990

Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Inter	nal Rev	venue	Service		► Informati	on about Form 990	and its instructi	ons is at <i>www.irs.g</i>	jov/for	rm990.		Inspection
Α	For t	he 2	2016 calend	ar year, or t	ax year begin	ning		, 2016, and e	nding		,	20
В	Check	if app	plicable:	C Name of org	ganization Scar	let Hope Inc					D Emplo	yer identification no.
	Addre	ss cha	ange	Doing busin	ness as						27-08	304557
	Name	chan	ge	Number and	d street (or P.O. bo	x if mail is not delivered to	street address)		Room	/suite	E Teleph	none number
	Initial i	return	1	2305	Sycamore A	Ave						
	Final r	eturn	/terminated	City or town	n, state or province,	country, and ZIP or foreign	n postal code				1,	025,598
	Amen	ded re	eturn	Louis	ville, KY	40206					G Gross	receipts\$
	Applic	ation	pending	F Name and a	address of principal	officer: Rachel	le Starr		H(a	a) Is this a group return	for subordinate	es? Yes X No
				Same a	as C above	•			H(t) Are all subordinat	es included?	? Yes No
ı	Tax-ex	xempt	t status:	501(c)(3)	501(c) () ◀ (insert no.)	4947(a)(1) or	527		If "No," attach	a list. (see i	instructions)
J	Websi	ite:	→ www	.scarlet	hope.com				H(c	c) Group exemptio	n number	>
K	Form o	of org	anization: X	Corporation	Trust Ass	ociation Other ►		L Year of formation: 2	009	M State of leg	gal domicile:	KY
Pa	art I		Summar	у								
	1	1 E	Briefly descr	ibe the orgai	nization's miss	on or most significar	nt activities: Tr a	ansition wome	n ou	t of the a	dult	
4		•	entertai	nment in	dustry.							
ũ												
rna												
Activities & Governance	2	2 (Check this bo	ox ▶ 🗌 if th	ne organization	discontinued its ope	erations or dispose	d of more than 25%	of its n	et assets.		
Ğ	3	3 1	Number of v	oting membe	ers of the gove	rning body (Part VI,	line 1a)		• • •	3		7
Se	4	4 1	Number of ir	ndependent v	oting member	s of the governing bo	ody (Part VI, line 1	b)		4		7
ξį	5	5 7	Total numbe	r of individua	als employed in	calendar year 2016	(Part V, line 2a)			5		14
Ç	6	6	Total numbe	r of voluntee	rs (estimate if	necessary)				6		125
_	7	7a 🛚	Total unrelat	ed business	revenue from	Part VIII, column (C)	, line 12				1	0
		d l	Net unrelate	d business t	axable income	from Form 990-T, lir	ne 34			7t)	0
										Prior Year		Current Year
	8	3 (Contributions	s and grants	(Part VIII, line	1h)				544,10)5	787,441
Jue	9	9 Program service revenue (Part VIII, line 2g)								50	234,890	
Revenue	10	0 I	nvestment ir	ncome (Part	VIII, column (A	(a), lines 3, 4, and 7d)		••••			8	3,267
æ	11	1 (Other revenu	ue (Part VIII,	column (A), lin	es 5, 6d, 8c, 9c, 10c	, and 11e)					0
	12	2 7	Total revenu	e - add lines	8 through 11 (must equal Part VIII,	column (A), line 12	2)		562,76	53	1,025,598
	13					X, column (A), lines						0
	14					(, column (A), line 4)		• • • • • • • • •				0
Ø	15					benefits (Part IX, co		· -		201,46	55	399,173
Expenses	16					column (A), line 11e)		• • • • • • • • •				0
ĝ						umn (D), line 25) ▶	-					
ú	1 -					nes 11a-11d, 11f-24e		-		296,44		357,950
	18					equal Part IX, colum		_		497,91		757,123
	19	9 F	Revenue les	s expenses.	Subtract line	18 from line 12	• • • • • • • •			64,85		268,475
Net Assets or								-	Beginni	ing of Current Year		End of Year
sset	20			,			• • • • • • • • •	• • • • • • • • •		862,89		1,241,213
<u>e</u>	2						• • • • • • • •	• • • • • • • •		22,15		201,062
	ਵੋਂ 22 art II	_		r fund balan re Block	ces. Subtract	line 21 from line 20		• • • • • • • •		840,74	: 4	1,040,151
					examined this retu	rn including accompanying	schedules and stateme	ents, and to the best of my l	knowledo	ne and helief it is		
						cer) is based on all information			owioug	yo and bollot, it to		
			Book	.11 <u>.</u> C+.								
Sig	ın			elle Sta e of officer	LL					Da	ite	
He			·		rr Fragu	tivo Diroctor	•					
	. •			print name and t		tive Director						
			Print/Type pre			Preparer's signature		Date		Check if	PTIN	
Pa	id		Rick Fi			Rick Fields		06-08-2017		self-employed		530036
	o epar	er	Firm's name	.eius ▶		es in Account	ing CPA	pu-00-2017	Firm	EIN ►	F00:	,,,,,,,,
	e Oi		Firm's addres			uegrass Pkwy			Phone			
-3	J 01	••• у	i iiii s auuies	. F		le KY 40299	Durce 500		1 HOTE		451-86	78
May	, the	IRS	discuss this	return with th		own above? (see ins	etructions)		1	302-		Ves V No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		X
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		<u>X</u>
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		X
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			37
_	"Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
0	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Λ
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ايرا		**
.	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			17
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	v	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
	If "Yes," complete Schedule G, Part III	19		_X_

