EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Department of the Treasury

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

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, and ending JUN 30, 2017

6 Inspection

OMB No. 1545-0047

B	Check if applicable	C Name of organization		D Employer identifi	cation number				
	Addre	ARMS OF HOPE							
H	chang □Name			51_0	116103				
H	chang □Initial	3	Da a ma /a :ta	51-0416193					
H	return □Final	Number and street (or P.O. box if mail is not delivered to street address) 21300 STATE HIGHWAY 16 NORTH	Room/suite	E Telephone numbe	r) 589-2871				
	/return termin	_			$\frac{7.389-2871}{3,231,170}$				
	ated ☐Ameno	City or town, state or province, country, and ZIP or foreign postal code MEDINA, TX 78055							
H	⊥return ∏Applic			H(a) Is this a group re					
_	tion pendir	SAME AS C ABOVE		for subordinates? Yes X No H(b) Are all subordinates included? Yes No					
_	Fav. av.	empt status: X 501(c)(3)	r 527	1					
		te: ► WWW.ARMSOFHOPE.ORG	1 321	1	list. (see instructions)				
		organization: X Corporation	I Voor	H(c) Group exemption	1 State of legal domicile: TX				
	art I	Summary	L 1 Gai	or formation. 2005 N	Julia de la legal domicile. 121				
		Briefly describe the organization's mission or most significant activities: THE C	RGANT	ZATTON TS O	PERATED TO				
Governance	ļ '	PROVIDE CHARITABLE SERVICES TO INDIGENT C	CHILDR	EN AND FAMI	LIES OR				
ern;	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as					
ŏ	1			3	11				
	4	Number of independent voting members of the governing body (Part VI, line 1b) $_{\dots}$			11				
es		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			165				
Activities &		Total number of volunteers (estimate if necessary)			100				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
ne	1	Contributions and grants (Part VIII, line 1h)		2,961,766.	3,181,876.				
en	1	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	-1,000.				
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-173,910.	-269,736.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,787,856.	2,911,140.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		_	1,476,655.				
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,548,754.	1,470,655.				
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 493,02	<u> </u>	0.	0.				
Ä	1			647,928.	569,843.				
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,196,682.	2,046,498.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		591,174.	864,642.				
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12		-					
Net Assets or Fund Balances		Total accests (Part V. line 1C)	De	ginning of Current Year 154,303.	End of Year 119,866.				
Asse Bala	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		11,237,425.	15,449,717.				
Vet/	21	Net assets or fund balances. Subtract line 21 from line 20	······ _	11,083,122.	-15,329,851.				
Pa	art II	Signature Block		11/000/1220	13/323/0314				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	v knowledge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			, miemeage and senen, icie				
_	,		<u> </u>						
Sig	n	Signature of officer		Date					
Her		▼ TROY ROBERTSON, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	d	CURTIS MAXFIELD		if self-employ	P00445178				
Pre	parer	Firm's name WHITLEY PENN, LLP		Firm's EIN	75-2393478				
Use	Only	Firm's address 8343 DOUGLAS AVENUE, SUITE 400							
		DALLAS, TX 75225		Phone no. (2	14)393-9300				
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Form	1 990 (2016) ARMS OF HOPE	51-0416193	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		\square
1	Briefly describe the organization's mission: THE ORGANIZATION IS OPERATED TO PROVIDE CHARITABLE SER		
	INDIGENT CHILDREN AND FAMILIES OR OVERSEES SIMILAR SER		E
	PROVIDED BY BOLES CHILDREN'S HOME AND MEDINA CHILDREN		
	RELATED ORGANIZATIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service.	es? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		
4a	/ - / / - / /	evenue \$	
	ORGANIZED AND OPERATED TO PROVIDE CHARITABLE SERVICES		
	CHILDREN AND FAMILIES OR OVERSEES SIMILAR SERVICES THA		D BY
	BOLES CHILDREN'S HOME AND MEDINA CHILDREN'S HOME, ITS	RELATED	
	ORGANIZATIONS.		
4b	(Code:) (Expenses \$	evenue \$	
4c	(Code:) (Expenses \$	evenue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	1 205 105		

