee, or key employee?	2		×
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	_,	×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>×</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		
	one or more members of the governing body?	10		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	JE 7/3	12/20%	
O	the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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		X
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Co		
	D. I. I	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	1221.4
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	v	
42	describe in Schedule O how this was done	12C	×	
13 14	Did the organization have a written document retention and destruction policy?	14	`	
15	Did the process for determining compensation of the following persons include a review and approval by		T.	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a 15b		
b	Other officers or key employees of the organization	150 0648	X	23 6 294
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a	145.45.00 1512.45.45	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	466		
Sc-+:	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ PA			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1 (080)	uon t) (C)
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest i	oolicv	, and
. •	financial statements available to the public during the tax year.		,	,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-			
	Bebashi-Transition to Hope, 1235 Spring Garden Street, Philadelphia, PA 19123 (3561

	_
Dage	4

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Gary Bell	48.00										
Executive Director					×			112,361.	0.	0.	
(2)Lında Marshall President	6.00	×						0.	0.	0.	
(3) Karen Downer Vice President	4.00	×						0.	0.	0.	
(4)Traci Nickens Individual Director	2.00	×						0.	0.	0.	
(5) Shanese Johnson, Esq Individual Director	2.00	×						0.	0.	0.	
(6) Greg DeShields Individual Director	2.00	×						0.	0.	0.	
(7)Raymond Hayward Individual Director	2.00	×						0.	0.	0.	
(8) Chris Landtroop Individual Director	2.00	×	i					0.	0.	0.	
(9) Earnestine Walker Individual Director	2.00	×						0.	0.	0.	
(10) Marcine Pickron-Davis Individual Director	2.00	×						0.	0.	0.	
(11)Dr. Monique GraY Individual Director	2.00	×						0.	0.	0.	
(12)											
(13)											
(14)											

Part	VII 'Section A. Officers, Directors, Trus	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (co	ntinued)
•	•				•	C) iition					_
	(A)	(B)	,		neck	more	e than		(D)	(E)	(F)
	Name and title	Average hours per					ıs botl or/trus		Reportable compensation	Reportable compensation fr	Estimated on amount of
		week (list any				1	T	~	from	related	other
		hours for related	를	State	Officer	ey e	nple	Former	the organization	organizations (W-2/1099-MIS	
		organizations	1 0 22	Ì	*	Key employee	st co	ଞ୍	(W-2/1099-MISC)		organization
		below dotted line)	ے کے	alt		oye) mg				and related organizations
		,	stee	Institutional trustee		"	Highest compensated employee				Ĭ
				ď		1	ted				
(15)											
J								<u> </u>			
(16)											
						<u> </u>		<u> </u>			
(17)		ļ	1		1						
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(18)											
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(20)											
(24)		-		-		-					
(21)		-	1								
(22)		<u> </u>		-	-						
1221		-	1								
(23)		<u> </u>						 			
<u> </u>		 	1								
(24)			<u> </u>								
37.37		-	1		İ						
(25)		 									
35			1								
1b	Sub-total			•	•			•	112,361.	(0. 0.
С	Total from continuation sheets to Part	VII, Section	n A					▶			
d								<u> </u>	112,361.	<u> </u>	00.
2	Total number of individuals (including but							e) w	ho received m	ore than \$100),000 of
	reportable compensation from the organ	ızatıon ▶					1				
											Yes No
3	Did the organization list any former of							emp	oloyee, or high	est compens	
	employee on line 1a? If "Yes," complete										. 3 ×
4	For any individual listed on line 1a, is the	e sum of re	portal	ble	con	npe	nsatio	on a	ind other comp	ensation fron	n the
	organization and related organizations	greater th	an \$1	150,	,000)? /	f "Ye	·s,"	complete Sch	edule J for	
_	Individual				, 				· · · · ·		
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	. 5 ×
Section	on B. Independent Contractors	: 11 163, 6	Jonnyi	010	GC,	7001	310 0	101	sacri persori	· · · · · ·	<u> </u>
	Complete this table for your five highest		od in	don	ond	ont	conti	raat	ore that receive	ad more than	\$100,000 of
1	compensation from the organization. Repyear.										
	(A)	· <u></u>		-					(B)		(C)
	Name and business add	dress							Description of s	ervices	Compensation
								<u> </u>			
								<u> </u>			

