Form **990**

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

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

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

OMB No. 1545-0047 2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Une not enter social security numbers on this form as it may be made public. Une not enter social security numbers on this form as it may be made public. Une not enter social security numbers on this form as it may be made public. Une not enter social security numbers on this form as it may be made public. Une not enter social security numbers on this form as it may be made public. Une not enter social security numbers on this form as it may be made public. Une not enter social security numbers on this form as it may be made public. Une not enter social security numbers on this form as it may be made public.								
A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17								
В	Check if applicable:	C Name of organization		D Employer identification number				
	Address change	NEW HOPE SERVICES						
=	•	Doing business as			022158			
\equiv	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	3 number 288-8248			
٠	Initia' return	725 WAIL STREET City or lown, state or province, country, and ZIP or foreign postal code		012-	200-0240			
	Final return/ terminated				ints\$ 11,227,281			
\Box	Amended return	JEFFERSONVIILE IN 47130 F Name and address of principal officer:	<u></u>	G Gross rece				
$\overline{\Box}$	Application pending	JOHN BROADY	H(a) is this a grou	up relum for su	rbordinales? Yes 🗶 No			
لسا	, determine the series of	725 WALL STREET	H(b) Are all subo	ordinates inclu	rded? Yes No			
		JEFFERSONVILLE IN 47130	[''		see instructions)			
	T		7					
<u>+</u>	Tax-exempt status: Website: ▶ V	WWW.NEWHOPESERVICES.ORG	H(c) Group exen	uniioo rumbe	, b			
<u>ئ</u> ــــ	Form of organization		ear of formation:		M State of legal domicile: IN			
	101 101 101 101 101 101 101 101 101 101	ummary						
333346		escribe the organization's mission or most significant activities:			•			
_	TO I	PROVIDE HOPE THROUGH SERVICES WHICH ARE RESPONSIVE	TO THE INI	IVIDU	 VI			
ğ		OS OF THOSE WHO ARE CHRONICALLY DISABLED AND/OR HAV						
ma		· · · · · · · · · · · · · · · · · · ·			*************************			
& Governance	2 Check #	his box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25	5% of its net ass	ets.	.,			
ŏ		of voting members of the governing body (Part VI, line 1a)			12			
ν V		of independent voting members of the governing body (Part VI, line 1b)			11			
#		mber of individuals employed in calendar year 2016 (Part V, line 2a)			213			
Activities	1	mber of volunteers (estimate if necessary)		··	0			
٩		related business revenue from Part VIII, column (C), line 12			0			
		elated business taxable income from Form 990-T, line 34		7b	0			
	D NOT OTHE	Soled business tabase income north orthogonal soles and	Prior Yea	r	Current Year			
o	8 Contribu	utions and grants (Part VIII, line 1h)	1,569		2,410,605			
5	9 Program	n service revenue (Part Vill, line 2g)	6,575	5,502	7,785,135			
Revenue	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		3,060	39,354			
D.	11 Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,947	<u>856,871</u>			
	12 Total res	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,911	L,578	11,091,965			
-	13 Grants a	and simllar amounts paid (Part IX, column (A), lines 1–3)			0			
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			<u> </u>			
ŝ	15 Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,292	2,239	5,627,134			
penses	16a Professi	i, other compensation, employee benefits (Part IX, column (A), lines 5–10) ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) ► 40, 511		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0			
~ ~	b Total fur	ndraising expenses (Part IX, column (D), line 25) ▶ 40,511						
Ш̈		xpenses (Part IX, column (A), lines 11a~11d, 11f-24e)		3,053	3,747,490			
	18 Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,292	9,374,624			
	19 Revenue	e less expenses. Subtract line 18 from line 12		5,286	1,717,341			
Net Assets or	<u> </u>	and (Bad V For 4B)	Beginning of Cur		End of Year			
SSE	20 Total as	sets (Part X, Jine 16)	15,038		16,444,629			
10.0	21 lotalia	bilities (Part X, line 26)		3,362	9,584,803			
and the second	ALLEGA MARKATAN AND AND AND AND AND AND AND AND AND A	ets or fund balances. Subtract line 21 from line 20	5,083	9,926	6,859,826			
		Ignature Block						
		f perjury, I declare that I have examined this return, including accompanying schedules and statem complete. Declaration of preparer (other than officer) is based on all information of which preparer i			owledge and belief, it is			
_				-				
Si	an D	Signature of officer		Date				
	ere	JOHN BROADY CFO		20.2				
116		Type or print name and title	<u> </u>					
-	Print/Tv		Date	Tarini T	H PTIN			
Pai	. `	Diameter Charles Chile	-	Check	ᆜ "			
MARC U. MCCORMICK, CPA 01/18/18/SSI-GIRDSYST POU								
	e Only	301 E. ELM STREET	F	imi's EIN)	35-1663728			
_	-	ATTEC STREAMS THE ADARA	1		919_0/E. F09C			
Me	v thẻ IRS discu	uss this return with the preparer shown above? (see instructions)	P	hone no.	812-945-5236			
		ss this return with the preparer shown above? (see instructions)	 		X Yes No			
DAA					Form 990 (2016)			