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	254		71
b	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		Λ
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
		26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		Λ
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		Λ
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):	200		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Λ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001-		v
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			7.7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			7.7
	complete Schedule N, Part II	32		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? $\dots \dots \dots \dots \dots \dots \dots$	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Part V

16) Scarlet Hope Inc
Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		v
L	and services provided to the payor?	7a 7b		X
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Λ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	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			
1	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.)	40		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

3 EC	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	_		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	. 6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		v
L	one or more members of the governing body?	. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		v
0		. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following: The governing body?	. 8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	. 55	21	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	. 12c		
13	Did the organization have a written whistleblower policy?	. 13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	. 15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		37
L	with a taxable entity during the year?	. 16a		X
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	16h		
Sec	organization's exempt status with respect to such arrangements?tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 records:			

Rachelle Starr (502)409-4673, 2305 Sycamore Ave, Louisville, KY 40206

Form	aan	(2016)	
COLLI	990	120101	

Scarlet Hope Inc

27-0804557

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

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

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

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

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

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 in heither the organization flor any related	Organizatio	ii com	Jens	aieu	any cune	HL O	incer, director, or tr	usiee.	
				((C)				
(A)	(B)	Position (D)					(E)	(F)	
Name and Title	Average				ore than one		Reportable	Reportable	Estimated
Name and Title	hours per				son is both ar rector/trustee)		compensation	compensation from	amount of
	week (list any	Oilio	or arm	u a ui	rector/trustee)		from	related	other
	hours for				7 0 7		the	organizations	compensation
	related	ndiv di	nstit	Officer	ey	S S	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	ecto	utio	, a	Highest compo employee Key employee	<u>ā</u>	(W-2/1099-W15C)		organization and related
	line)	ĬŤŧ)al t		loye com				organizations
		Individual trustee or director	Institutional trustee		ben:				
			эе		Highest compensated employee Key employee				
					٩				
					4				
(1) Rachelle Starr	40.00								
Executive Director		X		X			33,359	0	0
(2) Bryce Butler	5.00								
Board Chairman		X		X			C	0	0
(3) Kristi Ivey	1.00								
Treasurer		X		X			C	0	0
(4) Monica Deskins	0.50								
Secretary		X		X			C	0	0
(5) Justin Leighty	0.50								
Board Member		X					C	0	0
(6) Don Gates	0.50								
Vice Chair		X		X			C	0	0
(7) Karen Harper	0.50								
Board Member		X					C	0	0
(8) Scott Croft									
Board Member		X					C	0	0
<u>(9)</u>									
(10)									
(11)									
-									
(12)									
(40)									
(13)	L								
(14)									
(14)									

