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	Initial return	Number		0. box if mail is no		eet address	6)	Room/sui	ite E	Telephone			
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Pa	rt I	Summary											
ė	1	Briefly describ	e the organization	on's mission or n	nost significant	activities	: THE	MISSI	ION	OF HI	GH HO	PES	
Activities & Governance		INCLUSI	VE PRESC	HOOL AND	PEDIATI	RIC T	HERAF	PY CLI	INIC	IS TO	O EQU	IP	
ern	2	Check this bo	x 🕨 🛄 if the	e organization di	scontinued its	operation	s or dispo	osed of mo	ore tha	n 25% of it	ts net asse	ets.	
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	rt II	Signature						I			•		
Unde	er pen	alties of perjury,	I declare that I hav	e examined this re	turn, including ac	ccompanyir	ng schedul	es and state	ements,	and to the b	oest of my k	nowledge and l	oelief, it is
true,	corre	ct, and complete.	. Declaration of pre	eparer (other than o	officer) is based o	on all inforr	mation of w	vhich prepar	rer has a	any knowlec	lge.		

Sign	Signature of officer			Date			
Here	GAIL POWELL, EXECUTIVE	DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	FRANCES E. LEAHY	FRANCES E. 1	LEAHY	01/15/19		2007135	
Preparer	Firm's name 🕨 KRAFTCPAS PLLC			Firm's	s EIN 🛌 🛛 🗗	2-07132!	50
Use Only	Firm's address 👞 555 GREAT CIRCLE	ROAD					
	NASHVILLE, TN 37	228		Phone	e no.615-2	242-7352	1
May the If	RS discuss this return with the preparer shown ab	ove? (see instructions)				X Yes	No
732001 11-2	28-17 LHA For Paperwork Reduction Act Noti	ce, see the separate ir	nstructions.			Form <b>990</b>	(2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

THE MISSION OF HIGH HOPES INCLUSIVE PRESCHOOL AND PEDIATRIC THERAPY         CLINIC IS TO EQUIP CHILDREN, YOUTH, AND THENF FAMILIES WITH SKILLS         NECESSARY TO ACHIEVE SUCCESS THROUGH EDUCATION, THERAPEUTIC SERVICES, AND LOVING SUPPORT.         Dath erganization undertake any significant program services during the year which were not latted on the prior form 300 or 900 E2?         I''''se, 'describe these news services on Schedule 0.         Dath erganization cases conducting, or make significant changes in how it conducts, any program services, as measured by expresse.         Section 501(5) and 501(60) degratizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, fany, for each program service moretate.         (control [Genomest 1, 1737, 655. include grants and allocations to others, the total expenses.         (control [Genomest 1, 1737, 655. include grants and allocations to others, the total expenses.         (control [Genomest 1, 1737, 655. include grants and allocations to others, the total expenses.         (control [Genomest 1, 1737, 655. include grants and allocations to others, the total expenses.         (control [Genomest 1, 1737, 656. include grants and allocations to others, the total expenses.         (control [Genomest 1, 1737, 656. include grants and allocations to others, the total expenses.         (control [Genomest 1, 1737, 656. include grants and allocations to others.         (control [Genomest 1, 1737, 656. include grants and allocations.         (control [Genomest 1, 1737, 656. include grants and grants and al	orm	990 (2017) HIGH HOPES, INC. 62-1210720 Pa
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CLINIC 15 TO EQUIP CHILDREN, YOUTH, AND THEIR FAMILIES WITH SKILLS NECESSARY TO ACHIEVE SUCCESS THROUGH EDUCATION, THERAPEUTIC SERVICES, AND LOVING SUPPORT. Do the organization underlake any significant program services during the year which were not listed on the phor form \$80 or \$90-62? If Yes, 'describe these new services on Schedule 0. Det the organization creases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)[3] and 501(c)[4] organizations are required to report the amount of grants and allocations to others, the total depenses, and revenue, if my, 'deach program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)[3] and 501(c)[4] organizations are required to report the amount of grants and allocations to others, the total depenses, and revenue, if my, for each program service accomplishments for each of the three largest program services, as measured by expenses. Section 501(c)[3] and 501(c)[4] organizations are required to report the amount of grants and allocations to others, the total depenses, and revenue, if my, for each program service accomplishments for each of the three largest program services, as measured by expenses. Section 501(c)[3] and 501(c)[4] organizations are required to report the amount of grants and allocations to others, the total depenses, and revenue, if my, for each program service accomplishments for each of the total specific and the program services. THERAPELES. WITH A FOCUS ON EARLY, INTENDIVE INTERVENTION, A TEAM OF THEAPELES. WITH A FOCUS ON EARLY, INTENDIVE INTERVENTION, A TEAM OF THEORED THESE SECOND THE TOTIZENS IN OUR COMUNITY. ADDITIONALLY, HIGH HORE BECOME INDEPENDENT CITIZENS IN OUR COMUNITY. ADDITIONALLY, HIGH HORE HAS IMPLEMENTED A PROGRAM ENTITLED FAMILY SUPPORT SERVICES. IT COORDINATES MUCH NEEDED SUPPORT AND RESOLUCES FOR FAMILIES, CAREGUERTS THE INTERPEST SOF FAMILIES AND CHILDREN WITH SPECIAL NEEDS IN MIL	1	Briefly describe the organization's mission:
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Form 990 (2017)

HIGH HOPES, INC.

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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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	Х	37
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<b>v</b>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		x
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** (2017)

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 Form 990 (2017)
 HIGH HOPES, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
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		x
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		X
b	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	07	х	
<b>~</b>	of any of these persons? If "Yes," complete Schedule L, Part III	27	~	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
-	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		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		┣───
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2017)

732004 11-28-17

Form	990 (2017) HIGH HOPES, INC. 62-1210	720	Р	age <b>5</b>
Pa				
	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 12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 90			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	005	<u> </u>
		Form	990	(2017)

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Form 990	(2017)
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HIGH HOPES, INC.

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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.

	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	<u></u>			Σ
Sec	tion A. Governing Body and Management					-	
		ī	1	1		Yes	I N
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1	a	<u> </u>	.4		
	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		b		.4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip w	rith any c	ther			
	officer, director, trustee, or key employee?				. 2		
3	Did the organization delegate control over management duties customarily performed by or under t	he d	irect sup	ervision			
	of officers, directors, or trustees, or key employees to a management company or other person?				. 3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990	was file	d?	. 4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets	s?		. 5		
6	Did the organization have members or stockholders?				. 6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appo	int one o	or			
	more members of the governing body?				. 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				-		
а	The governing body?			-	8a	х	
b	Each committee with authority to act on behalf of the governing body?					Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					1	T
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F						
						Yes	
0a	Did the organization have local chapters, branches, or affiliates?				10a		Τ
	If "Yes," did the organization have written policies and procedures governing the activities of such o						Τ
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo				11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,		5			
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	Г
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						┢
Ŭ	in Schedule O how this was done				12c	x	
13	Did the organization have a written whistleblower policy?				·	x	┢
14	Did the organization have a written document retention and destruction policy?					x	+
15	Did the process for determining compensation of the following persons include a review and approv						
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		y indepe	nuent			
_					150	x	
a h	The organization's CEO, Executive Director, or top management official						
α	Other officers or key employees of the organization				. 15b		+
<b>C</b> -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				10		
	taxable entity during the year?				. <b>16a</b>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		-	pation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	aniza	ation's				
	exempt status with respect to such arrangements?			<u></u>	. 16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ TN	T /2			A	-1-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-1 (S	ection 50	J1(C)(3)S ONIY	/) availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.			-			
	Own website X Another's website X Upon request Other (explain			,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onfli	ct of inte	rest policy, a	ind finar	ncial	
	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 b	ooks	and rec	ords:			
	MARY BETH GATES - 615-661-5437						
	301 HIGH HOPES COURT, FRANKLIN, TN 37064						
32000	5 11-28-17				Forn	n <b>990</b>	(20
- ^					~ ~ ~		
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Part VII	Compensation of Officers,	Directors, Trust	ees, Key Employe	es, Highest (	Compensated
	Employees, and Independe	ent 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 X

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.