Form 990 (2016) NEW HOPE SERVI	CES	35-1022158	Page 2
	ervice Accomplishments	4	
		y line in this Part I <u>II</u>	X
Briefly describe the organization's mission			
TO PROVIDE HOPE THROUGH	"H SERVICES WHICH A	ARE RESPONSIVE TO !	THE INDIVIDUAL
NEEDS OF THOSE WHO ARE	CHRONTCALLY DISA	STED AND/OR HAVE I	W INCOME
MEEDS OF THOSE MIO AND	CHRONICHIDI DIDI		

		13.1 13.4.3	
2 Dld the organization undertake any signifit	cant program services during the yea	r which were not listed on the	T v V n.
*-**			Yes X No
if "Yes," describe these new services on \$			
3 Did the organization cease conducting, or	make significant changes in how it o	onducts, any program	□ 🖼
		***************************************	Yes X No
If "Yes," describe these changes on Sche			
4 Describe the organization's program servi	ce accomplishments for each of its t	rree largest program services, as me	asured 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 expenses, and revenue, if any, for			
4a (Code:) (Expenses \$ 1	, 625,566 including grants of	of \$) (Re	venue \$
COMMUNITY HOUSING DEVI			
DEVELOPMENT OF SAFE,			
NEED. WE ALSO WORK WI!			
CAPACITY BUILDING AND			
		IPS TO CREATE CORE	III PROPERSOLOMAN
SERVICES FOR THE LOCAL	L RESIDENT.		
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4b (Code:) (Expenses \$ 1	, 429, 689 including grants of	of \$) (Re	venue \$)
		AND SUPPORT TO NE	
PARENTS IN ORDER TO P			
GROW.			******
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F. C			
*,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	<u> </u>		
4c (Code:) (Expenses \$]	1,358,402 including grants 6	of \$) (Re	venue \$)
WOMEN, INFANT AND CHI	LDREN SERVICES	***************************************	

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* +84***********************************			
4d Other program services (Describe in Sch	edule O.)		
	including grants of \$) (Revenue \$	1
4e Total program service expenses	7,765,863) (

Pe	rt IV Checklist of Required Schedules			
2000000			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 (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			į
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	i l		
	election in effect during the tex 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,			I I
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Pert III	5		<u> </u>
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
В	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes;"			ı
	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	}		ľ
	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.			
3	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? if "Yes,"	r-someons:	reconnect.	
_	complete Schoolule D. Bort VI	11a	x	ĺ
b	***************************************	114		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	<u> </u>		_
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	i	x
н	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 167 If. "Yes." complete Schedule D. Part IX	11ď	[x
ę	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	116	 ^ `	-
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
125	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	LIK	A	
IZA			x	ĺ
L	Schedule D, Parts XI and XII	12a	^	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		- T-	l
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	72
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.		ŀ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
4 17	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Paris I and IV	14b		X
15	Did the organization report on Part IX, column (A), fine 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Perts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	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 (see instructions)	17		<u> </u>
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	<u> </u>	X.
19	and the organization report more than \$15,000 or gross income from gaming activities on Part VIII, line 9a?		[
	If "Yes," complete Schedule G, Pert III	19		X
		Fac	_ 001	Lonses

Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and It 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 employees? if "Yes," complete Schedule J 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, 20027 If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line.25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? if "Yes," complete Schedule L, Part i X 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 Х disqualified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 X Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 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 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Perts II, III, 34 or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.

«Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		1		F20000000	Yes	No
1a	Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable	1a	146			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	_0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and					****
	reportable gaming (gambling) winnings to prize winners?			1c	X	*******
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ا ۱	213			
_	Statements, filed for the calendar year ending with or within the year covered by this return			2b	X	(2002:007) :
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			20		
a _	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			3a	errorant.	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other a		hv	-		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		7			
				4a		x
L	1				07.00	
	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial #	\ccoun	ıts			
	(FBAR).		•			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transact			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		,			
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution					
-	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	aboogs				
	and services provided to the payor?			7a -		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		,	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is		1		
	required to file Form 8282?	3	[*****	7c	2000	
ď	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 of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	-		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		*****	7h	\$1000000 \$10000000	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintains	ed by fi	19			
_	sponsoring organization have excess business holdings at any time during the year?			8	-	32300000
9	Sponsoring organizations maintaining donor advised funds.			88888		
a			*****************************	9a		ļ <u>.</u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	• • • • • •		de		
10	Section 501(c)(7) organizations. Enter:	10a	1			
а Ь	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	┨		
11	Section 501(c)(12) organizations. Enter:	Lion		1		
,, a		11a	I			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources	1114		1		
_	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form			12a	2000	2550000005
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		140		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.07		1		
a	to the creation licenseed to be up wellfied health place to make they are 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				
c	Enter the amount of reserves on hand	13c		 		
14a	Post the annual class and first and the second seco			14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	θO	************************	14b		<u></u>

and the part of	990 (2016) NEW HOPE SERVICES 35-1022158			age 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Set	e instru	ıctior	
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
Sec	tion A. Governing Body and Management			
		FORMASSON	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12 12			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
,	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>
	stockholders, or persons other than the governing body?	7b		X
В	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	***	<i>.</i>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	CONSCIONANCIA
ц	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	,,,,,,		
•	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	X	1
15	Did the process for determining compensation of the following persons include a review and approval by			*****
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		- A P -	v	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
45	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	, , ,			
	with a taxable entity during the year?	16a	X	#0.0812000
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	X	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed F IN	, . , , . .		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection, indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
.72	AMES A BOSLEY 725 WALL STREET			