		, .									
2	Total number of independent contractor		_					o th	nose listed ab	ove) who	

Par	Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII							
	50000	Check if Schedule C) contains a res	ponse or note t		s Part VIII .		<u>.</u>
					(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues .	s 1a 1b					# JAPAN 15
Gifts, (ilar Am	c d	Fundraising events . Related organizations			200			
ns, G Simil	e	Government grants (cor	ntributions) 1e	1,713,088.				
Contributions, and Other Sim	f	All other contributions, g and similar amounts not inc		599,993.				- 12 - 1 - 1 - 1
on tr	g	Noncash contributions includ	•		100			
	h	Total. Add lines 1a-1	f	>	2,313,081.	2016	4	Part of the same
Program Service Revenue	2a b			Business Code				
vice	С							
Ser	d							
ram	е							
rogi	f	All other program ser		L	1,347,327.	0.	0.	0.
	3	Investment income and other similar amo	(including divid	ends, interest,	1,347,327.			
	4	Income from investmen		and proceeds ▶				
	5	Royalties	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less. rental expenses						and the second of
	С	Rental income or (loss)			34		Market State Co	
	d	Net rental income or	` 	▶				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other		W F		
	b	Less, cost or other basis and sales expenses						
	С	Gain or (loss)		<u> </u>			H-93.7	Established Section
<u>o</u>	d	Net gain or (loss) .		<u> ▶</u>				G Paragraph
Other Revenue	l 6a	Gross income from fu events (not including \$ of contributions reporte	_					
er B		See Part IV, line 18 .	a			Tomas Carl		
ᅙ	5	Less: direct expenses						
		Net income or (loss) f Gross income from ga See Part IV, line 19	iming activities.				A Company of the Comp	
	ь	Less: direct expenses			Lance Control			
	С	Net income or (loss) f		vities ▶				7,1
		Gross sales of in returns and allowance	es a					
	b	Less: cost of goods s						-64 s
	С	Net income or (loss) f			V2927 / XX 400 / 425 / C 54 228 NAT 1960	Contaction displaced all Contactions	STACKS Washing a stack a second	8748 - 1000 - 500-1010 (1000 - 1000) (1000)
	44-	Miscellaneous R	evenue	Business Code	SACARS PROCESSOR	745765/AJUSE	WATER STATE	8. 800 25 24 26 7 2
	11a b							
	C				 		-	
	d	All other revenue .			 	_		
	e	Total. Add lines 11a-		· >				£50,52,53,0570
	12	Total revenue. See in		>	3,660,408.	0.	0.	0.

Part IX • Statement of Functional Expenses •

20010	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21'		,	# 2372 W					
2 '	Grants and other assistance to domestic individuals. See Part IV, line 22		-						
, 3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
* 4 · 5	Benefits paid to or for members	112,361.	. 0.	112,361.	. 0.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	, , ,							
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,755,647.	1,542,008.	126,639.	87.,000.				
9 10 11	Other employee benefits	· 149,224. · 244,773.	120,758. • 204,480.	20,869.	7,597. 10,753.				
a b	Management								
c d e	Accounting	A							
, f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5, 5	* * *						
. 12 13 14	Advertising and promotion •	433,823.	255,965.	162,769.	15,089.				
15 16	Royalties	0. 201,546.	. 0. 176,572:		0.				
17 18	Travel	34,296.	30,046.	3,057.	1,193.				
19 _. 20 21	Conferences, conventions, and meetings . Interest	. 10,090.	10,090.	. 0.	0.				
22 23	Depreciation, depletion, and amortization . Insurance	46,406. *'. 17,906.	46,406. 15,687.	0. 1,596.	623.				
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 c	Communications Utilities *:	38;518. 17,769.	33,745. 15,567.	3,433.	*1,340. 618.				
. d e 25	All other expenses Total functional expenses. Add lines 1 through 24e	367,156. 3,429,515.	403,074. 2,854,398.	-48,321. 431,491.	12,403.				
<u>25 </u>	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ¹Check here ☐ if following SOP 98-2 (ASC 958-720)	*	2,004,398.	431,491.	143,626.				