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

Check this box if neither the organization nor a	any related organization com	pensated any current offic	er, director, or trustee
--	------------------------------	----------------------------	--------------------------

(A)	(B)			(		nper	loat	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week (list any	<u> </u>						from the	from related organizations	other compensation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	istee c	trustee		a	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional t		ploye	t com				and related organizations
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) M. ANDREW LEE, MD	3.00	-		0	$\times$	Ξē	Ē			
PAST BOARD CHAIR		x						0.	0.	0.
(2) CHRIS JENKINS	3.00									
VICE-PRESIDENT		x		х				0.	Ο.	0.
(3) MILTON BARTLEY	8.00									
PRESIDENT		X		Х				0.	0.	0.
(4) VANESSA NEWMAN	3.00									
SECRETARY		Х		Х				0.	0.	0.
(5) RACHEL DOBSON	2.00									
DIRECTOR		Х						0.	0.	0.
(6) JAMES GRAY (END. 6/18)	2.00									
DIRECTOR		Х						0.	0.	0.
(7) SONIA HOOVER	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) KATIE NEAL	2.00									
DIRECTOR		Х						0.	0.	0.
(9) BRANDY NEELY	5.00									
TREASURER		Х		Х				0.	0.	0.
(10) MONNA MAYHALL	2.00								0	0
DIRECTOR		X						0.	0.	0.
(11) ALISON PAGLIARA (END. 3/18)	2.00							0	0	0
DIRECTOR		X						0.	0.	0.
(12) CHRISTI SPEER	2.00	x						0.	0.	0.
DIRECTOR (13) DONALD STUART	2.00	<u>^</u>						0.	0.	0.
(13) DONALD STOART DIRECTOR	2.00	x						0.	0.	0.
(14) JACKIE THOMPSON	4.00							0.	0.	0.
DIRECTOR		x						0.	0.	0.
(15) TYLER WHITE	2.00								0.	
DIRECTOR	- 2000	x						0.	0.	0.
(16) CAREN WILLIAMS (END. 6/18)	2.00	<u> </u>								<b>3</b> •
DIRECTOR		x						0.	0.	0.
(17) GAIL POWELL (NON-VOTING)	40.00									`
EXECUTIVE DIRECTOR		x		х				100,792.	Ο.	4,842.
732007 11-28-17		-	-						-	Form <b>990</b> (2017)

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Form 990 (2017) HIGH HOPI									62-1	210	720	P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	ss pe	<b>ition</b> more rson i	than o is both pr/trust	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatic from related	on	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	IS	com fr org and	pensa om th anizat d relat nizati	e ion ed
(18) LANCE PRITCHETT (BEG. 7/18) DIRECTOR	2.00	х						0.		0.			0.
(19) MARY BETH GATES	12.00												
FINANCE DIRECTOR				x				0.		0.			0.
1b Sub-total							<b>•</b>	100,792.		0.		4,8	42.
c Total from continuation sheets to Part V	I, Section A							0. 100,792.		0.		4,8	0.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n componentian from the examination</li> </ul>								-	),000 of reportab	-		<u>, , , , , , , , , , , , , , , , , , , </u>	<u>1 1</u>
compensation from the organization												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J for s</i>				-	•			highest compensated e			3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-	le co	omp	ensa	ation	n anc	l ot	ther compensation from	the organization		4		х
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>					-			-	idual for services	;	5		х
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for	•	•								npens	ation f	rom	
(A) Name and business	address							(B) Description of s	ervices	С	(C ompei		n
AMERICAN CONSTRUCTORS PO BOX 120129, NASHVILLE								CONSTRUCTION		4	,51	2,2	32.
PRACTICE RESOURCE NETWORN PERRONE WAY SUITE 110, FI	RANKLIN,	, י	ГN	37				HEALTHCARE B SERVICE	ILLING		11	9,1	21.
RECREATIONAL CONCEPTS, 12 STE D, COOKEVILLE, TN 38				N 2		Ξ,		CONSTRUCTION			10	2,9	52.
2 Total number of independent contractors (i	ncludina but n	ot lii	mite	d to	tho	se lis	ter	d above) who received n	ore than				
\$100,000 of compensation from the organi	-					3	_ 50						

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						<u> </u>	(A)	(B)	(C)	(D) Revenue excluded
							Total revenue	Related or exempt function	Unrelated business	from tax under
								revenue	revenue	sections 512 - 514
nts Its	1	а	Federated campaigns		1a					
ourar		b	Membership dues	f	1b					
Contributions, Gifts, Grants and Other Similar Amounts		с	Fundraising events		1c	237,457.				
ar J			Related organizations	I	1d		-			
is,		е	Government grants (contributi	ons)	1e		-			
rior S		f	All other contributions, gifts, grant	s, and			-			
the			similar amounts not included abov	/e	1f	591,186.				
d d		g	Noncash contributions included in lines	1a-1f: \$		21,353.	-			
ရှ ပိ			Total. Add lines 1a-1f				828,643.			
						Business Code	÷			
8	2	а	THERAPY			621300	1,580,985.	1,580,985.		
e ži		b	EDUCATION			611600	1,000,169.	1,000,169.		
Program Service Revenue		с								
an eve		d								
Б <u>с</u>		е								
בֿ	·	f	All other program service reve	nue						
		g	Total. Add lines 2a-2f			►	2,581,154.			
	3		Investment income (including	dividend	s, inter	est, and				
			other similar amounts)				509.			509.
	4		Income from investment of tax	k-exempt	bond p	proceeds				
	5		Royalties			🕨				
				(i) R	eal	(ii) Personal				
	6	а	Gross rents							
		b	Less: rental expenses							
		С	Rental income or (loss)							
		d	Net rental income or (loss)			🕨				
	7	а	Gross amount from sales of	(i) Sec	urities	(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses				-			
			Gain or (loss)							
			Net gain or (loss)			····· <b>&gt;</b>				
e	8	а	Gross income from fundraising							
/enue			including \$ 237,4		f					
Other Rev			contributions reported on line			110 670				
ler			Part IV, line 18			119,672.	-			
€			Less: direct expenses			83,718.				25 054
			Net income or (loss) from fund			····· •	35,954.			35,954.
	9	а	Gross income from gaming ac							
		_	Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gam		ties	····· <b>&gt;</b>				
	10	а	Gross sales of inventory, less							
			and allowances							
			Less: cost of goods sold							
ł		С	Net income or (loss) from sales		ntory					
ŀ		_	Miscellaneous Revenue MISCELLANEOUS	8		Business Code 900099	268.			268.
							200.			200.
		b								
		с С	All other revenue							
			All other revenue			└►	268.			
	12	e	Total. Add lines 11a-11d Total revenue. See instructions.				3,446,528.	2 581 154	0.	36,731.
70000		00				····· 🕨	5, 440, 540.	-,		Form <b>990</b> (2017)
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Form 990 (2017)

HIGH HOPES, INC.

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

Part VIII Statement of Revenue HIGH HOPES, INC.

Check if Schedule O contains a respo	(A)	(B)	(C)	L
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organization	S	•	<u> </u>	•
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	28,174.	28,174.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreigr	ו			
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,	110 424	71 0 6 1	11 042	
trustees, and key employees	118,434.	71,061.	11,843.	35,530
6 Compensation not included above, to disqualified				
persons (as defined under section $4958(f)(1)$ ) and				
persons described in section 4958(c)(3)(B)	2,054,389.	1,773,967.	204,587.	75,835
7 Other salaries and wages	2,054,569.	1,113,901.	204,507.	15,055
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	101,399.	87,030.	10,099.	1 270
9 Other employee benefits	162,310.	137,890.	16,167.	4,270 8,253
0 Payroll taxes	102,510.	157,090.	10,107.	0,23.
1 Fees for services (non-employees):				
a Management	1,793.	1,793.		
b Legal		8,245.	970.	485
c Accountingd Lobbying	577000	0,2150		10.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch O.)	165,840.	162,416.	2,490.	934
2 Advertising and promotion	14 000	12,741.	1,494.	763
3 Office expenses		4,295.	504.	258
4 Information technology		_		
5 Royalties				
6 Occupancy	11 270	37,696.	4,419.	2,257
7 Travel				
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest	13,573.	11,531.	1,352.	690
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	103,655.	88,060.	10,325.	5,270
3 Insurance	36,530.	31,034.	3,639.	1,857
4 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	166,947.	165,617.	1,330.	
b EQUIPMENT MAINTENANCE	116,095.	98,628.	11,564.	5,903
c BAD DEBT EXPENSE	43,783.	43,783.		04.40
d CAPITAL CAMPAIGN EXPENS	24,484.			24,484
e All other expenses	25,154.	16,562.	7,848.	
5 Total functional expenses. Add lines 1 through 24e	3,236,687.	2,780,523.	288,631.	167,533
6 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

732010 11-28-17

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### 20598-21

		Check if Schedule O contains a response or not	e io an				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash non interest bearing			64,476.	1	32,690.
	2	Cash - non-interest-bearing Savings and temporary cash investments			41,408.	2	68,923.
	2				1,766,507.	2	1,232,288.
	4	Pledges and grants receivable, net Accounts receivable, net			189,826.	4	240,569.
	- 5	Loans and other receivables from current and for			10570200		210,5051
	5	trustees, key employees, and highest compensation					
						5	
	6	Part II of Schedule L Loans and other receivables from other disguali		=		5	
	U	section 4958(f)(1)), persons described in section	•	`			
		employers and sponsoring organizations of sect					
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			535.	7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	iou	basis Complete Part VI of Schedule D	10a	9,016,618.			
	b	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	507,286.	3,939,491.	10c	8,509,332.
	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		6,002,243.	16	10,083,802.	
	17	Accounts payable and accrued expenses	83,948.	17	147,240.		
	18	Grants payable			18		
	19	Deferred revenue	76,931.	19	72,549.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			558,566.	23	4,361,980.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s <b>1</b> 7-24)	. Complete Part X of			
		Schedule D			8,763.	25	18,157.
	26	Total liabilities. Add lines 17 through 25			728,208.	26	4,599,926.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔯 and			
ses		complete lines 27 through 29, and lines 33 an			2 484 225		
anc	27	Unrestricted net assets			3,474,085.	27	4,213,566.
Bal	28	Temporarily restricted net assets		·····  _	1,799,950.	28	1,270,310.
Fund Balances	29			······		29	
		Organizations that do not follow SFAS 117 (A	3), check here 🕨 🛄				
Net Assets or		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	32	Retained earnings, endowment, accumulated in		E	F 274 02F	32	5 102 076
-	33	Total net assets or fund balances			5,274,035. 6,002,243.	33	5,483,876.
	34	Total liabilities and net assets/fund balances			0,002,243.	34	10,083,802.
							Form <b>990</b> (2017)

HIGH HOPES, INC.