Form 990 (2016) ARMS OF HOPE 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		- 11
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ı ıu		
~	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form 990 (2016) ARMS OF HOPE Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V										
					Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	62								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0								
	Did the organization comply with backup withholding rules for reportable payments to vendors and		able gaming								
	(gambling) winnings to prize winners?		3 3	1c	х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1									
	filed for the calendar year ending with or within the year covered by this return	2a	165								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	urns?		2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		За		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	e O		3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	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	Accour	nts (FBAR).								
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?											
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did										
	any contributions that were not tax deductible as charitable contributions?			6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribu										
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor											
b If "Yes," did the organization notify the donor of the value of the goods or services provided?											
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?										
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?											
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file F	Form 88	399 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation f	ile a Form 1098-C?	7h	X						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e								
	sponsoring organization have excess business holdings at any time during the year?			8							
9	Sponsoring organizations maintaining donor advised funds.										
	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							
0	Section 501(c)(7) organizations. Enter:	ı	ı								
	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
1	Section 501(c)(12) organizations. Enter:	ı	I								
	Gross income from members or shareholders	11a									
b											
_	amounts due or received from them.)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a							
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			40							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ı								
	organization is licensed to issue qualified health plans	13b									
	Enter the amount of reserves on hand	13c	l	4.6		X					
				14a							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ие О		14b							

Form 990 (2016) 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.

	Charle if Schoolule O contains a reapones or note to any line in this Dort VI			X
800	Check if Schedule O contains a response or note to any line in this Part VItion A. Governing Body and Management			21
Sec	tion A. Governing Body and Management		V	NI.
	Enter the number of voting members of the governing body at the end of the tax year 11		Yes	No
та				
	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 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		77	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b		12b	Х	
c				
Ū		12c	Х	
13		13	X	
14	Did the organization have a written whistleblower policy? 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	17		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		4E.o	х	
ä	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	-23	
16-				
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		Х
	taxable entity during the year?	16a		21
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	ie	
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	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:			
	SCOTT STUMBO - (830) 589-2871			
	21300 STATE HIGHWAY 16 NORTH, MEDINA, TX 78055			

Form 990 (2016) ARMS OF HOPE 51-0416193 Page 7

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.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer ar	ss pe	rson irecto	is bot or/trus	th an stee)	compensation from	compensation from related	amount of other
	(list any	for						the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JERRY COX	1.00	드	드	ð	- S	= 등	요			
CHAIRMAN OF THE BOARD	3.00	x		x				0.	0.	0.
(2) DON CRISP	1.00									
VICE CHAIRMAN	3.00	Х		Х				0.	0.	0.
(3) MIKE CALVERT	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(4) SCOT FOITH	1.00							_	_	_
DIRECTOR	3.00	Х				_		0.	0.	0.
(5) KEVIN MCDONALD	1.00	ļ								•
DIRECTOR	3.00	Х						0.	0.	0.
(6) DR. TOM WINKLER	1.00	١								0
DIRECTOR	3.00	Х				_		0.	0.	0.
(7) BRUCE BARNARD	1.00	ļ ,,						0.		0
DIRECTOR	3.00	Х				-		0.	0.	0.
(8) JERRY BROWDER	3.00	x						0.	0.	0.
OIRECTOR (9) JANA WOEFEL	1.00	^				\vdash		0.	0.	0.
DIRECTOR	3.00	X						0.	0.	0.
(10) BETH WALKER	1.00	122				\vdash				<u> </u>
DIRECTOR	3.00	x						0.	0.	0.
(11) DALE HARBISON	1.00	┢				\vdash				
DIRECTOR	3.00	x						0.	0.	0.
(12) LAUREN FISHER	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(13) TROY ROBERTSON	13.00									
PRESIDENT/CEO	27.00			Х				160,347.	0.	11,970.
(14) SCOTT STUMBO	13.00									
CHIEF FINANCIAL OFFICER	27.00			Х		$oxed{oxed}$		119,340.	0.	9,380.
(15) NATHALIE MCDONALD	13.00	1		l				400 011		
CHEIF DEVELOPMENT OFFICER	27.00			Х		_		100,914.	0.	9,380.
		-								
										E 000 (0040)

Pai	Section A. Officers, Directors, Trus	tees, Key Em	<u>ploy</u>	ees/	, an	d Hi	<u>ighe</u>	st C	Compensated Employe	es (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average	(do		Pos		ገ e than	one	Reportable	Reportable	,	Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		an	nount	of
		week	-	cer ar	ia a a	irecto	or/trus	itee)	from	from related			other	
		(list any hours for	recto						the	organization		I '	pensa	
		related	or di	99			sated		organization	(W-2/1099-MIS	SC)	l	om the	
		organizations	rustee	trust		ee ee	ubeu		(W-2/1099-MISC)				anizati d relati	
		below	dual t	tiona	١	nploy	st cor	_				l	anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
			┢▔	_	Ť	1	T .							
			1											
			1									İ		
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			L_						200 601				^ =	20
	Sub-total								380,601.		0.	3	0,7	
	Total from continuation sheets to Part V								0.		0.		<u> </u>	0.
	Total (add lines 1b and 1c)								380,601.		0.		0,7	30.
2	Total number of individuals (including but n	ot limited to th	ıose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportab	ile			2
	compensation from the organization											$\overline{}$	Yes	No
3	Did the organization list any former officer,	director or tru	ıeta	o ka	w or	mple	מפער	or	highest compensated a	mployee on			103	140
3	line 1a? If "Yes," complete Schedule J for s	•			•	•	•	-	•		ļ	3		Х
4	For any individual listed on line 1a, is the su													
•	and related organizations greater than \$15			-						aro organization		4	х	
5	Did any person listed on line 1a receive or a	•		•						idual for services	3			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	= -	-								npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	rithir T		year.				
	(A) Name and business	addross	NT/	~ *****					(B) Description of s	convicos	_	(C Comper		n
	Name and business	auuress	М	INC	<u> </u>				Description of s	services		ompei	isatio	
											l			
												,		
2	Total number of independent contractors (i		ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >					U							