2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(II), persons described in the section 4958(f)(II), persons d	P	art X	Balance Sheet					
Cash—non-interest-bearing 1								
2 Savings and temporary cash investments 3 Pledges and grants receivable, net				(A) `				
3 Pledges and grants receivable, net 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations for entirections. Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 17, 377. 9 35, 91 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 503, 823. 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 11 through 15 (must equal line 34) 17 'Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 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 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities. Add lines 17 through 25 check here ▶ IX and seed the payables of the pay		1	Cash—non-interest-bearing	188,864.	1	339,775.		
3 Pledges and grants receivable, net 4 Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(g)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventrones for sale or use 9 Prepaid expenses and deferred charges 17, 377. 9 35, 91 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 503, 823. 1 Investments—publicly traded securities 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 11 through 15 (must equal line 34) 17 'Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 21 Unsecured notes and loans payable to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Other liabilities. Add lines 17 through 25 check here ▶ IX and sections.		2	<u>~</u>		2			
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trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4956(f)(1)), persons described in section 4956(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 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 503,823. b Less: accumulated depreciation 11 Investments — publicly traded securities 12 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 D 21 Secured mortgages and notes payable to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 (ASC 958), check here X and		4			4	10,000.		
Complete Part II of Schedule L Coans and other receivables from other disqualified persons (as defined under section 4958(n)(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 7 Notes and loans receivable, net Inventories for sale or use 8 10, 81 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 17, 377. 9 35, 91 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D 11 Investments—publicity traded securities 12 Investments—publicity traded securities 13 Investments—publicity traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 859, 746. 16 1, 233, 73 17 Accounts payable and accrued expenses 31, 0.99, 17 257, 0.3 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 20 Tax-exempt bond liabilities 20 Content and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 21 Conson 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 Conson and other payables to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties) and other liabilities (including federal income tax, payables to related third parties) 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		5	Loans and other receivables from current and former officers, directors,			4.7		
6 Loans and other recevables from other disqualified persons (as defined under section 4958(f(1)), persons described in section 4958(f(3)(8), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepard expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part II of Schedule D 10a Loans and John Schedule D 10b 439,599. 11 Investments — publicly traded securities 12 Investments — program-related. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 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 D. 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Organizations that follow SFAS 117 (ASC 958) check here ▶ XI and			trustees, key employees, and highest compensated employees.					
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10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 439,599 83,634 10c 64,22 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties 23 Cher 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 26 Total liabilities. Add lines 17 through 25 Corganizations that follow SFAS 117 (ASC 958), check here ▶ ⊠ and and an additional parties and payable to unrelated there payables to related there payables to related there payables to related third parties to total liabilities. Add lines 17 through 25 Corganizations that follow SFAS 117 (ASC 958), check here ▶ ⊠ and the payable to the payable payable payable payable payables to related there payables to rel	ä	8	Inventories for sale or use		8	10,815.		
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11 Investments — publicly traded securities 12 Investments — other securities. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 and		10a	other basis. Complete Part VI of Schedule D 10a 503,823.			E.M. St. A. C.		
12 Investments — other securities. See Part IV, line 11 13 Investments — program-related. See Part IV, line 11 13 Intangible assets 14 Intangible assets 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 Intangible assets Int		· b	Less: accumulated depreciation 10b 439, 599.	83,634.	10c	64,224.		
13 Investments — program-related. See Part IV, line 11		11	Investments—publicly traded securities					
14 Intangible assets		12	Investments—other securities. See Part IV, line 11	' '		•		
15 Other assets. See Part IV, line 11		13				<u>.</u>		
16 Total assets. Add lines 1 through 15 (must equal line 34)		14 .						
17 Accounts payable and accrued expenses	-	15				16,000		
18 Grants payable	-	16				1,233,781.		
19 Deferred revenue		1		31,099.		257,058.		
20 Tax-exempt bond liabilities		I -	···			t		
Escrow or custodial account liability. Complete Part IV of Schedule D. 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. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. 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 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here August 12 1 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		l						
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		l	• '					
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					21	THE REPORT OF THE SAME OF THE SAME A		
Unsecured notes and loans payable to unrelated third parties 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 142,631. 25 59,83 Total liabilities. Add lines 17 through 25	bilities	22	trustees, key employees, highest compensated employees, and		22			
Unsecured notes and loans payable to unrelated third parties 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 142,631. 25 59,83 Total liabilities. Add lines 17 through 25	Lie .	23						
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 Total liabilities. Add lines 17 through 25	•							
of Schedule D 26 Total liabilities. Add lines 17 through 25			Other liabilities (including federal income tax, payables to related third	***		•		
26 Total liabilities. Add lines 17 through 25		ļ		142,631.	25	59,814.		
Organizations that follow SFAS 117 (ASC 958), check here		26	Total liabilities. Add lines 17 through 25			316,872:		
Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 605, 420. 27 837, 00 80, 596. 28 79, 90 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances	es		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗵 and					
Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 80, 596. 28 79, 90 29 30 686, 016. 33 916, 90 686, 016. 33	anc	27		605,420.	27	837,006.		
Permanently restricted net assets . Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	3al		•		28	79,903.		
Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 3686,016,33 916,90	Þ	1	Permanently restricted net assets		29			
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	ַבַּ.	•			K.M			
30 Capital stock or trust principal, or current funds	or							
Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 686,016, 33 916,90	ţ	30	Capital stock or trust principal, or current funds		30			
32 Retained earnings, endowment, accumulated income, or other funds	SSE	31				•		
□ 33 Total net assets or fund halances 686,016, 33 916,90	t A	32						
	S	33	Total net assets or fund balances	686,016.	33	916,909.		
34 Total liabilities and net assets/fund balances	_	34	Total liabilities and net assets/fund balances	859,746.	34	1,233,781.		