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

Form 990 (2017)

Part X Balance Sheet

62-1210720 Page 11

	1990 (2017) HIGH HOPES, INC.	62-121	.0720	Paç	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			~		~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,440	5,5	28.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,230	<u>5,6</u>	87.
3	Revenue less expenses. Subtract line 2 from line 1	3			41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,274	1,0	35.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		F 40		
De	column (B))	10	5,483	3,8	/6.
Ра	rt XII Financial Statements and Reporting				37
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		
	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			х	
b	Were the organization's financial statements audited by an independent accountant?		. 2b	~	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-		х	
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	л	
•	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	0			x
	Act and OMB Circular A-133?		. <b>3</b> a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		0.		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	000	(0017)

Form **990** (2017)

732012 11-28-17

**SCHEDULE A** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2017
Open to Public Inspection
identification number

OMB No. 1545-0047

L

Nan	ne of t	the organization						Employer	identification number
		HIGH	HOPES, IN	C.				6	2-1210720
Pa	rt I	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) S	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (	(For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)(	1)(A)(i).		
2	Х	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrit	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
		section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college								
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
		university:							
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	in 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Con	. ,						
11		An organization organized a	•		•				
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Check the box in
		lines 12a through 12d that				-		-	
а		<b>Type I.</b> A supporting orga	-		•	-	-		
		the supported organization			a majority	of the aire	ctors or truste	ees of the s	supporting
h		organization. You must o	-		tion with it		od organizati	na (n) hu ha	wing
b		Type II. A supporting org control or management or	-				-		-
		organization(s). You mus			ame perso			age the sup	ported
с		Type III functionally inte			in connec	tion with	and functions	llv integrat	ed with
Ŭ		its supported organizatio						iny integrat	ca with,
d		Type III non-functionally						rted organi	zation(s)
		that is not functionally int						•	
		requirement (see instruct			-		-		
е		Check this box if the orga						II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number of supported o	organizations						
g	Prov	vide the following informatior	n about the supporte						
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	inization listed	(v) Amount o	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	al								
					000 57			/=	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

### Schedule A (Form 990 or 990 EZ) 2017 HIGH HOPES, INC.

62-1210720 Page 2

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.)