	90 (2016) Scarlet Hope Inc									27-08045	57	F	Page 8
Part	VII Section A. Officers, Directors, Trustees	Key Emplo	yees,	and	Hig	hes	t Con	nper	nsated Employee	s (continued)			
					(0								
	(A)	(B)	(do n	ot che	Posi ck m		an one		(D)	(E)		(F)	
	Name and title	Average	box, ı	unless	pers	on is	both an		Reportable	Reportable		Estimated	
		hours per week (list any					trustee)		compensation from	compensation from related	6	amount of other	I
		hours for	Individual trustee or director	Insti	Officer	Key	Highest compensated employee	Forme		organizations	co	mpensati	
		related	irect	tutio	er	Key employee	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the rganizatio	
		organizations below dotted	o a	nal t		oloye	e com		(**-271033-141100)			nd relate	
		line)	stee	Institutional trustee		Φ	Dens				or	ganizatio	ns
				Õ			ated						
<u>(15)</u>													
(4.0)													
(16)													
/17\													
(17)													
(18)													
7. 7/													
(19)													
<u> </u>													
(20)													
(21)													
(22)		\				\mathbf{A}							
								4					
(23)													
(24)													
(05)													
(25)													
1b	Sub-total												
C	Total from continuation sheets to Part VII, Section	n A						>					
d	Total (add lines 1b and 1c)								33,359	0			0
	Total number of individuals (including but not limited								•	•			
_	reportable compensation from the organization	2 10 111000 1101	ou ubc	,,,,	*****		onoa		ο ιπαι φτου,σου στ	0			
												Yes	No
3	Did the organization list any former officer, directo	r, or trustee,	key er	nplo	yee,	or I	highes	st co	mpensated				
	employee on line 1a? If "Yes," complete Schedule	J for such in	dividu	al							3		X
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensati	on a	nd o	ther	comp	ensa	ation from the				
	organization and related organizations greater than	n \$150,000?	If "Yes	s," c	отр	lete	Sched	dule	J for such				
	individual										4		X
5	Did any person listed on line 1a receive or accrue co	ompensation	from a	ny u	nrela	ated	orgar	nizat	ion or individual				
	for services rendered to the organization? If "Yes,"	complete So	chedul	e J f	or s	ıch	perso	n			5		X
	on B. Independent Contractors												
1	Complete this table for your five highest compensate												
	compensation from the organization. Report comper	nsation for the	e caler	ndar	year	end	ding w	ith o	or within the organiz	ation's tax			
	year.												
	(A)								(B)		0	(C)	_
	Name and business address								Description of	Services	Con	pensatio	<u> </u>
2	Total number of independent contractors (including	but not limite	d to th	ose	liste	d ab	ove) v	vho					
	received more than \$100,000 of compensation from	the organiza	tion	•									

		Check if Schedule O contains a response or n	ote to any line in thi	s Part VIII			
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
בַּ בַּ	С	Fundraising events 1c	328,050				
iifts ar /	d	Related organizations 1d	320,000				
s, iii.G	e	Government grants (contributions) 1e					
ion er S	f	All other contributions, gifts, grants,					
g ig	-	and similar amounts not included above 1f	459,391				
벌	g	Noncash contributions included in lines 1a-1f: \$	100,001				
ζ«	h			787,441			
			Business Code	7077111			
ne	2a	Rakery	722100	234,890	234,890		
yen	b	Bakery	722100	234,090	234,070		
Program Service Revenue	c						
ervio	d						
Š E	e						
ogra		All other program service revenue					
Ę				234,890			
				234,030			
	3	Investment income (including dividends, interest, and other similar amounts)		3,267	3,267		
	4	Income from investment of tax-exempt bond proce		0/20/	37237		
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	- ·	(1)				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	l la	assets other than inventory					
	h	Less: cost or other basis					
		and sales expenses • • • •					
	С	Gain or (loss)					
		Net gain or (loss)					
e	8a	Gross income from fundraising					
Other Revenue		events (not including \$ 328,050)				
Be		of contributions reported on line 1c).					
ЭĒ		See Part IV, line 18 a					
₹	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising events •					
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue			·		
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1.025.598	238.157	0	_

27-0804557 Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b. 7b. Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 33,359 33,359 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 315,612 282,220 33,392 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 9 24,266 16,454 7,812 10 25,936 21,059 4,877 11 Fees for services (non-employees): 10,760 10,760 b Legal...... 238 238 10,505 10,505 Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2,273 2,273 12 Advertising and promotion 5,401 5,401 13 Office expenses 10,504 10,504 14 15 16 31,249 31,249 17 890 890 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 42,443 15,495 26,948 23 Insurance 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.) Gala and Other Events 42,884 42,884 b Staff Development 8,486 8,486 c Outreach 5,636 5,636 d Dues and Subscriptions 5,279 5,279 е All other expenses 181,402 176,461 4,941 Total functional expenses. Add lines 1 through 24e . 25 757<u>,123</u> 535,637 173,201 48,285 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