					_
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,6	60,4	08.
2	Total expenses (must equal Part IX, column (A), line 25)	2		29,5	
3	Revenue less expenses. Subtract line 2 from line 1	3	2	30,8	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	86,0	16.
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	9	16,9	09.
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	•	· · ·	<u> </u>	<u> </u>
			^ <u>[3.322.3</u>	Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	0.5 4986 JAS	X 1427 \ 344
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both.				
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1000	46	rffra
b	Were the organization's financial statements audited by an independent accountant?	• • •	2b	X Drings	35082C5A50
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			4.
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		مشنش	7.00	X E Z Y
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		2c		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the audit and account accounts the audit and accounts the audit accounts the audi		22.00.000	X	TEN L'A
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	kpiain in			
3 -		سر مالمرسة	<u> </u>		JAPS A
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iortri in	3a	×	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao tha			
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь	×	
	Country or programmy in controlled of and documed any crops taken to undergo ductive				/0010\

SCHEDUĻE 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

		organization					Employer identification	i ilumber		
BEBA	ASHI.	TRANSITION TO HOPE		23-24			23-2484046			
Par	t I	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.		
The c	rgani	zation is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	- 1		
1	□ A	church, convention of church	nes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	A L		
2		school described in section						\cup 1		
		hospital or a cooperative hos		•						
4		medical research organization	on operated in co	niunction with a hose	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the		
	_ hc	senital's name city and state	٠٠.							
-	_ A.	n organization operated for	the benefit of a	collogo or unwereity	owned o	r operate	d by a government	al unit described in		
5		ection 170(b)(1)(A)(iv). (Com		college of university	Owned O	Operate	d by a government	ai unit described in		
						4700	(4)(4)(1)			
		federal, state, or local govern						- Al		
7	_	n organization that normally			port from	a gover	nmental unit or from	the general public		
		escribed in section 170(b)(1)								
8	□ A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9	☐ Ar	n agricultural research organi	zation described	in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college		
	or	university or a non-land-gra	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or		
	university:									
10	☐ Ar	n organization that normally i	eceives: (1) mor	e than 331/3% of its su	ipport fro	m contri	butions, membership	p fees, and gross		
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
	ac	equired by the organization a	fter June 30, 197	75. See section 509(a	1)(2). (Cor	nplete Pa	art III.)	Dusinesses		
11		n organization organized and								
		n organization organized and						rv out the purposes		
-	L A	one or more publicly support	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).		
	CI	heck the box in lines 12a thro	ugh 12d that des	scribes the type of sur	portina a	rganizati	on and complete line	es 12e. 12f. and 12g.		
_		Type I. A supporting organ	_							
а	ш	the supported organization								
		supporting organization. Ye					ine directors or trast			
	_	,, ,						(a) b., ba,		
b		Type II. A supporting organ	nization supervis	sea or controlled in co	nnection	with its s	that central or man	on(s), by naving		
		control or management of				persons	that control of man	age the supported		
	_	organization(s). You must						-11		
С	لـا	Type III functionally integ its supported organization(rated. A suppor	ting organization oper	ated in C	onnection	ione A. D. and E	any integrated with,		
	_									
d	Ш	Type III non-functionally								
		that is not functionally integ						o an attentiveness		
		requirement (see instructio	•							
е		Check this box if the organ	ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III		
		functionally integrated, or		tionally integrated sur	oporting o	organizat	ion.			
f		er the number of supported o								
g	Pro	vide the following information	about the supp	orted organization(s).			· · · · · · · · · · · · · · · · · · ·			
	(ı) Nar	me of supported organization	(II) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	other support (see instructions)		
				above (see manuchons))		-	instructions,	mon donone,		
					Yes	No				
/A\								-		
(A)										
										