Calendar year (of fiscal year beginning in) (g) 2013 (g) 2014 (g) 2015 (g) 2016 (g) 2017 (g) Total membership fees received. (Do not include any "unsueal prants.") 2 Tax revenues levied for the organi- lization's benefit and dither pad to or expended on its behalf 3 The value of services or facilities thirmised by a governmental unit to the organization without charge 4 Total. Addi services or facilities by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2 Calendar year (of fiscal year beginning in) 7 Amounts from line 4 Gross from the sale of capital assets (E) plants, rinets, rogital assets (E) plants, rinets, rogital 3 The value of explants of the capital assets (E) plants from unded on asset fiscal in Part VI) 1 20 6203. 108 5613. 701, 752. 2334604. 828, 643. 6156815. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2 Amounts from line 4 3 Gross income from lines, 1 1 Total support. 1 2 Other income. Do not include gain or loss from the sale organization in first, second, third, fourth, or fifth tax years as acclos 5010(10) 3 Gross from the sale organization in first, second, third, fourth, or fifth tax years as acclos 5010(10) 3 Gross from the sale organization in first, second, third, fourth, or fifth tax years as acclos 5010(10) 3 Gross from the sale organization in first, second, third, fourth, or fifth tax years as acclos 5010(10) 3 Gross from the sale organization in first, second, third, fourth, or fifth tax years as acclos 5010(10) 3 Gross from the sale organization methor the organization of ind to the organization in first, second, third, fourth, or fifth tax years as acclos 5010(10) 3 Gross from the sale organization	Sec	ction A. Public Support								
membership fees received. (20 not include any 'unusual grants.')       1206203. 1085613. 701, 752. 2334604. 828, 643. 6156815.         2 Tax revenues levied for the organization's benefit and ether paid to or expended in its behalf.       1206203. 1085613. 701, 752. 2334604. 828, 643. 6156815.         3 The value of services or facilities turnished by a governmental unit to the organization without charge by each person (other than a government all mor publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (1)       1206203. 1085613. 701, 752. 2334604. 828, 643. 6156815.         5 Public support. Some from iterest, dividends, payments received on securities loars, rents, royalits, and income from similar sources.       10. 135. 50. 509. 704.         9 Net income from similar sources.       10. 135. 50. 509. 704.         9 Net income from similar sources.       10. 135. 50. 509. 704.         9 Net income from similar sources.       10. 135. 50. 509. 704.         11 Total support. Add lines 7 through 10       675. 1, 561. 589. 268. 3, 093.         12 Public support percentage for 2017 (If the Gamma (If the organization's first, second, third, fourth, or fifth tax years as section 500(c) organization, check this box and stop here.       12         9 Net income from similar sources and or comparization's first, second, third, fourth, or fifth tax years as acclon 500(c) organization, check this box and stop here.       12         9 Net income from similar sources is the metal of comparization's first, second, third, fourth, or fifth tax years as acolon 500(c) organization, check this box and	Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	<b>(f)</b> Total		
Include any 'unusual grants.",       1206203. 1085613. 701,752. 2334604. 828,643. 6156815.         2 Tax revenues levied for the organization includes any comparison of total contributions by each person (other than a differ paid to or expended on its behalf       1206203. 1085613. 701,752. 2334604. 828,643. 6156815.         3 The value of services or facilities furnished by a governmental unit to the organization without charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       1206203. 1085613. 701,752. 2334604. 828,643. 6156815.         6 Public support contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       1206203. 1085613. 701,752. 2334604. 828,643. 6156815.         6 Public support. Science the stome at sections boxing in [h]       (a) 2014       (c) 2015       (d) 2016       (f) Total sections.         7 Amounts from line 4       1206203. 1085613. 701,752. 2334604. 828,643. 6156815.       8       Gross income from interest, dividend by again (b) 2017       (f) Total sections.         9 Net income from interest, dividend by again (b)       130. 135. 500. 509. 704.       120. 250. 258.         10 Other income. Do not include gain or loss from the sale of capital satist (b) again in Part VI.)       675. 1,561. 589. 268. 3,093.         11 Total support. Add lines 7 through 10       12 10,250. 258.       10, 250. 258.         12 Gross receipts from related and or loss from the sale of capital sat the organization indiverse b	1	Gifts, grants, contributions, and								
2       Tar versues levied for the organization is benefit and other pad to or expended on its behalf         3       The value of services or facilities furnished by a governmental unit to the organization without charge is transitioned by a governmental unit or publicly supported organization included on ins 1 that exceeds 2% of the amount shown on line 11, column (f)         5       The portion of total contributions by a provide organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       2774306.         6       Public support. Carbon time is the set of the amount shown on line 11, column (f)       2774306.         1206203.1085613.701.752.2334604.828,643.6156815.         5       Section B. Total Support.         Callendary set (of fiscal year beginning in) begin to the set of the amount shown on line 11, column (f)       2774306.         6       Public support. Carbon time is the set of the amount shown on line 11, column (f)       1206203.1085613.701.752.2334604.828,643.6156815.         6       Gross income from interest, dividends, payments received on securities loss, rens. royaties, and income from interest is a set of capital sources.       10.135.50.509.704.         9       Net income from interest beyed on securities loss from the sale of capital sources.       10.135.50.509.704.         10       135.954.35.954.35.954.       10.250.258.         20 Cother income from interest.       10.250.258.         11       Total support. Add lines 7 through 10.       12 <td></td> <td>membership fees received. (Do not</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		membership fees received. (Do not								
training bound in the behalf       image: constraint of the co		include any "unusual grants.")	1206203.	1085613.	701,752.	2334604.	828,643.	6156815.		
or expended on its behalf       Image: services or facilities fumished by a governmental unit to the organization without charge         4 Total. 4dl lines 1 through 3       IZ06203. 1085613. 701,752. 2334604. 828,643. 6156815.         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       IZ06203. 1085613. 701,752. 2334604. 828,643. 6156815.         6 Public support. Subtract line 5 thre line 4       3382509.         Section B. Total Support       (a) 2013       (b) 2014       (c) 2015       (d) 2016       (e) 2017       (f) Total         7 Amounts from line 4       (a) 2013       (b) 2014       (c) 2015       (d) 2016       (e) 2017       (f) Total         8 Gross income from interest, oryalities, and income from interest, oryalities, and income from interest, oryalities, and income from smiller sources       10. 135. 50. 509. 704.       35, 954. 35, 954.         10 Other income. Do not include gain or loss step (Liptain In Part V)       14 675. 1, 561. 589. 268. 3, 093.       (f) 656566.         11 Total support. Add lines 7 through 10       14 54.59 %       50.03 %       (f) 865666.         12 Out 200, 258e.       12 00, 250, 258e.       10. 31.03 % or more, check this box and stop here.       (a) 50.03 %         16 Total support percentage from 2016 Schedule A, Part I, line 14       14 50.0.03 %       14 50.0.03 % <td>2</td> <td>Tax revenues levied for the organ-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	2	Tax revenues levied for the organ-								
3 The value of services or facilities furnished by a governmental unit to the organization without charge 3 Total. Add lines 1 through 3       1206203. 1085613. 701,752. 2334604. 828,643. 6156815.         5 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       1206203. 1085613. 701,752. 2334604. 828,643. 6156815.         6 Public support. Science the 5 term line 4.       33822509.         Section B. Total Support       (a) 2013         Calendar year (offsel year beginning in) ►       (a) 2013         7 Amounts from line 4       (a) 2013         8 Gross income from interest, dividends, payments received on securities longs, rents, rynkins, and income from similar sources       10. 135. 50. 509. 704.         9 Net income from include gain or loss from the sale of capital assets (Explain in Part V).       675. 1, 561. 589. 268. 3, 093.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V).       6136566c.         12 Total support Add lines 7 through 10       12 10, 250, 258.         13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 2016 support percentage for 2017 (line 6, cloumn (f) divided by line 11, column (f).       14 54.59 9 15 50.03 %         16 a3 1/3% support test- 2016. If the organization did not check the box on line 13		ization's benefit and either paid to								
function       the organization without charge       1206203.1085613.701,752.2334604.828,643.6156815.         7 Total. Add lines 1 through 3       1206203.1085613.701,752.2334604.828,643.6156815.         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (0)       2774306.         6 Public support. Subtractines item line 4.       3382509.         Section B. Total Support       (a) 2013       (b) 2014       (c) 2015       (d) 2016       (e) 2017       (f) Total         1206203.1085613.701,752.2334604.828,643.6156815.       Gross income from inters.       (d) 2016       (e) 2017       (f) Total         7 Arrounts from line 4.       1206203.1085613.701,752.2334604.828,643.6156815.       G ross income from inters.       (f) Total         8 Gross income from interest.       10.135.50.509.704.       509.704.         9 Net income from interest.       10.135.50.509.704.       509.704.         10 Other income. Do not include gain or loss first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       12       10.250,258.         13 First twe years. If the Form 909 is for the organization shift, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       13       14       54.59 %       50.03 %       15       50.03 %		or expended on its behalf								
the organization without charge       1206203.1085613.701,752.2334604.828,643.6156815.         To proprior of total contributions by each person (dher than a government) unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (i)       2774306.         Geudine support. Subject the shown on line 11, column (i)       2774306.       3382509.         Section B. Total Support       (a) 2013       (b) 2014       (c) 2015       (d) 2016       (e) 2017       (f) Total         Calendar year (or fiscal year beginning in) b       (a) 2013       (b) 2014       (c) 2015       (d) 2016       (e) 2017       (f) Total         7 Amounts from line 4       1206203.1085613.701,752.2334604.828,643.6156815.       6156815.5       6156815.5         8 Gross income from linerest, dividends, payments received on securities loans, rents, royalites, and income from similar sources       10.1355.50.509.704.       928.63.3,093.         9 Net income from unrelated business activities, whether or not the business is regularly carried on unrelated business activities, whether or not the business activities, whether or not the Business is regularly carried on unrelated business activities, whether or not the Business is regularly carried on unrelated business activities, whether or not the Business is regularly carried on unrelated business activities, whether or not the Business is regularly carried on unrelated business is regularly carried on unrelated business activities, whether or not the Business is regularly carried on unrelated business actrest. 10.135.50.509.7252.258.135.954.35,954.3	3	The value of services or facilities								
4       Total. Add lines 1 through 3       1206203.1085613.701,752.2334604.828,643.6156815.         5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 280 of the amount shown on line 11, column (f)       2774306.         6       Public support. Subtactive 5 tron line 4.       3382509.         Section B. Total Support       (a) 2013       (b) 2014       (c) 2015       (d) 2016       (e) 2017       (f) Total         1206203.1085613.701,752.2334604.828,643.6156815.       Gross income from interest, invaltes, and income from similar sources       10.135.50.509.704.       509.704.         9       Net income from similar sources       10.135.50.509.704.       35,954.35,954.       35,954.35,954.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Par VI)       675.1,561.589.268.3,093.       12       10.250,258.12         11       Total support. Add lines 7 through 10       14       54.59 %       14       50.09 %         14       Public support percentage for 2017 (in 6, column (f) divided by line 11, column (fi)       14       54.59 %       15       50.0 %       12       10.250,258.12       10.250,258.12       10.250,258.12       10.250,258.12       10.250,258.12       10.250,258.12       10.250,258.12       10.250,258.12       10.250,258.12		furnished by a governmental unit to								
5 The portion of total contributions by each person (dther than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       2774306.         6 Public support. Subtact the strem line 4       3382509.         Section B. Total Support       3382509.         Section B. Total Support       (d) 2016       (d) 2016       (e) 2017       (f) Total         7 Amounts from line 4       1206203.       1085613.       701.752.       2334604.       828.643.       6156815.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources       10.       135.       50.       50.9.       704.         9 Net income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       675.       1.,561.       589.       268.       3,093.         11 Total support. Add lines 7 through 10       12       10.,250.258.       10.       12       10.250.258.         12 First five years. If the Form 90.16 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       13       14       54.59.9       50.3.9       50.3.9       50.3.9       50.3.9       50.3.9       50.3.9       50.3.9       50.3.9       50.3.9       50.3.9       50.3.9       50.3.9       50.3.9		the organization without charge								
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4	Total. Add lines 1 through 3	1206203.	1085613.	701,752.	2334604.	828,643.	6156815.		
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       2774306.         6 Public support. Subtract line 5 trom line 4.       3382509.         Section B. Total Support       3382509.         Calendary year (or fiscal year beginning in) ►       (a) 2013       (b) 2014       (c) 2015       (d) 2016       (e) 2017       (f) Total         7 Amounts from line 4       1206203.       1085613.       701.752.       2334604.       828.643.       6156815.         8 Gross income from interest, dividends, payments received on securities cans, rents, royaltes, and income from similar sources       10.       135.       50.       509.       704.         9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the saile of capital assets (Explain in Part VI).       675.       1,561.       589.       268.       3,093.         11 Total support, Add lines 7 through 10       14       54.599.       10.       51.96566.       12       10.250.258.         13 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.       14       54.59.9.       5         14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)       14       54.50.0.3.%       5      <	5	The portion of total contributions								
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       2774306.         6       Public support: Subtract line 5 from line 4       3382509.         Section B. Total Support amounts from line 4       102013       (b) 2014       (c) 2015       (d) 2016       (e) 2017       (f) Total 3382509.         Calendar year (or fised) year beginning in)       (a) 2013       (b) 2014       (c) 2015       (d) 2016       (e) 2017       (f) Total 1206203.       1085613.       701, 752.       2334604.       828, 643.       6156815.         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on ro loss from the sale of capital assets (Explain in Part VI)       10.       135.       50.       509.       704.         12       Gross income the sale of capital assets (Explain in Part VI)       675.       1,561.       589.       268.       3,093.         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       14       54.59 %         14       Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))       14       50.0.03 %         15       B3 1/3% support test - 2017. If the organization did not check		by each person (other than a								
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and income from similar sources       10.135.50.709.704.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       35,954.35,954.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       675.1,561.589.268.3,093.         11 Total support. Add lines 7 through 10       675.1,561.589.268.3,093.         12 Gross receipts from related activities, etc. (see instructions)       12 10,250,258.         13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         15 33 1/3% support test - 2016. If the organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization         17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" te										
<ul> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li></ul>				10.	135.	50.	509.	704.		
activities, whether or not the business is regularly carried on       35,954.       35,954.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       675.       1,561.       589.       268.       3,093.         11       Total support. Add lines 7 through 10       675.       1,561.       589.       268.       3,093.         12       10,250,258.       12       10,250,258.       12       10,250,258.         13       First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here       Section C. Computation of Public Support Percentage         14       Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))       14       54.59 %         16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a       10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Ex	9									
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization			
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Schedule A (Form 990 or 990-EZ) 2017

14 09450115 781331 20598-20598 2017.05020 HIGH HOPES, INC.