ı uı	- 71	Check if Schedula O contains a response or note to any line in this Part V			
		Check if Schedule O contains a response or note to any line in this Part X	(A)		<u> </u>
			Beginning of year		End of year
	1	Cash - non-interest-bearing	156,502	1	446,530
	2	Savings and temporary cash investments	84,967	2	75,559
	3	Pledges and grants receivable, net	01/30/	3	13/333
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		-	
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	100	other basis. Complete Part VI of Schedule D 10a 896,124			
	b	Less: accumulated depreciation 10b 177,000	621,429	10c	719,124
	11	Investments - publicly traded securities	021/125	11	715/121
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	862,898	16	1,241,213
	17	Accounts payable and accrued expenses	3,445	17	24,633
	18	Grants payable	3/113	18	21,000
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ø	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	18,709	24	176,429
	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		25	
	26	Total liabilities. Add lines 17 through 25	22,154	26	201,062
		Organizations that follow SFAS 117 (ASC 958), check here and	·		·
Ø		complete lines 27 through 29, and lines 33 and 34.			
26	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
d B	29	Permanently restricted net assets		29	
ᆵ		Organizations that do not follow SFAS 117 (ASC 958), check here 🕟 🗓 and			
Net Assets or Fund Balances		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds	840,744	32	1,040,151
Z	33	Total net assets or fund balances	840,744	33	1,040,151
	34	Total liabilities and net assets/fund balances	862,898	34	1,241,213
FFA			,		Form 990 (2016)

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Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,0	25,5	598
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	57,1	123
3	Revenue less expenses. Subtract line 2 from line 1	3		2	68,4	475
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8	40,7	744
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		(69,0	068)
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1,0	40,1	151
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					•
					Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗍 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

EEA Form 990 (2016)

SCHEDULE A

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.

2016

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

27-0804557 Scarlet Hope Inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes (A) (B) (C) (D) (E)

27-0804557 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	287,297	225,628	313,286	562,763	1,025,598	2,414,572
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	287,297	225,628	313,286	562,763	1,025,598	2,414,572
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						154,614
6	Public support. Subtract line 5 from line 4						2,259,958
	tion B. Total Support	(=) 0010	(h) 0040	(2) 0014	(4) 0045	(=) 0040	(f) Total
Caler 7	Amounts from line 4	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016 1,025,598	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	287,297 8		313,286	562,763	3,267	2,414,572 3,537
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						2,418,109
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		<u> </u>	th, or fifth tax year	as a section 501(0)(3)	▶□
	tion C. Computation of Public Su		~				
14	Public support percentage for 2016 (line 6, c		•	• •			93.46 %
15	Public support percentage from 2015 Sched				ı		99.98 %
16a	33 1/3% support test - 2016. If the organiz						
	box and stop here. The organization qualif						× <u>X</u>
D	33 1/3% support test - 2015. If the organiz						. \Box
47-	this box and stop here . The organization q		-				• 🗆
17a	10%-facts-and-circumstances test - 2016	•					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact		_				. □
h	organization						
b	15 is 10% or more, and if the organization r	ŭ		•		III IG	
	Explain in Part VI how the organization mee				-	elv	
	supported organization			-	•	•	▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

27-0804557

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • • •			•			
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	6 (f) Total
9	Amounts from line 6	(a) 2012	(b) 2010	(6) 2014	(d) 2013	(6) 2010	(i) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources • •						
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 or not the business is regularly carried on • • •						
12	Other income. Do not include gain or loss from the sale of capital assets (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 or organization, check this box and stop here						
Sec	ction C. Computation of Public Sup	pport Percent	tage				
15	Public support percentage for 2016 (line 8, co	• • • • • • • • • • • • • • • • • • • •	,	•	• • • • • • • • •	15	%
16	Public support percentage from 2015 Schedul					16	%
	ction D. Computation of Investmen					T T	
17	Investment income percentage for 2016 (line	, , , ,	•	` ' '		17	%
18	Investment income percentage from 2015 Sc	•				18	%
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box						
	33 1/3% support tests - 2015. If the organiz line 18 is not more than 33 1/3%, check this	box and stop her	e. The organizatio	n qualifies as a pu	blicly supported or	ganization	
20	Private foundation. If the organization did n	ot check a box or	n line 14, 19a, or 19	9b, check this box	and see instruction	ns	