(B)										
(C)										
			-							
(D)					}					
					——					
(E)										
							 			

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.)

Sect	on A. Public Support	·	•				
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 -	Gifts, grants, contributions, and membership fees received. (Do not		. ,			, ,	5
٠.,	include any "unusual grants.")	2,431,541.	2,481,804.	2,973,801.	3,266,621.	3,660,408.	14,814,175.
2	Tax revenues levied for the					· .	٠,
	organization's benefit and either paid			, '	'		
•	to or expended on its behalf	·		·	<u>'</u>	,_ ; '	
3	The value of services or facilities		* .	٠.		; '	
	furnished by a governmental unit to the organization without charge	s	1	1	·		
4	Total. Add lines 1 through 3:	2 431 541	2 491 904	2 073 901	2 266 621	2 660 400	14 014 175
. "	· · ·	2,431,341.	2,401,004.	2,973,801.	3,200,021.	3,000,400.	14,014,173.
¹ 5	The portion of total contributions by						•
٠,	each person (other than a governmental unit or publicly					46.5	
•	supported organization) included on						-
•	line 1 that exceeds 2% of the amount					10 P	
	shown on line 11, column (f)					4404	.
6	Public support. Subtract line 5 from line 4	######################################	\$2 31 Pais (C)	Example 1	100.25		14,814,175.
Secti	on B. Total Support			, .			-
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	→ (b) 2015	(c) 2016	(d) 2017	(e) 2018 .	(f) Total
7	Amounts from line 4	2,431,541.	2,481,804.	2,973,801.	3,266,621.	3,660,408.	14,814,175.
8	Gross income from interest, dividends,		•	_			
•	payments received on securities loans,	•	,	,	•		
	rents, royalties, and income from	·	, ,		, .		· .
٠.	similar sources			<u> </u>	-		
9	Net income from unrelated business activities, whether or not the business	- 1	•	•		, -	٠,
•	is regularly carried on	***		·•			τ
10	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	(16. The 19. M.	145000000000000000000000000000000000000				14,814,175.
12	Gross receipts from related activities, etc					12 -	-
13	First five years. If the Form 990 is for the		i's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3) .
	organization, check this box and stop he			<u>. *</u>	<u></u>	··· · · ·	· · •
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2018 (line 6					14	100 %
15 '	Public support percentage from 2017 Sch 33 ¹ / ₃ % support test—2018. If the organi					15.	100 %
16a	box and stop here. The organization qua						
h	331/3% support test—2017. If the organi			-			. —
	this box and stop here. The organization						> □
17a	10%-facts-and-circumstances test—20			_		f Sa or 16h and	d line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "						
•	organization						, . ▶ 🗆
b	10%-facts-and-circumstances test-26	017. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
, .	supported organization						
18	Private foundation. If the organization di						
•	instructions						▶ 🗌