JEFFERSONVILLE

IN 47130

Pe	n V	Statement of Reve Check if Schedule (ains a i	response (or note to any line	in this Part VIII .,,		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax, under sections 512-514
<u> </u>	1a	Federated campaigns	1a	×***********					
Pag.		Membership dues	1b						
A.F.		Fundraising events	1c						
등		Related organizations	1d						
SE.		Government grants (contributions)	1e	1,	432,460				
뱕	f	All other contributions, giffs, grants, and stmillar amounts not included above							
뚌			1f		978,145				
S P		Noncesh contributions included in lines 1a-			790,416	2,410,605			
Program Service Revenue Contributions, Gifts, Grants	- 61	Total. Add lines 1a-1f		********	Busn. Code	2,410,003			
nua,	2a	PROGRAM SERVICE FEE	3		20311. 6004	6,388,618	6,388,618		
æe.	b	RENTAL INCOME - HOU			· · · · · · · · · · · · · · · · · · ·	1,108,353			
JCe	c	SHELTERED WORKPSHOP		••••		288,164			-
Sen	d								
Ę	e								
bo	f	All other program service reve	пие		<u> </u>				
<u>~</u>		Total, Add lines 2a-2f			_	7,785,135			
	3.		divident	is, intere	est,	م نین د			
	_					6,855	6,855		
	4	Income from investment of tax				<u> </u>			
	5	Royalties	<i>,</i> , .		Personal				
	6a	Gross rents		(m) c	CIBOHAI				
	b		_						
		Rental inc. or (loss)							
	d					3506250000000000000000000000000000000000	***************************************		
	7a	Gress amount from (i) Securities sales of assets			Other				
		other than inventory			167,815				
	b	Less: cost or other	- 1						
		basis & sales exps.			135,316				
		Gain or (loss)			32,499				
ļ		Net gain or (loss)			<u>P</u>	32,499	32,499		
116	oa	Gross Income from fundraising ever (not including \$							
JB/		of contributions reported on line 1c							
Other Reve		See Part IV, line 18							
thei	b	Less: direct expenses		-					
Õ		Net income or (loss) from fund		events .	>	· contrata di desenta contrata de la casa de c		Activities construction of the second of	
		Gross income from garning activities			,				
		See Part IV, line 19							
		Less: direct expenses	_ ь[
		Net income or (loss) from gam	ilng ac <u>t</u> i	vities	<u>.</u>			· ·	
	10a	Gross sales of inventory, less	}						
		returns and allowances	a						
		Less: cost of goods sold	bl						
	<u> </u>	Net Income or (loss) from sale Miscellaneous Revenue	s of Inv	entory					
	110	TAXES			Busn.,Code	630,883	630,883		
	h	MISCELLANEOUS		•••••		225,988			
	c					220,300	223,988		
	ď	All other revenue							
		Total Additions 11a-11d				856,871			
\Box		Total revenue. See instruction				11,091,965		0	0

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns, All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 4,741,146 4,001,200 733,812 6,134 Pension plan accruais and contributions (include <u>183,937</u> 121,813 <u>61,905</u> 219 section 401(k) and 403(b) employer contributions) Other employee benefits 365,135 241,811 122,888 436 336,916 436 Payroll taxes 290,606 45,874 10 11 Fees for services (non-employees): a Management 32,728 1,474 20,565 10,689 Legal 40,215 13,134 25,270 1,811 Accounting đ Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees g Other, (If fine 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 518,382 325,739 169,303 23,340 Advertising and promotion 12 56,699 11,745 39.608 5,346 Office expenses 13 Information technology 14 Royalties 15 275,052 260,882 14,170 16 Occupancy 230,593 228,312 2,281 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 124,119 75,789 48,304 26 19 172,92263,790 Interest 109,132 20 Payments to affiliates 21 Depreciation, depletion, and amortization 508,204 455,885 52,319 22 5,941 5,941 Insurance Other expenses, itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMMUNITY HOUSING 947,047 946,870 177 SUPPLIES 254,810 ь 201,963 51,810 1,037 c MISCELLANEOUS 210,262 34,872 175,170 220 WAGES - WORKSHOP CLIENTS 120,547 120,547 e All other expenses 249,969 170,043 79,894 Total functional expenses, Add lines 1 through 24e 9,374,624 25 7,765,<u>863</u> 1,568,250 40,511 Joint costs, Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundralsing solicitation. Check here > | | if following SOP 98-2 (ASC 958-720)