## Schedule A (Form 990 or 990 EZ) 2017 HIGH HOPES, INC.

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

62-1210720 Page 3

(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.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e)	2017	(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					İ		
	Amounts included on lines 1, 2, and		1	1				
. 0	3 received from disqualified persons							
h	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		1	r				
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	<b>(f)</b> Total
9	Amounts from line 6							
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
L.	Unrelated business taxable income							
D	(less section 511 taxes) from businesses							
	,							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2	Other income. Do not include gain			1				
	or loss from the sale of capital							
2	assets (Explain in Part VI.)			1		1		
	Total support. (Add lines 9, 10c, 11, and 12.)	the exercise the state	l			E01(=)	(2) arrain	ation
4	First five years. If the Form 990 is for	une organization?			-			ation,
-	check this box and stop here	o Quanant Da					<u></u>	▶∟
	ction C. Computation of Public					1 .= 1		
5	Public support percentage for 2017 (I			column (f))		15		%
6	Public support percentage from 2016					16		%
e	ction D. Computation of Inves	stment Incom	e Percentage	•				
7	Investment income percentage for 20	<b>17</b> (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17		%
8	Investment income percentage from 2	016 Schedule A,	Part III, line 17			18		%
	33 1/3% support tests - 2017. If the					33 1/3%,	and line 1	7 is not
	more than 33 1/3%, check this box a							
h	<b>33 1/3% support tests - 2016.</b> If the							
N								
~	line 18 is not more than 33 1/3%, che							
	Private foundation. If the organizatio	i did not check a	box on line 14, 19	a, or 190, check ti				
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		nux '20'	17 05020					7115 VX - 71

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

### 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.)

16

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

11			Yes	N
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
ec	tion B. Type I Supporting Organizations			
			Yes	1
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,			
<u>.</u>	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations		Vee	Г
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	1
•	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		E
Sec	tion D. All Type III Supporting Organizations		<u> </u>	1
			Yes	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			T
	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		Е
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		Е
3	By reason of the relationship described in (2), did the organization's supported organizations have a			T
	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		Γ
Sec	tion E. Type III Functionally Integrated Supporting Organizations			-
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions			-
1		s).		
1 a	The organization satisfied the Activities Test. Complete line 2 below.	5).		
		ş).		
а	The organization satisfied the Activities Test. Complete line 2 below.	-	<u>3).</u>	
a b	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>	-	s). Yes	
a b c 2	<ul> <li>The organization satisfied the Activities Test. Complete line 2 below.</li> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:</li> </ul>	-		F
a b c 2	<ul> <li>The organization satisfied the Activities Test. Complete line 2 below.</li> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in: Activities Test. Answer (a) and (b) below.</li> </ul>	-		
a b c 2	<ul> <li>The organization satisfied the Activities Test. Complete line 2 below.</li> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Activities Test. Answer (a) and (b) below.</li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of</li> </ul>	-		
a b c 2	<ul> <li>The organization satisfied the Activities Test. Complete line 2 below.</li> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in: Activities Test. Answer (a) and (b) below.</li> <li>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</li> </ul>	-		
a b c 2	<ul> <li>The organization satisfied the Activities Test. Complete line 2 below.</li> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in: Activities Test. Answer (a) and (b) below.</li> <li>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,</li> </ul>	-		
a b c 2 a	<ul> <li>The organization satisfied the Activities Test. Complete line 2 below.</li> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in: Activities Test. Answer (a) and (b) below.</li> <li>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</li> </ul>	structions		
a b c 2 a	<ul> <li>The organization satisfied the Activities Test. Complete line 2 below.</li> <li>The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in: Activities Test. Answer (a) and (b) below.</li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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.</li> </ul>	structions		
a b c 2 a	<ul> <li>The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i>.</li> <li>The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i>.</li> <li>The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a government entity (see in</i>. Activities Test. Answer (a) and (b) below.</li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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.</li> <li>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more</li> </ul>	structions		
a b c 2 a	<ul> <li>The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i>.</li> <li>The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i>.</li> <li>The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a government entity</i> (see in: Activities Test. Answer (a) and (b) below.</li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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.</li> <li>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the</li> </ul>	structions		
a b c 2 a b	<ul> <li>The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i>.</li> <li>The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i>.</li> <li>The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a government entity (see in</i>. Activities Test. Answer (a) and (b) below.</li> <li>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 <i>how these activities directly furthered their exempt purposes</i>, <i>how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></li> <li>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," <i>explain in</i> Part VI the <i>reasons for the organization's position that its supported organization(s) would have engaged in these</i></li> </ul>	2a		
a b 2 a b	<ul> <li>The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i>.</li> <li>The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i>.</li> <li>The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a government entity (see in</i>: Activities Test. Answer (a) and (b) below.</li> <li>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 <i>how these activities directly furthered their exempt purposes</i>, <i>how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></li> <li>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> </ul>	2a		
a b 2 a b	<ul> <li>The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i>.</li> <li>The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i>.</li> <li>The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> <i>how you supported a government entity</i> (see in: Activities Test. <b>Answer (a) and (b) below</b>.</li> <li>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 <b>Part VI identify those supported organizations and explain</b> <i>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</i>.</li> <li>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> <li>Parent of Supported Organizations. <b>Answer (a) and (b) below</b>.</li> </ul>	2a		
a b c 2 a b 3 a	<ul> <li>The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i>.</li> <li>The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i>.</li> <li>The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a government entity</i> (see in: Activities Test. Answer (a) and (b) below.</li> <li>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 <i>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 described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," <i>explain in</i> Part VI the reasons for the organization's involvement.</i></li> <li>Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or</li> </ul>	2a 2b		
a b c 2 a b 3 a	<ul> <li>The organization satisfied the Activities Test. <i>Complete</i> line 2 below.</li> <li>The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.</li> <li>The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a government entity (see in: Activities Test. Answer (a) and (b) below.</li> <li>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization, and how the organization determined that these activities constituted substantially all of its activities.</li> <li>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</li> <li>Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI.</li> </ul>	2a 2b		

### Schedule A (Form 990 or 990 EZ) 2017 HIGH HOPES, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sectio	on 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		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	on 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 <b>Part VI</b> ):			
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		
	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on 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		
	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions		,	Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in <b>Part VI</b> ). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e						
	(provide details in <b>Part VI</b> ). See instructions.								
9	Distributable amount for 2017 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017					
1	Distributable amount for 2017 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2017 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2017								
а									
b	From 2013								
С	From 2014								
d	From 2015								
e	From 2016								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2017 distributable amount								
i	Carryover from 2012 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2017 from Section D,								
	line 7: \$								
-	Applied to underdistributions of prior years								
-	Applied to 2017 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2017, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in <b>Part VI.</b> See instructions.								
6	Remaining underdistributions for 2017. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2018. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
-	Excess from 2013								
	Excess from 2014								
	Excess from 2015								
	Excess from 2016								
e	Excess from 2017		Oshadada A						

Schedule A (Form 990 or 990-EZ) 2017

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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.)

#### LINE 2

FOR PURPOSES OF SCHEDULE A, THE ORGANIZATION HAS COMPLETED PART II IN

### ORDER TO COMPLETE THE SPECIAL RULE ON SCHEDULE B AND DISCLOSE DONORS

GREATER THAN 2% INSTEAD OF ALL DONORS GREATER THAN \$5,000.