Part							
	(Complete only if you checked th						đer Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	l.) /	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	1					
	received. (Do not include any "unusual grants.")						_ _
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	1			/	′	
	furnished in any activity that is related to the	1					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	,	N.				
	unrelated trade or business under section 513		1				
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		 		,		
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		\	/			
7a	received from disqualified persons .						
	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		/				
c	Add lines 7a and 7b		/	1			
8	Public support. (Subtract line 7c from						
•	line 6.)						
Secti	on B. Total Support	/	1,400	1			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 20 16	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,		i				
	payments received on securities loans, rents,	/		1			
	royalties, and income from similar sources	/		\	<u></u>		
b	Unrelated business taxable income (less)						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				//		
С	Add lines 10a and 10b						
11	Net income from unrelated business				\		
	activities not included in line 10b, whether	1					
40	or not the business is regularly carried on				*		
12	Other income. Do not include gain or loss from the sale of capital assets				1		
	(Explain in Part VI.)				-		
13	Total support. (Add lines 9, 10c, 11,				"		
	and 12.)				,		
14	First five years. If the Form 990 is for the	i ne organizatio	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop he	-				W	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line			13, column (f))		15\	%
16	Public support percentage from 2017 Scl					16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2018 ((line 10c, colur	nn (f), divided l	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2017	•	•			18	%
19a	331/3% support tests—2018. If the organ						
	17 is not more than 331/3%, check this box		-			_	,
b	331/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this		-	•	•		, –
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	3 5%	Yes	No
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Part	IV Supporting Organizations (continued)	 -		
		985/L90303	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		in al
b	A family member of a person described in (a) above?	11b		<u> </u>
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		
	on B. Type I Supporting Organizations	1		
			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		數域	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			2177
•	Did the organization operate for the benefit of any supported organization other than the supported	第 《等篇》	THE YE	PA-PETAN
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	ine Sababata	ALL - 20028
Secti	on 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).		<u> </u>	E i
C+				L
Secu	on 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			i na Cali
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		Sid	
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		108 0M
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		4	
	supported organizations played in this regard	3	2300033	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tion	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins		
2	Activities Test. Answer (a) and (b) below.	200 22	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		1997	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		18314.53431
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	78.14	A Secretary	
	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			ZZ]
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	ik de	#Seleni
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	<u></u>	116	anii Va

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 . Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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)	常		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		TOTAL CONTRACTOR	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	dollar della d	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	_6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)			
Sect	ion D—Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity	need of supported ever				
3	Administrative expenses paid to accomplish exempt purp Amounts paid to acquire exempt-use assets	ooses of supported orga	anizations			
4						
	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.					
- 6 7	Total annual distributions. Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·	·			
- 8	Distributions to attentive supported organizations to which	h the organization is re-	enoncivo			
0	(provide details in Part VI). See instructions.	in the organization is res	sponsive			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2018	77. 32. J. C.				
a	From 2013					
b	From 2014	72-3-4-4-3-4-4-4-4-4				
с	From 2015	pro 100 (100 (100 (100 (100 (100 (100 (100	3/10/2004 (12.5)			
d	From 2016	23/31/5/3/3/3/3/4/4/3/3/				
e	From 2017		Marith Low a			
f	Total of lines 3a through e		新文字的 第二个文字。			
g	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount		第一个部分的一个。			
i	Carryover from 2013 not applied (see instructions)		WWW. THE STATE OF	在2000 2000年8月1日		
_ <u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			A STATE OF THE STA		
4	Distributions for 2018 from					
	Section D, line 7:		65 P 55 S 55 S 55 S 55 S			
a_	Applied to underdistributions of prior years		AV. 700 Las 22 DO 2 2 126			
<u>b</u> _	Applied to 2018 distributable amount			A. 5'44800000000000000000000000000000000000		
<u>_</u>	Remainder. Subtract lines 4a and 4b from 4.	matters and on the contract of				
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			-		
7	Excess distributions carryover to 2019. Add lines 3					
`	and 4c.					
_ 8	Breakdown of line 7:		and the second			
а	Excess from 2014					
b	Excess from 2015	TALL THE WAR	是一个一个			
с	Excess from 2016		新加州的			
d_	Excess from 2017	\$\$2.562.2645.2563				
_	Excess from 2018					