Part IV Supportin

Supporting Organizations

(Complete only if you checked a box in line 12 of 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		103	140
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	_		
	6		
	7		
	7		
	8		
	9a		
	9b		
	9с		
	10		
	10a		
	10b		
A (F	orm 990	or 990	-EZ) 2016

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Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•				
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
	ion C. Type II Supporting Organizations			
Seci	ion C. Type if 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		163	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ion D. All Type III Supporting Organizations	-		
	урс ш сарре ш д		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
		_		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations	otruo	tional	١.
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	Struc	10115)	<i>,</i> .
b				
c		see in	struct	tions
	Activities Test. <i>Answer (a) and (b) below.</i>	000 111	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			.,,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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1 Check here if the organization satisfied the Integral Part Te	t as a qualifying trust on Nov. 20, 1970 (exp	
instructions. All other Type III non-functionally integrated section A - Adjusted Net Income	pporting organizations must complete Secti (A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	(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 of		
collection of gross income or for management, conservation, or		
maintenance of property held for production of income (see instruc	ons) 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):		
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):		
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	reater 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, Colu	nn A) 1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, C	lumn 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 subj	ct to	
emergency temporary reduction (see instructions)	6	
7 Check here if the current year is the organization's first as a	non-functionally-integrated Type III supporti	ng organization (see
instructions)		-

EEA

	i v Type iii Non-runctionally integrated 303(a)(3)	, Supporting Organia	zations (continued)	
	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	,			
10	Line 8 amount divided by Line 9 amount	T		
	Seation F. Distribution Allocations (see instructions)	(i)	(ii)	(iii) Dietributeble
3	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
_	Distributable amount for 2016 from Castion C. line 6		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
2	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a b				
_	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$	\sim		
а	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2016

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Name of the organization Employer identification number Scarlet Hope Inc 27-0804557 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located > 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 **...... ▶** \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1

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Pa	rt III Organizations Maintaining Collect	ctions of Art, Histo	rical Treasures, o	or Other Similar As	ssets (continued)
3	Using the organization's acquisition, accession, and ot	her records, check any o	f the following that are a	a significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d Loan or excha	nge programs		
b	Scholarly research	e Other			
C	Preservation for future generations				
4	Provide a description of the organization's collections	and explain how they furt	her the organization's e	exempt purpose in Part	
	XIII.				
5	During the year, did the organization solicit or receive of	donations of art, historical	treasures, or other sim	nilar	
	assets to be sold to raise funds rather than to be main		anization's collection?		Yes 🗌 No
Pa	rt IV Escrow and Custodial Arrangeme				
	Complete if the organization answer	ed "Yes" on Form 9	90, Part IV, line 9,	, or reported an amo	ount on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodian or othe	r intermediary for contribu	utions or other assets n	ot	
	included on Form 990, Part X?	• • • • • • • • • • •			Yes No
b	If "Yes," explain the arrangement in Part XIII and comp	olete the following table:			
					mount
С		• • • • • • • • • • • •			
d	Additions during the year				
е	· ,	• • • • • • • • • • •		1e	
f	Ending balance			1f	
2a	Did the organization include an amount on Form 990, I				Yes 📙 No
b	If "Yes," explain the arrangement in Part XIII. Check h	ere if the explanation has	been provided on Part	XIII	<u> </u>
Pa	rt V Endowment Funds.				
	Complete if the organization answer	ed "Yes" on Form 9			
		Current year (b) Price	or year (c) Two years	s back (d) Three years back	ck (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current year e		mn (a)) held as:		
a	Board designated or quasi-endowment	%			
b	Permanent endowment	, v			
С	Temporarily restricted endowment	_ %			
_	The percentages in lines 2a, 2b, and 2c should equal 1				
3a	Are there endowment funds not in the possession of the	ne organization that are r	ield and administered to	or the	V 1
	organization by:				Yes No
	()	• • • • • • • • • • • •	• • • • • • • • • • •	• • • • • • • • • • • •	3a(i)
	(ii) related organizations		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	3a(ii)
b	If "Yes" on 3a(ii), are the related organizations listed a	•		• • • • • • • • • • • • •	3b
4	Describe in Part XIII the intended uses of the organiza	ation's endowment funds.			
Pa	rt VI Land, Buildings, and Equipment.	rad "Vaa" on Farm C	100 Dort IV line 1:	10 Coo Form 000 I	Part V line 10
	Complete if the organization answer				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
_	Lord	(iiivesiiieiii)	(other)	uepreciation	
1a	Land	#06 1=5		111 01-	CB1 015
b	Buildings	786,156		114,846	671,310
C	Leasehold improvements	06.767		45.455	40.000
d	Equipment	86,502		46,132	40,370
e Tota	Other	23,466	(D) line 10c \	16,022	7,444
ı ota	 Add lines 1a through 1e. (Column (d) must equal Fo 	nnı 990, Part X, column	(D), IINE TUC.) • • •		719,124