20

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Ъ

\*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

62-1	21	0720	

IIGH	HOPES,	INC.
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$\_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its 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) (2017)

-	B (Form 990, 990-EZ, or 990-PF) (2017)			Page <b>2</b>		
Name of o	rganization		Employ	er identification number		
HIGH	HOPES, INC.		62	-1210720		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	onal space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution		
1		\$19,6	00.	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution		
2		\$17,5	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution		
3		\$19,2	00.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution		
4		\$ <u></u> 17,5	00.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution		
5		\$ <u>125,0</u> 	00.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution		
6		\$100,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
723452 11-0	01-17 22	Schedule	B (Form S	990, 990-EZ, or 990-PF) (2017)		
45011	5 781331 20598-20598 2017.05020 HIGH	HOPES, INC.		20598-21		

	B (Form 990, 990-EZ, or 990-PF) (2017)		1	Page <b>2</b>
Name of or	rganization		Employ	ver identification number
HIGH	HOPES, INC.		62	2-1210720
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
7		- _ \$\$	000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
8		- \$43,' -	738.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
9		- \$\$30,0	000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
10		- \$\$25,0	000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
		- _ \$ <u>55,</u> -	322.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
		- _ \$		Person Payroll Noncash Complete Part II for noncash contributions.)
723452 11-0	23	Schedule	B (Form	990, 990-EZ, or 990-PF) (2017)

09450115 781331 20598-20598 2017.05020 HIGH HOPES, INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
Name of organization

Employer identification number

62 - 1210720

HIGH HOPES, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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 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 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
		\$	990, 990-EZ, or 990-PF

Page 3

rt III	the year from any one contributor. Complete	columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000				
	completing Part III, enter the total of exclusively religion	us, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) <b>\$</b>				
No.	Use duplicate copies of Part III if addition	nal space is needed.					
m rtl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_   _							
		(e) Transfer of gif	t				
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee				
No. m tl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_ _							
_		(e) Transfer of gif	t				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
rt I	(a) i aipoco oi giii						
- _							
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_   _							
		t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
I —							

09450115 781331 20598-20598 2017.05020 HIGH HOPES, INC.

Department of the Treasury Internal Revenue Service

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...

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



..... . .

Nam	e of the organization HIGH HOPES, INC.		Emplo	62 - 1210720
Pa	-	her Similar Funds (	or Account	
	organization answered "Yes" on Form 990, Part IV, line 6.			
		dvised 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 writing that the ass	ots hold in donor advisor	l funde	
5	are the organization's property, subject to the organization's exclusive legal con			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing th			
0	for charitable purposes and not for the benefit of the donor or donor advisor, or			
			-	🖸 Yes 🗌 No
Pa		d "Yes" on Form 990 Pa	rt IV line 7	
1	Purpose(s) of conservation easements held by the organization (check all that a		1110, 1110 7.	
•	Property of conservation easements need by the organization (check all that a	Preservation of a histori	cally importa	at land area
	Protection of natural habitat	Preservation of a certifie		
	Preservation of open space	Freservation of a certific		ucture
2		ontribution in the form of	a conconvotiv	an accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation of			eld at the End of the Tax Year
~	day of the tax year.			
a L	Total number of conservation easements			
b	Total acreage restricted by conservation easements		····	
ں ام	Number of conservation easements on a certified historic structure included in 0 Number of conservation easements included in (c) acquired after 7/25/06, and r			
d				
3	listed in the National Register			uring the tax
3	year	d, or terminated by the o	nganization u	uning the tax
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, in			
5				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violatic	ons and enforcing conse		
Ŭ		ns, and emotoling conser		ients during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, a	nd enforcing conservatio	n easements	during the year
•	Survey and a supervised in the intervised in			during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requir	rements of section 170(h)	)(4)(B)(i)	
•	and section 170(h)(4)(B)(ii)?	. ,		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its			
•	include, if applicable, the text of the footnote to the organization's financial state	•	-	
	conservation easements.		o organizatio	i o doocalita igi ol
Pa	t III Organizations Maintaining Collections of Art, Historica	I Treasures, or Oth	ner Similar	Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to repo	ort in its revenue stateme	nt and baland	ce sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education,			
	the text of the footnote to its financial statements that describes these items.			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report ir	its revenue statement a	nd balance s	heet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research			
	relating to these items:	·		0
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other sin		-	
-	the following amounts required to be reported under SFAS 116 (ASC 958) relati	-	, ,,	
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$	
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.			
	1 10-09-17			

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26 2017.05020 HIGH HOPES, INC.

Sche		PES, INC.						52-12			age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Othe	er Simila	ar Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, check	any of the	following tha	at are a si	gnificant u	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d	<u>ו וו</u> ו	_oan or excl	hange progra	ams					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ey further th	ne organizati	ion's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or oth	er similar	assets		-		-
	to be sold to raise funds rather than to be m		<u> </u>						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, oi	r	
	reported an amount on Form 990, Pa										
<b>1</b> a	Is the organization an agent, trustee, custod								٦		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bllowing t	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										]
Par											<u></u>
		(a) Current year		rior year	(c) Two yea		(d) Three ye	ears back	(e) Fou	r vears	back
1a	Beginning of year balance	(u) ourroint your	(2)!!	nor your	(0)	io suon	<b>(a)</b>		(0) ! 0	Jouro	Juon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	)) held as:	•					
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	ered for th	ne organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the	0	owment f	iunds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere							. 1	( 1) =	<u> </u>	
	Description of property	(a) Cost or o		(b) Cost			cumulate	a	( <b>d)</b> Boo	k value	Э
	l su d	basis (investr	nent)	basis (	otner) 6,222.	dep	reciation		1,06	6 2	22
	Land				0,222. 9,567.	2	860,61	7	$\frac{1,00}{7,33}$		
	Buildings			1,09	• • • • • • • •		,00,01	· / •	1,55	0,9	50.
	Leasehold improvements			25	0,829.	1	.46,66	59	10	4,1	60
	Equipment			<u></u>	5,527.		. 10,00	• • •	±0	-,-	
	Other		X colur	on (R) line 1	0c)				8,50	9.3	32.
Tota	$\cdot$ Aud miles ta through te. (Column (a) must e	quai i unii 990, Parl	A, COIUIT	пт ( <i>D)</i> , III е Т					5,50	<u>,,,</u>	52.

Schedule D (Form 990) 2017

732052 10-09-17

(a) Description of	of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
I) Financial der	rivatives			
	equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
( )	ist equal Form 990, Part X, col. (B) line 12.)			
	vestments - Program Related.			
	-			10
	mplete if the organization answered "Yes" ) Description of investment	(b) Book value	e Tic. See Form 990, Part X, line	ost or end-of-year market value
	j Description of investment			ost of end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Col. (b) mu	st equal Form 990, Part X, col. (B) line 13.) ►			
	her Assets.			
Cor	mplete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line	15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
. ,				
(6)				
(7)				
(8)				
(9)		4 = 1		
	b) must equal Form 990, Part X, col. (B) lin	e 15.)		🕨
Part X   Ot	her Liabilities.			
	mplete if the organization answered "Yes"	on Form 990, Part IV, line		X, line 25.
Cor		on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part (b) Book value	X, line 25.
Cor 1. (1) Federal i	mplete if the organization answered "Yes" (a) Description of liability income taxes	on Form 990, Part IV, line	(b) Book value	X, line 25.
Cor I. (1) Federal i	mplete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line		X, line 25.
Cor (1) Federal i (2) CAPI	mplete if the organization answered "Yes" (a) Description of liability income taxes	on Form 990, Part IV, line	(b) Book value	X, line 25.
Cor I. (1) Federal i	mplete if the organization answered "Yes" (a) Description of liability income taxes	on Form 990, Part IV, line	(b) Book value	X, line 25.
Con (1) Federal i (2) CAPI (3) (4)	mplete if the organization answered "Yes" (a) Description of liability income taxes	on Form 990, Part IV, line	(b) Book value	X, line 25.
Cor (1) Federal i (2) CAPI (3) (4) (5)	mplete if the organization answered "Yes" (a) Description of liability income taxes	on Form 990, Part IV, line	(b) Book value	X, line 25.
Con I. (1) Federal i (2) CAPI (3) (4) (5) (6)	mplete if the organization answered "Yes" (a) Description of liability income taxes	on Form 990, Part IV, line	(b) Book value	X, line 25.
Con 1. (1) Federal i (2) CAPI (3) (4) (5) (6) (7)	mplete if the organization answered "Yes" (a) Description of liability income taxes	on Form 990, Part IV, line	(b) Book value	X, line 25.
Con 1. (1) Federal i (2) CAPI (3) (4) (5) (6) (7) (8)	mplete if the organization answered "Yes" (a) Description of liability income taxes	on Form 990, Part IV, line	(b) Book value	X, line 25.
Con 1. (1) Federal i (2) CAPI (3) (4) (5) (6) (7) (8) (9)	mplete if the organization answered "Yes" (a) Description of liability income taxes		(b) Book value	X, line 25.