Schedule A (Form 990 or 990-EZ) 2018

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

	ASHI-TRANSITION TO HOPE		23-2484046
Par			
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	_	
	funds are the organization's property, subject to th	-	
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		· · · · · · · · · · Yes · No
Par	Conservation Easements.		
	Complete if the organization answered '	- '	
1	Purpose(s) of conservation easements held by the	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreat	·	
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified h	· · · · · · · · · · · · · · · · · · ·	
d	Number of conservation easements included in		
_	historic structure listed in the National Register .		
3	Number of conservation easements modified, trans	sterred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4 5	Number of states where property subject to conser Does the organization have a written policy reg		anastian bandling of
3	violations, and enforcement of the conservation ea		·
6			
6	Staff and volunteer hours devoted to monitoring, inspec	cting, naridling of violations, and emorcing	ig conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	a handling of violations, and onforcing	conceniation comments during the year
7	► \$	g, harrowing or violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170/h\/4\/B\(i)
•		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports of		
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	_	Tariotal State Method that Good 1900 the
Part			Other Similar Assets.
	Complete if the organization answered '		
1a			
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fe	ootnote to its financial statements tha	at describes these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati	ng to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,	historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990. Part X		b ¢

Page	2

Parl	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar As	sets (cor	ntınued)
3.	Using the organization's acquisition, collection items (check all that apply):	accession, and ot							
а	☐ Public exhibition		d [or exchang				
b	☐ Scholarly research		е [Other	·				
С	☐ Preservation for future generation:								
4	Provide a description of the organiza XIII.	tion's collections a	and expla	in how t	hey further	the org	janization's exen	npt purpo:	se in Part
5	During the year, did the organization assets to be sold to raise funds rather								s 🗌 No
Part	Part IV Escrow and Custodial Arrangements.								
	Complete if the organization 990, Part X, line 21.								Form
1a	Is the organization an agent, trustee included on Form 990, Part X? .						other assets no		s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fol	lowing ta	able:		Ar	mount	
С	Beginning balance					10	;		
d	Additions during the year					10			
е	Distributions during the year					1e	•		
f	Ending balance			·		1f			
2a	Did the organization include an amount	nt on Form 990, Pa	art X, line	21, for e	scrow or co	ustodia	l account liability	? 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	planatioi	n has been	provide	ed on Part XIII .		
Par	t V Endowment Funds.								
	Complete if the organization	answered "Yes'	on Forr	n 990, F					
		(a) Current year	(b) Prio	r year	(c) Two year	s back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses	~~~~~							
g	End of year balance		· ····•						
2	Provide the estimated percentage of t	the current year en	d balance	(line 1g	, column (a)) held	as		
а	Board designated or quasi-endowme			, ,	•				
b	Permanent endowment ▶	%							
c	Temporarily restricted endowment ▶	%							
_	The percentages on lines 2a, 2b, and		00%.						
3a	Are there endowment funds not in th	•		ation tha	at are held	and ad	ministered for the	е	
	organization by.	·	_					\[\frac{1}{2}\]	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of							3b	
4	Describe in Part XIII the intended uses								
Part									
	Complete if the organization		on Forr	n 990, F	Part IV, line	e 11a.	See Form 990,	Part X, III	ne 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost o	or other basis ther)	(c)	Accumulated epreciation	(d) Book	
1a	Land				-				
b	Buildings								
c	Leasehold improvements	247	7,031.				218,274.	2	8,757.
d	Equipment		4,401.	 _			208,369.		6,032.
e	Other		2,391.				12,956.		9,435.
	Add lines 1a through 1e. (Column (d) r.			column	(B), line 10)c.)			4,224.
			-, -, -, -,		1-7, 70	-, -		<u>_</u>	