Schedule D (Form	990) 2016	nc	27-080	04557 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)	_			
(C)	_			
(D)	_			
(E)	_			
(F)	_			
(G)	·			
(H)				
Part VIII) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
Pait VIII	Complete if the organization answere	od "Vos" on Form 000 Pa	rt IV line 11e See Form 000	Dart V line 12
	Complete if the organization answere	Tes officialisso, ra	it iv, line i ic. See i oilli 990,	, I all A, IIIIe 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 990, Pa	irt IV, line 11d. See Form 990	, Part X, line 15.
	(a) [Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)		<u> </u>		
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)		<u>I</u>
Part X	Other Liabilities. Complete if the organization answere	ed "Yes" on Form 990, Pa	urt IV, line 11e or 11f. See For	m 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value		
	income toyon	(b) BOOK Value		

1.	(a) Description of liability	(b) Book value
(1) Federal inco	me taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) musi	equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments 2a					
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.) 2d					
е	Add lines 2a through 2d	2e				
3	Subtract line 2e from line 1	3				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b	4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5				
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements	1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
C	Other losses					
d	Other (Describe in Part XIII.)	_				
e	Add lines 2a through 2d	2e				
3	Subtract line 2e from line 1	3				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	40				
C	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5				
5 Pai	rt XIII Supplemental Information.	3				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part	t X line				
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t X, IIIIe				
2,10	art XI, illico Za and 45, and 1 art XII, illico Za and 45. Thos complete this part to provide any additional illicimation.					

EEA Schedule D (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

2016

OMB No. 1545-0047

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

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Name of the organization Employer identification number Scarlet Hope Inc 27-0804557 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations **f** Solicitation of government grants b **c** Phone solicitations g Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, No Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II

		than \$15,000 of fundraising gross receipts greater than		d gross income on Form	990-EZ, lines 1 and 6b	. List events with
		gross receipts greater triair	(a) Event #1 Gala	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	328,050			328,050
	2	Less: Contributions				
		line 2)	328,050			328,050
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	37,878			37,878
	10	Direct expense summary. Add lines			· · · · · · · · · · · · · · · · · · ·	37,878
	11	Net income summary. Subtract line				290,172
Pä	rt II	Gaming. Complete if the o than \$15,000 on Form 990	-	Yes" on Form 990, Part	IV, line 19, or reported	more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	☐ Yes %	
	6	Volunteer labor	□ No	No No	□ No //	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	_					
	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	mn (d)	<u> </u>	
9 a	En	ter the state(s) in which the organizat	ion conducts gaming activi aming activities in each of	ties: these states?		· · · · □ Yes □ No
	En	ter the state(s) in which the organizat	ion conducts gaming activi	ties: these states?		Yes No
10a	En Ist	ter the state(s) in which the organization the organization licensed to conduct g No," explain: ere any of the organization's gaming licenses.	ion conducts gaming activi aming activities in each of	ties: these states? ed or terminated during the		Yes No

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service
Name of the organization

Scarlet Hope Inc

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

27-0804557

01. Form 990 governing body review (Part VI, line 11) Form 990 is reviewed by the Executive Director and Officers of the organization. The Form is also available to other board members upon request. 02. CEO, executive director, top management comp (Part VI, line 15a) Compensation for key employees is determined and set by the board of directors. Compensation reviews are also performed by the board from time to time, no less than annually. 03. Governing documents, etc, available to public (Part VI, line 19) All governing documents are available to the public upon request 04. List of other expenses (Part IX, line 24e) Other Program Services: Other Bakery Expenses \$ 160,649 Volunteer Expenses 3,373 Networking Expenses 12,439 Total Other Program Services Expenses \$ 176,461 Other Management and General Expenses: Bank Service Charges \$ 4,941