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 🚺

Schedule D (Form 990) 2017

732053 10-09-17

Sche	edule D (Form 990) 2017 HIGH HOPES, INC.			62-	1210720 <sub>Pa</sub>	age <b>4</b>
	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With				Ŭ
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,659,5	36.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	157,464.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	83,718.			
е	Add lines 2a through 2d			2e	241,1	
3	Subtract line 2e from line 1			3	3,418,3	54.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b	28,174.			
С	Add lines <b>4a</b> and <b>4b</b>			4c	28,1	
5	Total revenue Add lines 2 and As (This must equal Form 000 Part 1 line 12)			5	3,446,5	·) O
-	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			•		20.
_	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit		•		20.
-	Reconciliation of Expenses per Audited Financial Staten           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n <b>ents Wit</b> a.	h Expenses per	Retu	rn.	
-	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	n <b>ents Wit</b> a.	h Expenses per	•		
Pa	rt XII         Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	h Expenses per	Retu	rn.	
<b>P</b> a 1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents Wit	h Expenses per	Retu	rn.	
Pa 1 2	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	h Expenses per	Retu	rn.	
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	h Expenses per 157,464.	Retu	rn.	
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 157,464. 83,718.	Retu	rn. 3,449,6	95.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 157,464. 83,718.	1 2e	rn. 3,449,6 241,1	95.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 157,464. 83,718.	1	rn. 3,449,6	95.
Pa 1 2 a b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents Wit	h Expenses per 157,464. 83,718.	1 2e	rn. 3,449,6 241,1	95.
Pa 1 2 b c d 3	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	h Expenses per 157,464. 83,718.	1 2e	rn. 3,449,6 241,1	95.
Pa 1 2 3 4	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	h Expenses per 157,464. 83,718.	1 2e	rn. 3,449,6 241,1 3,208,5	<u>95.</u> 82. 13.
Pa 1 2 3 4	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	h Expenses per 157,464. 83,718. 28,174.	Retu 1 2e 3 4c	rn. 3,449,6 241,1 3,208,5 28,1	95. 82. 13.
Pa 1 2 4 6 3 4 8 5	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	h Expenses per 157,464. 83,718. 28,174.	1 2e 3	rn. 3,449,6 241,1 3,208,5	95. 82. 13.

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

### PART X, LINE 2:

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR
EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S INCOME
TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE
LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE
APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF
ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS
DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE
LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME
TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN
INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

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Schedule D (Form 990) 2017       HIGH HOPES, INC.         Part XIII       Supplemental Information (continued)	62-1210720 <sub>Pag</sub>
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	83,71
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID	28,17
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	83,71
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FINANCIAL AID	28,17
	Schedule D (Form 990) 2

(Forn Departr Internal	CHEDULE E Schools orm 990 or 990-EZ) artment of the Treasury rnal Revenue Service Go to www.irs.gov/Form990 for the latest information. me of the organization Schools Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		-	OMB No. 1545-004 2017 Open to Public Inspection		
		n HIGH HOPES, INC.	Employer ide 62-	entificati -1210		
Par	tl				VEC	
1		tion have a racially nondiscriminatory policy toward students by statement in its charter, by strument, or in a resolution of its governing body?		1	YES X	NO
2	Does the organiza	tion include a statement of its racially nondiscriminatory policy toward students in all its bro	chures,		x	
3	Has the organizat	ther written communications with the public dealing with student admissions, programs, and ion publicized its racially nondiscriminatory policy through newspaper or broadcast media do on for students, or during the registration period if it has no solicitation program, in a way the	uring the	? 2		
	the policy known	to all parts of the general community it serves? If "Yes," please describe. If "No," please exp space, use Part II	lain.	<u>3</u> - -	x	
a b	Records indicating Records documer	tion maintain the following? g the racial composition of the student body, faculty, and administrative staff? nting that scholarships and other financial assistance are awarded on a racially nondiscrimin ogues, brochures, announcements, and other written communications to the public dealing	atory basis?		X X	
d	Copies of all mate	ams, and scholarships? rial used by the organization or on its behalf to solicit contributions? No" to any of the above, please explain. If you need more space, use Part II.			X X	
а	Students' rights o	tion discriminate by race in any way with respect to: r privileges? es?		- - <u>5a</u> <u>5</u> b		X X
		culty or administrative staff?				Х
		ther financial assistance?				X
		es?				X
						X
		?				X
h		ılar activities? Yes" to any of the above, please explain. If you need more space, use Part II.		<u>5h</u>		X
				-		
6a	Does the organiza	tion receive any financial aid or assistance from a governmental agency?		6a	Х	
		ion's right to such aid ever been revoked or suspended?				X
		Yes" on either line 6a or line 6b, explain on Part II.				
7	Does the organiza	tion certify that it has complied with the applicable requirements of sections 4.01 through 4	05 of			
	Rev. Proc. 75-50,	1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	Х	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.	Schedule E (Fo	m 990 or	990-EZ	Z) 2017

Schedule E (Form 990 or 990-EZ) 2017 HIGH HOPES, INC.	62-1210720 Page <b>2</b>
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	d 7, as applicable.
Also provide any other additional information.	
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:	
THE ORGANIZATION HAS A NONDISCRIMINATORY POLICY AS TO	
STUDENTS IN ITS CHARTER AND A NONDISCRIMINATORY POLICY AS	ТО
FACULTY, ADMINISTRATIVE STAFF AND OTHERS SERVING HIGH HOP	ES
IN ITS BYLAWS. THE ORGANIZATION IS COMMITTED TO THE	
PRINCIPLES OF SUCH POLICIES. HIGH HOPES' BROCHURES AND OT	HER
WRITTEN COMMUNICATIONS TO THE PUBLIC DEALING WITH STUDENT	ADMISSIONS,
PROGRAMS, SCHOLARSHIPS, AND TREATMENT WITHIN THE CLINIC E	MPHASIZE THE
ORGANIZATION'S COMMITMENT TO CHILDREN, ESPECIALLY THOSE W	ITH SPECIAL
NEEDS, IN AN INCLUSIVE MODEL WITH TYPICALLY DEVELOPING CH	ILDREN.
ADDITIONALLY, HIGH HOPES COMMUNICATES ITS NONDISCRIMINATO	RY POLICY IN
PRINT MEDIA ANNUALLY, AS WELL AS ON THE HIGH HOPES WEBSIT	E. HIGH HOPES
DRAWS ITS STUDENTS FROM LOCAL COMMUNITIES IN THE MIDDLE T	ENNESSEE AREA.
HIGH HOPES WAS FOUNDED AND HAS ALWAYS BEEN DEDICATED TO S	ERVING CHILDREN
WITH SPECIAL NEEDS IN AN INCLUSIVE MODEL WITH TYPICALLY D	EVELOPING
CHILDREN.	

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

HIGH HOPES RECEIVED REVENUE FROM THE TENNESSEE EARLY INTERVENTION SYSTEM,

WHICH IS ADMINISTERED BY THE TENNESSEE DEPARTMENT OF EDUCATION, FOR

SERVICES PERFORMED DURING THE FISCAL YEAR.

732062 10-06-17

Schedule E (Form 990 or 990-EZ) 2017

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	e organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	Form 5,000 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 10-EZ.		or if the	OMB No. 1545-0047
Name of the organization		PES, INC.					Employer ic 62-121	lentification number
		Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-	EZ filers are not
<ol> <li>Indicate whether the</li> <li>a Mail solicitation</li> <li>b Internet and</li> <li>c Phone solicities</li> <li>d In-person solicities</li> <li>2 a Did the organization</li> <li>key employees list</li> </ol>	e organization rais ions email solicitations ations licitations n have a written c ed in Form 990, P highest paid indiv	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	<b>Y</b> e	
(i) Name and address or entity (fund		<b>(ii)</b> Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	
			Yes	No				
		on is registered or licensed to solicit		bution:	s or has been notified	d it is	exempt from	registration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.	Scher	dule G (Form	990 or 990-EZ) 2017
		,					- (	<b>, · ·</b>

732081 09-13-17

33 09450115 781331 20598-20598 2017.05020 HIGH HOPES, INC.

#### Schedule G (Form 990 or 990-EZ) 2017 HIGH HOPES, INC.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II a 1 and 6h list avanta

		of fundraising event contributions and gr	oss income on Form 990	)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2 GIVING ON	(c) Other events	(d) Total events (add col. (a) through
			HATS OFF	THE GREEN	3	col. (c)
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	99,637.	91,388.	104,663.	295,688.
	2	Less: Contributions	82,612.	81,088.	65,374.	229,074.
	3	Gross income (line 1 minus line 2)	17,025.	10,300.	39,289.	66,614.
	4	Cash prizes				
(0	5	Noncash prizes		319.		319.
pense	6	Rent/facility costs	15,722.	10,300.	800.	26,822.
Direct Expenses	7	Food and beverages	2,541.	182.	1,766.	4,489.
ā	8	Entertainment			3,680.	5,670.
	9	Other direct expenses		7,686.	2,191.	
		Direct expense summary. Add lines 4 through	.,			52,680. 13,934.
Da	nt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization	ine 3, column (d)	000 Dart IV line 10 ar		15,954.
10		\$15,000 on Form 990-EZ, line 6a.	answered tes offrom	1990, Fait IV, inte 19, 011	eponeu more man	
Revenue		\$13,000 011 0111 350°L2, inte 0a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				

9 Enter the state(s) in which the organization conducts gaming activities: \_

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

%

Yes

No

%

.....