Form 990 (2016) ARMS OF
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts Its	1 a	Federated campaigns	1a					
irar oun		Membership dues						
S, G		Fundraising events		625,132.				
ar J		Related organizations						
s, (Government grants (contributi						
rigi	f	All other contributions, gifts, grant	ts, and					
the		similar amounts not included abov		2,556,744.				
E O	g	Noncash contributions included in lines		76,040.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			3,181,876.			
				Business Code				
e l	2 a							
اه کِ	b							
Program Service Revenue	С							
eve	d							
og R	е							
<u> </u>	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		▶				
	4	Income from investment of tax						
	5	Royalties	·	→ [
		·	(i) Real	(ii) Personal				
	6 a	Gross rents	· ·					
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses	1,000	.				
	С	Gain or (loss)						
		Net gain or (loss)			-1,000.			-1,000.
۵		Gross income from fundraising						
ue		including \$ 625	,132. of	1 1				
Other Rever		contributions reported on line		1 1				
<u>بر</u> ا		Part IV, line 18		49,250.				
å	b	Less: direct expenses						
0	С	Net income or (loss) from fund	Iraising events	>	-269,780.			-269,780.
		Gross income from gaming ac						
		Part IV, line 19		ı				
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	a	ı				
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales	s of inventory .					
Ī		Miscellaneous Revenue		Business Code				
Ī	11 a	MISCELLANEOUS INCOME		900099	44.			44.
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			44.			
		Total revenue. See instructions.			2,911,140.	0.	0	270,736.

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).

3601	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	TOTAL EXPENSES	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4.40	400 040		22 - 22
	trustees, and key employees	148,733.	100,818.	9,387.	38,528.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 050 056	540.00	66.000	0.000
7	Other salaries and wages	1,050,976.	712,399.	66,333.	272,244.
8	Pension plan accruals and contributions (include	10 500	22 222	25 662	00 407
	section 401(k) and 403(b) employer contributions)	19,768.	33,003.	-35,662.	22,427. 43,025.
9	Other employee benefits	175,936.	124,167.	8,744.	
10	Payroll taxes	81,242.	54,321.	4,686.	22,235.
11	Fees for services (non-employees):				
	Management	22 550	07 000		
	Legal	33,778.	27,022.	6,756.	
	Accounting	71,333.		71,333.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	4 050	2 0 6 0	000	
	column (A) amount, list line 11g expenses on Sch 0.)	4,950. 50.	3,960. 40.	990.	
12	Advertising and promotion			10.	(0.050
13	Office expenses	125,533.	38,826.	26,455.	60,252.
14	Information technology	49,125.	26,911.	2,647.	19,567.
15	Royalties				
16	Occupancy	22 251	17 021	2 576	2 6 4 4
17	Travel	22,251.	17,031.	2,576.	2,644.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1 460	1 175	204	
20	Interest	1,469.	1,175.	294.	
21	Payments to affiliates	9,758.	9,758.		
22	Depreciation, depletion, and amortization	13,896.	8,569.	1,853.	3,474.
23	Other expanses Itemize expanses not sovered	13,030.	0,509.	1,000.	3,4/4.
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 0.) ALLOWANCES/ACTIVITIES	178,494.	177,853.	596.	45.
a	EDUCATION AND TRAINING	27,966.	27,938.	330.	28.
b	MISCELLANEOUS EXPENSE	9,956.	5,883.	756.	3,317.
c C	CLOTHING	9,746.	5,040.	750.	4,706.
d		11,538.	10,391.	617.	530.
е 25	· — — -	2,046,498.	1,385,105.	168,371.	493,022.
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	2,040,470.	1,303,103.	100,371.	473,044.
26	,				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	, 🗀				
	Check here if following SOP 98-2 (ASC 958-720) 11-11-16				Form 990 (2016)

Form 990 (2016)