Par	ŧΧ	Balance Sheet					
		Check if Schedule O contains a response or note	to any lir	e in this Part X			,
					(A)		(B)
					Beginning of year		End of year
'	1	Cash-non-interest bearing	12,901	_1	9,889		
- 1 :	2	Savings and temporary cash investments			354,009		875,053
- :	3	Pledges and grants receivable, net			848,265		978,632
- 1 -	4	Accounts receivable, net			41,229	4	33,228
1		Loans and other receivables from current and former off		ectors,			
		trustees, key employees, and highest compensated emp	oloyees.				
		Complete Part II of Schedule L				5	
'		Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B),					
		sponsoring organizations of section 501(c)(9) voluntary					
Assets		organizations (see instructions). Complete Part II of Sch			126 46	<u> </u>	144 506
8	7	Notes and loans receivable, net	136,465		144,506		
		Inventories for sale or use	29,314		1,500		
	9	Prepaid expenses and deferred charges	TI.	,	60,198	9	61,918
ין		Land, buildings, and equipment: cost or		10 271 561			
		other basis. Complete Part VI of Schedule D	10a	5,139,703	10,952,288	40-	13,231,861
١.		Less: accumulated depreciation	106]	2,133,103	292,561	110	393,010
- 1		Investments—publicly traded securities	******	2,32,301	12	393,010	
1	2	Investments—other securities. See Part IV, fine 11			13		
- 1		Investments—program-related. See Part IV, line 11		14			
- 1	5	Intangible assets		*********	2,311,058		715,032
- 1	6	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)		***************************************	15,038,288		
$\overline{}$		Accounts payable and accrued expenses			1,421,429		1,796,539
	8	Grants payable			2,122,122	18	
- 1	9	Deferred revenue		***//************	3,507	19	7,544
- 1		Tax-exempt bond liabilities		20	// * 5 -		
- 1	21	Escrow or custodial account liability. Complete Part IV o	f Schedi	ule D		21	
١.		Loans and other payables to current and former officers,					
Liabilities		trustees, key employees, highest compensated employe					
<u>a</u>		diamolified access Consolute Deat It of Oaks dufe I			Andrea da cercia escara cana a acristem care a mente.	22	A . e.m. c. r. č. se re
ゴ 2	23	Secured mortgages and notes payable to unrelated third	parties		8,442,385	23	7,715,582
2	24	Unsecured notes and loans payable to unrelated third pa				24	
2	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).	Comple	te Part X			
		of Schedule D			81,041	25	65,138
_ 2	26	Total liabilities. Add lines 17 through 25			9,948,362	26	9,584,803
		Organizations that follow SFAS 117 (ASC 958), check	k here 🕨	≻ 🔀 and			
8		complete lines 27 through 29, and lines 33 and 34.					
[[]	27	Unrestricted net assets	 , .		1,568,461	27	2,117,133 4,742,693
<u>6</u> 6 2	28	Temporarily restricted net assets	3,521,465	28	4,742,693		
§ 2	29	Permanently restricted net assets		29			
띤		Organizations that do not follow SFAS 117 (ASC 958), check	there 🕨 💹 and			
ဖွ	_	complete lines 30 through 34,					
ΝI		Capital stock or trust principal, or current funds		********		30	
ĕ 3	31	Paid-in or capital surplus, or land, building, or equipmen	t fund 👝			31	
گ ع	32	Retained earnings, endowment, accumulated income, o	r other fi	ands	<u> </u>	32	
- 1	3	Total net assets or fund balances		****************	5,089,926		6,859,826
3	4	Total liabilities and net assets/fund balances			15,038,288	34	16,444,629

orm	990 (2016) NEW HOPE SERVICES	35-10221 <u>58</u>			Pag	<u>e 12</u>
	Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any	/ line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1 1	1,09		
2	Total expenses (must equal Part IX, column (A), line 25)		2	9,37		
	Revenue less expenses. Subtract line 2 from line 1		3	1,71		
	Net assets or fund balances at beginning of year (must equal Part X, line		4	5,08		
	Net unrealized gains (losses) on investments		5	<u>.</u>	52,5	<u> 559</u>
6	Donated services and use of facilities		6			
	Investment expenses		7			
	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (r	must equal Part X, line				
	33, column (B))	,	10	6,8	59,8	<u> 326</u>
	KII Financial Statements and Reporting	——————————————————————————————————————				_
	Check if Schedule O contains a response or note to an	y line in this Par <u>t XII</u>			<u></u>	<u> </u>
	If the organization changed its method of accounting from a prior year or	Accrual Other Other	.		Yes	No
	Schedule O.			(800000		*****. X
2a	Were the organization's financial statements compiled or reviewed by an			2a	×	<u></u>
ь	If "Yes," check a box below to indicate whether the financial statements reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated basis were the organization's financial statements audited by an independent	ed and separate basis		2b	X	
_	If "Yes," check a box below to indicate whether the financial statements separate basis, consolidated basis, or both:					
c	If "Yes" to line 2a or 2b, does the organization have a committee that as	•				
	of the audit, review, or compilation of its financial statements and select			2c	X	
	If the organization changed either its oversight process or selection proc Schedule O.					
3a	As a result of a federal award, was the organization required to undergo	an audit or audits as set forth in				
	4 4 1 4 10 1 COLE OF 1 4 4005	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the	organization did not undergo the				
-	required audit or audits, explain why in Schedule O and describe any sto			3b	X	i
	-			For	m 990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