Yes

No

%

Yes

No

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_ Yes **b** If "Yes," explain:

732082 09-13-17

6 Volunteer labor

5 Other direct expenses

Schedule G (Form 990 or 990-EZ) 2017

No

\_ No

Sche	edule G (Form 990 or 990-EZ) 2017 HIGH HOPES, INC.	<u>62-1</u>	<u>21072</u>	) Page
	Does the organization conduct gaming activities with nonmembers?		Yes	
	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?		Yes	
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	
	An outside facility		13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name ▶			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		└── Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt		
	of gaming revenue retained by the third party <b>&gt;</b> \$			
с	If "Yes," enter name and address of the third party:			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation			
	Director/officer Employee Independent contractor			
17	Mandatany diately tiona			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		<b>V</b>	
	retain the state gaming license?			
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
De	organization's own exempt activities during the tax year <b>&gt;</b> \$			0 1 -
ra	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lir	1es 9, 9b, 1	ub, 15b
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
3208	3 09-13-17 Schedule	G (Form	990 or 99	D-EZ) 2(
	35		<b>a</b> = -	o o -
50	115 781331 20598-20598 2017.05020 HIGH HOPES, INC.		205	98-2
0	115 /01551 20590 20590 201/.05020 HIGH HOLES, INC.		205	JU 2

		Schedule G (Form 990 or 990-EZ)
084 04-01-17		
084 04-01-17	36	
0115 781331 20598-20598	2017.05020 HIGH HOPES, IN	C. 20598-21
	TAT' A COASA HIGH HOLDO' TH	

SCHEDULE (Form 990) Department of th Internal Revenue	ie Treasury	Go	irants and Oth vernments, an ete if the organizatio Go to www.ir	nd Individua n answered "Yes Attach to For	<b>ls in the Ŭn</b> i " on Form 990, Pa	ited States rt IV, line 21 or 22.		OMB No. 1545-0047 2017 Open to Public Inspection
Name of the	organization			0				Employer identification number
	HIGH HOPE	-						62-1210720
	General Information on Grants a							
criteria	he organization maintain records a used to award the grants or assi	stance?						
	be in Part IV the organization's pro						/ # E 000 E	
	Grants and Other Assistance to	-				anization answered "	res" on Form 990, Par	t IV, line 21, for any
	recipient that received more than me and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
i (a) Na	or government		(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	
2 Enter t	otal number of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	•	•	1	
	otal number of other organization			·····				
LHA For P	aperwork Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL AID	11	28,174.	٥.	COST OF TUITION	
Part IV Supplemental Information. Provide the information	ion required in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					

A FINANCIAL AID COMMITTEE HAS BEEN SET UP THAT CONSISTS OF THE 4 DIRECTORS

(EXECUTIVE DIRECTOR, EDUCATION DIRECTOR, DIRECTOR OF DEVELOPMENT, CLINIC

DIRECTOR). PARENTS SUBMIT AN APPLICATION, PAY STUBS, AND WRITE A LETTER OF

NEED. THE 4 DIRECTORS REVIEW THE APPLICATIONS AND AWARD AVAILABLE FUNDS

BASED ON NEEDS. GRANTS ARE USUALLY A SPECIFIC DOLLAR AMOUNT PER MONTH FOR

THE ENTIRE SCHOOL YEAR.

Department of the Treasury Internal Revenue Service	28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.							OMB No. 1545-0047 <b>2017</b> Open To Public Inspection							
Name of the organization		OPE	S, INC.									rident 107		on nu	mber
								•	)(29) organizatior r Form 990-EZ, P			)b			
1 (a) Name of disqualified person		(b) Relationship between disqual person and organization										Corre es	cted? No		
2 Enter the amount of section 4958			0	•		•	•	Ŭ	the year under		▶ \$				
3 Enter the amount of <b>Part II</b> Loans to	f tax, if any, on li and/or Fror	ne 2, a n Inte	above, reimburs erested Per	sed by	the or	ganizat	ion				▶ \$			00	
	n amount on Form 9 (b) Relationsh						(e) Original principal amount		(f) Balance due		(g) In		(h) Approved by board or committee?		
					From					Yes	No	Yes	No	Yes	No
Total Part III   Grants o	r Assistance	Ben	efitina Inte	reste	d Pe	rsons	> \$								1
		n answered "Yes" on Form 990, Pa (b) Relationship between interested person and the organization			art IV, li (c		mount of (d) Type				(e) Purpose of assistance				
							13,75	0.	FREE TUI	TIO	N E	MPL	OYE	ΕB	ENE

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

Schedule L (Form 990 or 990-EZ) 2017

Schedule L (Form 990 or 990-EZ) 2017	HIGH	HOPES,	INC.
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### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	4,512,232.	INDEPENDENT		Х

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

### SUBSTANTIAL CONTRIBUTOR

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR ARRANGEMENT

SCHEDULE L, PART IV, COLUMN B:

THE EXECUTIVE DIRECTOR OF THE ORGANIZATION HAS A FAMILY MEMBER THAT IS

AN EMPLOYEE/OFFICER OF THE SUBSTANTIAL CONTRIBUTOR LISTED IN PART IV.

ADDITIONALLY, THE FAMILY MEMBER HAS LESS THAN 1% OWNERSHIP INTEREST IN

THE SUBSTANTIAL CONTRIBUTOR THROUGH PARTICIPATION IN AN EMPLOYEE STOCK

OWNERSHIP PLAN.

Schedule L (Form 990 or 990-EZ) 2017

732132 10-18-17

SCHEDULE O

(Form 990 or 990-EZ)

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



62-1210720

HIGH HOPES, INC.

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

CHILDREN, YOUTH, AND THEIR FAMILIES WITH SKILLS NECESSARY TO ACHIEVE

SUCCESS THROUGH EDUCATION, THERAPEUTIC SERVICES, AND LOVING SUPPORT.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

HIGH HOPES, INC. EXPANDED THEIR THERAPY SERVICES TO INCLUDE A PROGRAM

ENTITLED FAMILY SUPPORT SERVICES. IT COORDINATES MUCH NEEDED SUPPORT

AND RESOURCES FOR FAMILIES, CAREGIVERS, SPECIAL NEEDS GROUPS, TEACHERS,

AND THERAPISTS IN ORDER TO BETTER SERVE THE INTERESTS OF FAMILIES AND

CHILDREN WITH SPECIAL NEEDS IN MIDDLE TENNESSEE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

POSSIBLE FOR 713 CHILDREN AND YOUTH TO VISIT OUR PEDIATRIC CLINIC

25,386 TIMES TO RECEIVE PHYSICAL, OCCUPATIONAL, SPEECH, AND FEEDING

THERAPY.

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

A COPY OF THE COMPLETED FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE

REVIEWED INITIALLY BY THE FINANCE COMMITTEE AND THEN DISTRIBUTED TO THE

BOARD OF DIRECTORS FOR ITS REVIEW AND APPROVAL.

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

OFFICERS, DIRECTORS, AND KEY EMPLOYEES COMPLETE A CONFLICT OF INTEREST

DISCLOSURE UPON JOINING THE ORGANIZATION AND ANNUALLY THEREAFTER. SUCH

INDIVIDUAL WHO MIGHT DERIVE ANY PROFIT OR GAIN, DIRECTLY OR INDIRECTLY, BY

REASON OF THEIR POSITION WITH HIGH HOPES DOES NOT PARTICIPATE IN ANY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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09450115 781331 20598-20598 2017.05020 HIGH HOPES, INC.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

HIGH HOPES, INC.

62-1210720

DECISIONS ON SUCH MATTERS.

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

THE ORGANIZATION'S EXECUTIVE COMMITTEE EVALUATES THE ANNUAL COMPENSATION OF THE EXECUTIVE DIRECTOR AND REVIEWS COMPARATIVE DATA. UPON COMPLETION OF THE EVALUATION, THE FINAL DETERMINATION IS PRESENTED TO THE ORGANIZATION'S BOARD FOR FINAL APPROVAL.

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

FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON

REQUEST AND ON THE WEBSITE GIVINGMATTERS.COM. GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION B:

THE TOTAL PAYMENTS TO CERTAIN INDEPENDENT CONTRACTORS INCLUDES SERVICES

AND THE COST OF MATERIALS TO EXPAND THEIR EXISTING FACILITY, WHICH

COULD NOT REASONABLY BE SEGREGATED.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S OVERSIGHT PROCESS OR SELECTIONS PROCESS HAS NOT

CHANGED FROM THE PRIOR YEAR.

FORM 990, PART I, LINE 6:

577 VOLUNTEERS DONATED 8,536 HOURS AS BABY ROCKERS, STORYTELLERS, PLAY

BUDDIES, CLERICAL ASSISTANTS, SPECIAL EVENTS COORDINATORS,

PHOTOGRAPHERS, AND MAINTENANCE HELPERS. 732212 09-07-17 42 09450115 781331 20598-20598 2017.05020 HIGH HOPES, INC. 20598-21