Part X | Balance Sheet

Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,903.	4	5,147.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		•		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ιχ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net		7			
As	8	Inventories for sale or use	7,028.	8	0.		
	9				123,997.	9	103,101.
		Land, buildings, and equipment: cost or other	i i		•		
		basis. Complete Part VI of Schedule D	10a	71,100.			
	b	Less: accumulated depreciation		71,100. 59,482.	21,375.	10c	11,618.
	11	Investments - publicly traded securities	-		-	11	-
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			154,303.	16	119,866.
	17	Accounts payable and accrued expenses			149,824.	17	173,546.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r office	s, directors, trustees,			
Ě		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24	. Complete Part X of	44 007 604		45 056 454
		Schedule D			11,087,601.	25	15,276,171.
	26	Total liabilities. Add lines 17 through 25			11,237,425.	26	15,449,717.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			11 002 122		15 220 051
au	27	Unrestricted net assets			-11,083,122.	27	-15,329,851.
Bal	28	Temporarily restricted net assets				28	
Fund Balances	29					29	
		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶∟			
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			-11,083,122.	32	_15 320 051
_	33	Total net assets or fund balances				33	-15,329,851.
	34	Total liabilities and net assets/fund balances			154,303.	34	119,866.

Form 990 (2016) ARMS OF HOPE 51-0416193 Page **12**

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,91		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,04	6,4	98.
3	Revenue less expenses. Subtract line 2 from line 1	3				42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-11	,08	3,1	22.
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	-5	,11	1,3	71.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	-15	,32	9,8	51.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
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	d 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 separat	e basis	,			
	consolidated basis, or both:					
	Separate basis X 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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Employer identification number

ARMS OF HOPE 51-0416193 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	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.")		3132288.	2764545.	2961766.	3181876.	12040475.
2	Tax revenues levied for the organ-						
	ization'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		2120000	0064545	0061866	2101086	10040475
4	Total. Add lines 1 through 3		3132288.	2764545.	2961766.	3181876.	12040475.
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,						720 256
	column (f)						730,356.
	Public support. Subtract line 5 from line 4.						11310119.
		(-) 2010	(1-) 0040	(-) 004 4	(-1) 0045	/-\ 0040	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013 3132288.	(c) 2014 2764545.	(d) 2015 2961766.	(e) 2016 3181876	(f) Total 12040475.
_	Amounts from line 4		3132200.	2/04343.	2901700.	3101070.	12040473.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources		84.				84.
9	Net income from unrelated business		01.				01.
9	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.)				536.	44.	580.
11	Total support. Add lines 7 through 10						12041139.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	•	,			n 501(c)(3)	
	organization, check this box and stor	here			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				·
	Public support percentage for 2016 (column (f))		14	93.93 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	92.32 %
16a	33 1/3% support test - 2016. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶ X
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac				•	-	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a. 16b. 17a. or 17b	 check this box a 	nd see instruction	s 🕨 📖

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

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

Se	ction A. Public Support	olow, please com	proto r urt m.j				
	endar 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.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					i	
	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504()(0) :	<u></u>
14	First five years. If the Form 990 is for	· ·			-	. , , , ,	
<u> </u>	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2016 (I			acluma (fl)		15	%
	Public support percentage from 2015					16	——————————————————————————————————————
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2016. If the					$\overline{}$	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2015. If the						
-	line 18 is not more than 33 1/3%, che	· ·			*		
20	Private foundation. If the organizatio			•		•	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 (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
	1		
	_		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	E-		
	5a		
	5b		
	5c		
	6		
	7		
	0		
	8		
	9a		
	9b		
	9с		
	10a		
	10h		
n a	10b 90 or 99	0-F7	2016
•			

Pa	rt IV Supporting Organizations (continued)		- 10	.gc C
ı u	Supporting Organizations (continued)		V	N ₂
44	Lies the examination accorded a gift or contribution from any of the following necessary		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)	44-		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		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,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	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. <i>Answer (a) and (b) below.</i>			
а				
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		
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-functiona	lly integrate	ed Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

· ai	Type in Non-Functionally integrated 509	(a)(a) Supporting Orga	ailizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<i>(</i> 2)	,	(m)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
<u>i</u>				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	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			
7	Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j			
•	and 4c			
8	Breakdown of line 7:			
a	DIGUIGOWII OI IIIIO 7.			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	2,0000 110111 2010			

Schedule A (Form 990 or 990-EZ) 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 A PART I: REASON FOR PUBLIC CHARITY STATUS
DUE TO INCREASED PUBLIC SUPPORT DURING THE FISCAL YEAR ENDING JUNE 30,
2014, THE ORGANIZATION CHANGED FROM A TYPE II SUPPORTING ORGANIZATION
SUPERVISED OR CONTROLLED IN CONNECTION WITH BOLES CHILDREN'S HOME, INC.
(EIN: 75-0904045) AND MEDINA CHILDREN'S HOME (EIN: 74-1323914) SCHEDULE
A LINE 11(B) TO A SECTION 170(B)(1)(A)(VI) PUBLICLY SUPPORTED
ORGANIZATION SCHEDULE A LINE 7.