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

Employer Identification number

			NEW HOPE SER	VICES			35-102	2158	
P	art I	Reaso		Status (All organizations	must co	mplete	this part.) See instructio	ns.	
he	orga			e it is: (For lines 1 through 12, o					
1	\Box	A church, cor	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)(i).		
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Fom	n 990 or 9	90-EZ).)			
3		A hospital or	a cooperative hospital servi-	ce organization described in sec	ction 170(b)(1)(A)(i	Hi).		
4	Ħ			d in conjunction with a hospital o				ospital's name,	
	_	city, and state		•					
5				of a college or university owned	or operate	ed by a go	overnmental unit described in	,	
		-	b)(1)(A)(iv). (Complete Part						
6				overnmental unit described in s	ection 17	0(b)(1){A)(v).		
7	X			substantial part of its support fo				3	
	_		section 170(b)(1)(A)(vi). (C		-				
8		A community	trust described in section :	170(b)(1)(A)(vi), (Complete Part	t II.)				
9				cribed in section 170(b)(1)(A)(l				ge	
		or university	or a non-land grant college o	of agriculture (see instructions).	Enter the	name, cil	ty, and state of the college or		
	_	university:							
10	Ш			1) more than 33 1/3% of its sup				058	
		receipts from	activities related to its exen	npt functions—subject to certain nd unrelated business taxable in	ı exceptioi	ns, and (2	() no more than 33 1/3% of its		
				ng unrelated business (axable ii 0, 1975. See section 509(a)(2)					
11			•	exclusively to test for public saf	, -		•		
12	H	_	_					ses	
-	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).								
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
	supporting organization. You must complete Part IV, Sections A and B.								
	b			pervised or controlled in conne					
				rting organization vested in the	same pers	ions that	control or manage the support	ed	
	_		•	Part IV, Sections A and C.	d in manao	ation with	and functionally integrated y	arh	
	C			supporting organization operate structions). You must complete				801,	
	d		- ,	d. A supporting organization ope				on(s)	
				e organization generally must sa					
		requirem	ent (see instructions). You a	must complete Part IV, Sectio	กร A and	D, and P	art V.		
	e			eived a written determination fr			s a Type I, Type II, Type III		
			* *	n-functionally integrated suppor	ting organ	ization.			
	f		mber of supported organizat	*********************	· · · · · · · · · · · · · · · ·	.,,		.,.,,.	
	<u>g</u>		T	ne supported organization(s).	11.34-8			T	
,		e of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1–10		rganization r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
		-	}	above (see Instructions))		ment?	instructions)	instructions)	
					Yes	No			
(A)								1	
(B))								
								<u> </u>	
(C))								
(D))								
					ļ				
(E)									
					0.0000000				
Tota	al								
. 44			F14-20-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	#### #### (\$1000 \$1000 \$100 \$100 \$100 \$100 \$100 \$	NAME OF STREET				