Part VII*	Investments - Other Securities Complete if the organization ans		m 990. Part IV. lir	ne 11b. See Form	n 990. Part X. line 12
- - ·	(a) Description of security or category (including name of security)		(b) Book value	(c) Me	thod of valuation d-of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
					<u></u>
(C) (D)			•		·
(E)					
(F)					
(G)				-	
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)				e de Lingste e i
Part VIII	Investments-Program Related	3 .			
	Complete if the organization ansi	wered "Yes" on For	m 990, Part IV, Iır	ne 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation i-of-year market value
(1)					
(2)					W
(3)					
(4)			· • · · · · · · · · · · · · · · · · · ·		
(5)			· · · · · · · · · · · · · · · · · · ·		
<u>(6)</u> <u>(7)</u>					
(8)	·				· · · · · · · · · · · · · · · · · · ·
(9)					· ·
	b) must equal Form 990, Part X, col (B) line 13)			214 4 9 91 9	e transference
Part IX	Other Assets.				
	Complete if the organization answ	wered "Yes" on For	m 990, Part IV, Iır	ne 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)					
(2)			· · · · · · · · · · · · · · · · · · ·		
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)			٠,		
Total. (Colui	mn (b) must equal Form 990, Part X, co Other Liabilities.	ol. (B) line 15) .		•	
	Complete if the organization answ	wered "Yes" on For	m 990. Part IV. Iir	ne 11e or 11f. Se	e Form 990. Part X.
	line 25.				- · · · · · · · · · · · · · · · · · · ·
1.	(a) Description of liability	(b) Book value	A STATE	an was an an an an an an	*******
(1) Federal in	come taxes				
	d Compensated Absences	32,7	60.		· / • / * * * * * * * * * * * * * * * * *
	d Payroll & Taxes	24,8	63.	# 10 mm 1 mm	an an adoption
	located for Retirement Fund	2,1	91.		7 4 4 4 4 4 4 4 4
(5)	7 - Maria				a deligible si
(6)	· #			# * * # # * # * # * # * # * # * # * # *	电影电影电影
(7)					· 电上型分析电子
(9)	"-"	· · · · · · · · · · · · · · · · · · ·	- Kirak da da da		Jacob B. B. Grand Bulk.
	o) must equal Form 990, Part X, col (B) line 25)	59,8		*****	* 4 * * * * * * * * * * * * * * * * * *
	uncertain tax positions. In Part XIII, provi			n's financial stateme	ents that reports the
	s liability for uncertain tax positions under				

Part				iue per	Return	•
	Complete if the organization answered "Yes" on Form 990, F	Part I\	/, line 12a.	+		
1	Total revenue, gains, and other support per audited financial statements				1	3,660,408.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a			44	
b	Donated services and use of facilities	2b				
	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1	· · .			3	3,660,408.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1. Sec. 1	
	Other (Describe in Part XIII.)	4b				
					4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				5	3,660,408.
Part .				nses pe	er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, F	Part I	/, line 12a.		,	*
1	Total expenses and losses per audited financial statements	•			1	<u>3,</u> 429,515.
	Amounts included on line 1 but not on Form 990, Part IX, line 25					
	Donated services and use of facilities	2a				
	Prior year adjustments	2b				
	Other losses	2c			100	
	Other (Describe in Part XIII.)	2d				
	Add lines 2a through 2d	•			2e	
	Subtract line 2e from line 1			,	3	3,429,515.
	Amounts included on Form 990, Part IX, line 25, but not on line 1					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)	4b				
_	Add lines 4e and 4h				4c	
	Add lines 4a and 4b			• • •		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line	e 18.)	· · · ·	· · ·	5	3,429,515.
5 Part	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I; line Supplemental Information.				5	
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I; line Supplemental Information.	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
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5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line
5 Part Provide	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I; line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4; Pa			5 , Part V	line 4, Part X, line

Schedule D (Fo	m 990) 2018	Page 3
Part XIII	Supplemental Information (continued)	
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SCHEDULE 0 (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.

2018 Open to Public

Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for the latest information.

BEBASHI-TRANSITION TO HOPE 23-2484046 Pt VI, Line 11b: The form 990 is first reviewed by the Fiscal Director, Executive Director and Board Treasurer Pt VI, Line 12c: The Board is asked to update conflict of interest form annually. Pt VI, Line 15a: Yes for the CEO/Executive Director; the process involved a review with research that included comparability data that was reviewed and deliberated by independent persons. Pt VI, Line 15b: For other managers the review is performed again with comparability data, by the CFO and Executive Director. Pt IX, Line 24e: Description: Equipment Repairs and Maintenance Total: \$65,415 Program services: \$57,310 Management and general: \$5,830 Fundraising: \$2,275 Description: Equipment Lease/Other Total: \$10,566 Program services: \$10,566 Management and general: \$0 Fundraising: \$0 Description: Supplies Total: \$108,160 Program services: \$94,758 Management and general: \$9,640 Fundraising: \$3,762 Description: Professional Services

Name of the organization	Employer identification number
BEBASHI-TRANSITION TO HOPE	23-2484046
Total: \$183,015	
D	
Management and general: \$60,312	
Fundralsing: \$6,366	
Description: Other Indirect Expenses	
Total: \$0	
Program services: \$124,103	
Management and general: -\$124,103	
Fundraising: \$0	
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