ARMS OF HOPE 51-0416193

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MR. AND MRS. JERRY S. COX	852,825.	612,002.
ADELE R. WARD	300,000.	59,177.
ED RACHAL FOUNDATION	300,000.	59,177.
Total Excess Contributions to Schedule A, Part II, Line 5		730,356.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

51-0416193 ARMS OF HOPE

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \ \rightarrow \$
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number 51-0416193

ARMS OF HOPE

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MR. AND MRS. JERRY S. COX 6 LACEWOOD LN HOUSTON, TX 77024	\$193,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE DALLAS FOUNDATION 3963 MAPLE AVE STE 390 DALLAS, TX 75219	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BAPTIST HEALTH FOUNDATION OF SAN ANTONIO 750 E MULBERRY AVE STE 325 SAN ANTONIO, TX 78212	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ED RACHAL FOUNDATION 555 N CARANCAHUA ST STE 700 CORPUS CHRISTI, TX 78401	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FIDELITY CHARITABLE GIFT FUND 100 CROSBY PKWY COVINGTON, KY 41015	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

ARMS OF HOPE

51-0416193

Part II	Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(-)			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
	-16	Schodule P (Form	990, 990-EZ, or 990-PF) (

Name of organization Employer identification number

	HOPE		51-0416193
rt III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	ributions to organizations described	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religiou	s. charitable. etc contributions of \$1.000 c	or less for the year. (Enter this info once)
	Use duplicate copies of Part III if addition		
No.			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I			
<u> </u>			
_ _			
-	_		
		· · · · · · · · · · · · · · · · · · ·	
		(e) Transfer of gi	π
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
—			
<u> </u>			
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I	(b) Furpose or gill	(c) Ose of gift	(a) Description of now grit is field
-	_		
- $ $ $-$			
<u>-</u>			
		(e) Transfer of gi	ft
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_	Transferce 3 flame, address, a	110 ZII + 4	riciationship of transferor to transferoe
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rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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		(e) Transfer of gi	ft
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	Transferee's name, address, a	nd 7 IP ± 4	Relationship of transferor to transferee
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No. m		•	
m tl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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		(e) Transfer of ai	
		(e) Transfer of gi	ft
- - - -			
	Transferee's name, address, a		ft Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number ARMS OF HOPE 51-0416193

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
	-	(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 advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
_	conservation easements.		
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	nibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

3 Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection Rems (check all that apply): a		t III Organizations Maintaining C		, Historical T	reasures. c	or Other		sets(contin	95 —
Cheleck all that apply): a Public exhibition d Loan or exchange programs b Scholarly research c Other Preservation for future generations e Other Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c				•				•	
a Public exhibition b Scholarly research c □ Other c □ Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization so collections and explain how they further the organization's exempt purpose in Part XIII. 6 During the year, did the organization so an apart, the part of the organization's collection? Part IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X X, line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: C Beginning balance 1 Amount 1 Ending balance 1 Amount 1 Intermediation or organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 1 If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance b Contributions 1a Beginning of year balance c Net investment earnings, gains, and losses d Grants or scholarships 6 Carter or scholarships 9 Carter or scholarships 1 Administrative expenses 9 End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			,	,,,		3			
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X III. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X IV. 1b If "Yes" Explain the arrangement in Part XIII and complete the following table: 1	а	`	d	Loan or ex	change progra	ıms			
c	b	Scholarly research	е		0.0				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990 Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If 'Yes' explain the arrangement in Part XIII and complete the following table: Collegion Part X									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If Yes, "explain the arrangement in Part XIII and complete the following table: 2 Beginning balance 3 Additions during the year 4 Ending balance 4 Distributions during the year 5 Ending balance 10 Intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 5 If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 6 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Contributions 1c Net investment earnings, gains, and losses of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	4	_	ollections and explain	how they further	the organization	on's exemp	t purpose in l	Part XIII.	
Description	5								
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Comparison Co								Yes	☐ No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai							IV, line 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount				· ·					
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custod	ian or other intermedia	ary for contribution	ns or other as	sets not ind	cluded		
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount		on Form 990, Part X?						Yes	☐ No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Tending balance 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bif 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on TX III Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Land, Buildings, and Equipment.	b								
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b I**Yes,** explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back It as Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment tunds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation								Amount	
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(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e)	b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has bee	n provided on	Part XIII			
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation b Buildings			(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years ba	ick (e) Four	years back
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c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b	Contributions							
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									
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f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									
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g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									
b Permanent endowment \	2		rent year end balance	(line 1g, column	(a)) held as:				
Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		%					
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (other) 1a Land b Buildings	b	Permanent endowment	%						
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(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land b Buildings	За	Are there endowment funds not in the posse	ssion of the organizat	ion that are held	and administe	red for the	organization		
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings		by:						[Yes No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings		(i) unrelated organizations						3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land b Buildings								3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R	?			3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings	Pai	t VI Land, Buildings, and Equipm	nent.						
basis (investment) basis (other) depreciation 1a Land b Buildings		Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a.	See Form 990	, Part X, lin	e 10.		
b Buildings		Description of property	1 ' '	1 ' '				(d) Book	value
b Buildings	1a	Land							
c Leasehold improvements		Leasehold improvements							
d Equipment									
e Other 71,100. 59,482. 11,618.					71,100.	5	9,482.		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				, column (B), line	10c.)			11	,618.

Schedule D (Form 990) 2016

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ĺ	Part VII	Investments - Other Securities.	

Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11h See Form 990	Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990. Part IV	. line 11c. See Form 990.	Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
	Description		·	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.	,		·	
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Forr	n 990, Part X, line 25	j.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) RELATED ORGANIZATION PAYA	BLE	15,276,171.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	≥ 25.) ▶	15,276,171.		

^{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 X

Par	t XI	Reconciliation of Revenue per Audited Financial Statemer	its With Revenue per R	eturn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total r	evenue, gains, and other support per audited financial statements		1
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net ur	nrealized gains (losses) on investments	2a	
b	Donat	ed services and use of facilities	2b	
С		eries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	
е		nes 2a through 2d		2e
3	Subtra	act line 2e from line 1		3
4		nts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	
b		(Describe in Part XIII.)	4b	
С		nes 4a and 4b		4c
5	Total r	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
		Reconciliation of Expenses per Audited Financial Stateme		Return.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total e	expenses and losses per audited financial statements		1
2		nts included on line 1 but not on Form 990, Part IX, line 25:		
а		ed services and use of facilities	2a	
b		rear adjustments	2b	
c		losses	2c	
d		(Describe in Part XIII.)	2d	
		nes 2a through 2d		2e
3		act line 2e from line 1		3
4		nts included on Form 990, Part IX, line 25, but not on line 1:		
-		ment expenses not included on Form 990, Part VIII, line 7b	4a	
		(Describe in Part XIII.)	4b	
		nes 4a and 4b		4c
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
		Supplemental Information.		
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1b and 2b. Part V line	4· Part X line 2· Part XI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi		+, 1 di t 7, iii 10 2, 1 di t 71,
111100	zu and	The state of the s	onal information.	
PAF	х тя	, LINE 2:		
		,		
GAZ	AP P	RESCRIBES A COMPREHENSIVE MODEL FOR THE	FINANCIAL STAT	EMENT
REC	COGN	ITION, MEASUREMENT, PRESENTATION, AND D	ISCLOSURE OF UN	CERTAIN INCOME
TAX	O PO	SITIONS TAKEN OR EXPECTED TO BE TAKEN I	N INCOME TAX RE	TURNS.
		<u> </u>		
MAN	IAGE	MENT BELIEVES THAT IT HAS NOT TAKEN A T	AX POSTTION THA	т. TF
	11101		111 1 00111011 11111	
СНА	T.T.F.	NGED, WOULD HAVE A MATERIAL EFFECT ON T	HE ORGANIZATION	''S
CIII		NODD, WOOLD HAVE A PARENTAL BILLET ON I	III OROMITZATION	D
CON	IGOT.	IDATED FINANCIAL STATEMENTS. THE ORGANI	ZATTON ETTER FO	рм 990 ти тиг
COL	юоц	IDATED FINANCIAL STATEMENTS: THE ONGANT	ZATION FILES FO	KM 990 IN IIIE
TTATT	משח.	STATES FEDERAL JURISDICTION WITHIN THE	נואודשבט משאשבמ	AND NO DAY
01/1	. 1 6 D	STATES FEDERAL OURISDICTION WITHIN THE	ONTIED STATES	AND NO TAX
ם בית	זאסזזי	S ARE CURRENTLY UNDER EXAMINATION BY AN	ע קעע אנויים אַקיי	FС
K L I	. UKIN	O AND CONTENTIAL ONDER EVAMINATION BY AN	I IMA MUINUKITI	- C

Schedule D (Form 990) 2016 ARMS OF HOPE	51-0416193 Page 5
Schedule D (Form 990) 2016 ARMS OF HOPE Part XIII Supplemental Information (continued)	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ARMS OF HOPE Employer identification number 51-0416193

Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	ion of ion of fundra (inclue	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			. ▶			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2016 ARMS OF HOPE 51-0416193 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 and \$15,000 are reported from \$15,000 are reported from \$15,000 and \$15,000 are reported from \$15,000 are

		of fundraising event contributions and gro	oss income on Form 990	J-EZ, lines I and 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA/DINNER		NONE	(add col. (a) through
			EVENT	GOLF EVENT		col. (c)
a)			(event type)	(event type)	(total number)	Coi. (C))
ű						
Revenue	1	Gross receipts	652,032.	22,350.		674,382.
Ω						
	2	Less: Contributions	609,532.	15,600.		625,132.
	3	Gross income (line 1 minus line 2)	42,500.	6,750.		49,250.
		·				
	4	Cash prizes				
	5	Noncash prizes				
ses						
en	6	Rent/facility costs	140,989.	6,060.		147,049.
Direct Expenses						
ect	7	Food and beverages				
ä						
	8	Entertainment	99,587.			99,587.
	9	Other direct expenses	69,633.	2,761.		72,394.
					>	319,030.
Da	11	Net income summary. Subtract line 10 from li				-269,780.
Pa	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	ı	(b) Pull tabs/instant		(n = 1 1 1 1 1 1 1 1 1 1
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billige		coi. (a) through coi. (c)
Ве	_	0				
		Gross revenue				
	2	Cash prizes				
ses	_	Odsii piizes				
Direct Expenses	3	Noncash prizes				
Ĕ		The reaction prizes				
ect	4	Rent/facility costs				
亩						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities: _			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		year?	Yes No
b	If "	Yes," explain:				

Sch	nedule G (Form 990 or 990-EZ) 2016 ARMS OF HOPE 51-	-0416	193	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Ш	Yes	∟ No
	Indicate the percentage of gaming activity conducted in:	13a	ı	0/
	a The organization's facility o An outside facility		+	<u>%</u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		1	,,,
	Name ▶ Address ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$			
,	or garning revenue retained by the third party If "Yes," enter name and address of the third party:			
	on the financiana address of the time party.			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the)		
Da	organization's own exempt activities during the tax year \$\infty\$ \$\text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	Llings	0h 1	0h 15h
1 6	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	1, 111165 9	, 90, 11	JD, 13D,
	res, re, and res, as appreciation needs any additional members as members as			

Schedule (G (Form 990 or 990-EZ)	ARMS OF HO	PE	51-0416193 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (continued)		<u> </u>

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ARMS OF HOPE

Employer identification number 51-0416193

D	art I Questions Regarding Compensation	1017	<u> </u>	
ГС	art Questions negarding Compensation		Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		163	NO
ICI	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
		_	_	$\overline{}$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 ARMS OF HOPE 51-0416193 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) TROY ROBERTSON	(i)	139,347.	21,000.	0.	11,970.	0.	172,317.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							

chedule J (Form 990) 2016	ARMS OF HOPE	51-0416193	Page 3
Part III Supplemental Informa			
rovide the information, explana	tion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, a	and for Part II. Also complete this part for any additional informa	tion.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

ARMS OF HOPE

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

Name of the organization

Employer identification number 51-0416193

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	2	6,000.	FMV			
7	Boats and planes			·				
8	Intellectual property							
9	Securities - Publicly traded	X	5	70,040.	AVERAGE			
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	'							
27	Other () Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	the tax vear for c	ontributions				
	for which the organization completed Form 82		-					
	101 Which the organization completed Form 02	00,1 4111,1	sonoe / totalowica,	gomone <u>20 </u>			Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	oorted in Part I lines 1 throu	ah 28 that it		100	140
000	must hold for at least three years from the date	-			-			
	exempt purposes for the entire holding period					30a		Х
h	If "Yes," describe the arrangement in Part II.	•			••••••	Ou		
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	ıtions?	31		Х
	Does the organization hire or use third parties					<u> </u>		
- Lu			•	cit, process, or sell floricasin		32a		х
h	If "Yes," describe in Part II.					0±u		
33	If the organization didn't report an amount in c	column (c) fo	r a type of propert	y for which column (a) is che	ecked			
	describe in Part II.	2.4.1.11 (0) 10	, po or propert	, .s. milon solumin (a) is one				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Employer identification number 51-0416193

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

Open to Public Inspection

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OVERSEES SIMILAR SERVICES THAT ARE PROVIDED BY BOLES CHILDREN'S HOME

AND MEDINA CHILDREN'S HOME, ITS RELATED ORGANIZATIONS.

ARMS OF HOPE

FORM 990, PART VI, SECTION A, LINE 2:

KEVIN MCDONALD (DIRECTOR) AND NATHALIE MCDONALD (CHIEF DEVELOPMENT OFFICER) ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

A PRELIMINARY DRAFT OF THE FORM 990 WAS REVIEWED BY THE PRESIDENT, CHAIRMAN OF THE BOARD, AND CHAIRMAN OF THE AUDIT COMMITTEE. THE REMAINING CURRENT BOARD MEMBERS RECEIVED A COPY FOR REVIEW PRIOR TO THE FILING OF THE COMPLETED FORM 990 AND RELATED SCHEDULES.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS USED AN INDEPENDENT COMPENSATION CONSULTANT AND COMPARABLE COMPENSATION FROM SIMILAR ORGANIZATIONS TO DETERMINE THE SALARY OF TROY ROBERTSON, PRESIDENT. THE SALARY ARRANGEMENT WAS APPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

ARMS OF HOPE	51-0416193
POLICY, FORM 990, AND AUDITED FINANCIAL STATEMENTS AVAILA	ABLE FOR PUBLIC
INSPECTION AT ITS OFFICE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER TO MEDINA CHILDREN'S HOME	-5,111,371.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT MAKE ANY CHANGES TO ITS OVERSIGHT	HT PROCESS OR
SELECTION PROCESS DURING THE YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of the organization ARMS OF HOPE	Employer identification 51-04161					
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 33	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d) Total inco	me End-of-year	assets Direct o	(f) controlling ntity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34 b	pecause it had one o	r more related tax-exe	mpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
MEDINA CHILDREN'S HOME - 74-1323914							
21300 STATE HWY 16 N.	OPERATING CHRISTIAN HOMES						1
MEDINA, TX 78055-3808	FOR THE CARE OF CHILDREN	TEXAS	501(C)(3)	LINE 7	ARMS OF HOPE	X	
BOLES CHILDREN'S HOME - 75-0904045							
7065 LOVE	OPERATING CHRISTIAN HOMES						i
QUINLAN, TX 75474-4609	FOR THE CARE OF CHILDREN	TEXAS	501(C)(3)	LINE 7	ARMS OF HOPE	X	l
BOLES CHILDREN'S HOME REALTY CORP -							
75-2839971, 7065 LOVE, QUINLAN, TX							i
75474-4609	SUPPORTING ORGANIZATION	TEXAS	501(C)(2)		ARMS OF HOPE	Х	
							<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related
raitiii	organizations treated as a partnership during the tax year.

<u> </u>	, ,		1			1					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage
of related organization		(state or foreign	entity	entity (related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	tions?	amount in box	partner	ownership
		country)		sections 512-514)		833013	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	
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Part IV | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled iity?
								103	

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
a.	Reimbursement paid by related organization(s) for expenses	1q	Х	
-				
r	Other transfer of cash or property to related organization(s)	1r	х	
	Other transfer of cash or property from related organization(s)	1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
_	in the direction to dirty of the debotto is to the medication of minimater of mine directions, modeling control of management of the minimater of mi			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEDINA CHILDREN'S HOME	Q	104,710.	CASH
(2) MEDINA CHILDREN'S HOME	0	1,594,436.	CASH
(3) BOLES CHILDREN'S HOME	R	-514,613.	CASH
(4) BOLES CHILDREN'S HOME	0	1,354,949.	CASH
(5) MEDINA CHILDREN'S HOME	R	5,111,371.	CASH
(6) BOLES CHILDREN'S HOME	D	4,592,284.	CASH

<u>Schedule R (Form 990) 2016</u> **ARMS OF HOPE** 51-0416193 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	Disprotionallocati	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) or Percentage ownership

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	e Form 7004 to request an extension of time to file incom-	e tax retui	ns.					
				Enter file	er's identifying	number		
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employe	r identification r	number (EIN) or		
print								
	ARMS OF HOPE		51-0416	5193				
File by the due date fo			tions.	Social se	curity number (SSN)		
filing your return. See	21300 STATE HIGHWAY 16 NORT	ГН						
instructions	City, town or post office, state, and ZIP code. For a for MEDINA, TX 78055	oreign add	ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applicat	ion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	0-BL	02	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF		10					
Form 99	0-T (sec. 401(a) or 408(a) trust)							
Form 99	0-T (trust other than above) SCOTT STUMBO	06	Form 8870			12		
Telep If the If this box I I re	ooks are in the care of hone No. (830) 589-2871 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box equest an automatic 6-month extension of time until	s in the Ur Group Exe and atta MA	Fax No. ited States, check this box	f this is fo	r the whole gro	on is for.		
	calendar year or tax year beginning JUL _ 1 , 2016 , and ending JUN 30 , 2017 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any					
no	nrefundable credits. See instructions.			3a	\$	0.		
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_		
es	timated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.		
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			_		
by	using EFTPS (Electronic Federal Tax Payment System). S	See instru	ctions.	3с	\$	0.		

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045