35-1022158

Page 2

Schedule A (Form 980 or 980-EZ) 2016. NEW HOPE SERVICES
Part III Support Schedule for Organizations Described 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 falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Part III. If the organiza	ation	tails to qualify	under the tests	listed below, p	iease complete) Paπ III.)	
Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	P	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 .	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		2,340,393	1,454,709	1,217,508	993,693	1,620,189	7,626,492
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	d 	593,838	586,580	553,534	575,376	630,883	2,940,211
3	The value of services or facilities furnished by a governmental unit to to organization without charge							
4	Total, Add lines 1 through 3		2,934,231	2,041,289	1,771,042	1,569,069	2,251,072	10,566,703
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)	ıt						
6	Public support. Subtract line 5 from line							10,566,703
	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	•	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		2,934,231	2,041,289	1,771,042	1,569,069	2,251,072	10,566,703
8	Gross income from interest, dividend payments received on securities load rents, royalities and income from simi sources	ns, îlar	2,972	4, 9 1 5	10,895	9,128	6,855	34,765
9	Net income from unrelated business activities, whether or not the busines is regularly carried on	s						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	,	57,878	40,303	42,102	123,050	225,988	489,321
11	Total support. Add lines 7 through 1						1 1	11,090,789
12	Gross receipts from related activities	, etc.	(see instructions)			.,	12	27,873,389
13	First five years. If the Form 990 is for							
<u> </u>	organization, check this box and sto tion C. Computation of Publi	p her	e Baraani	(*			<u> </u>	
14	Public support percentage for 2016 (95.27%
15 46-	Public support percentage from 2015					a amai	<u> 15 ∤</u>	97.24%
16a	33 1/3% support test—2016. If the	-				-		► (चं ट)
ь	box and stop here. The organization					E. DO 4/004	***************************************	▶ 🗓
B	33 1/3% support test—2015. If the other this box and stop here. The organization							
17a	10%-facts-and-circumstances test					a or 16h and line	4.1 ie	🗀
	10% or more, and if the organization							
ь	Part VI how the organization meets to organization 10%-facts-and-circumstances tests 15 is 10% or more, and if the organization in Part VI how the organization	he "fa 	acts-and-circumstat 15. If the organization meets the "facts-a eets the "facts-and-	nces" test. The org on did not check a nd-circumstances circumstances" te	ganization qualifies box on line 13, 16 test, check this b st. The organization	as a publicly supp ia, 16b, or 17a, and ox and stop here, in qualifies as a pu	orted Line blicly	
18	supported organization Private foundation. If the organizati	on di	d ant shark a have	in line 12 12- 40	h 47a ar474 -4-			▶ ∐
	Treate loungation, it the organizati	OH GR	n nor check a pax c	u iius 12' 169' 16	o, 17a, or 175, cne	ick this box and se	e	
	instructions							<u></u> <u>►</u>

Page 3

Schedule A (Form 990 or 990-EZ) 2016
Part III Support Schedu

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
alen	dar year (or fiscal year beginning in) 🕒	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	ļ 					
ь	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C							
8	Public support. (Subtract line 7c from						
205	line 6.) tion B. Total Support		<u> </u>		<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(+) -+	15,20.0	103 11011	(0) 2010	10,2010	(i) i otal
l0a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1					
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not like business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	First five years. If the Form 990 is for th	e organization's fire	st second third fo	urth or fifth tay ve	ar as a section 50	1/e\/3\	
•	organization, check this box and stop he			-			▶ □
Sec	tion C. Computation of Public S		ntace	<u></u> .,,		· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2016 (line			in (f))		15	%
16	Public support percentage from 2015 Sc	hedule A, Part III. I	ine 15		***********		%
Sec	tion D. Computation of Investm	ent Income Pe	rcentage	. , , , , , ,		**********	
17	investment income percentage for 2016			, column (f))		. 17	%
18	Investment income percentage from 201	5 Schedule A, Part	III, line 17			18	%
19a	33 1/3% support tests—2016. If the org			2 14, and line 15 is	more than 33 1/3		····
	17 is not more than 33 1/3%, check this						, ▶ 🗀
þ	33 1/3% support tests—2015. If the org						
	line 18 is not more than 33 1/3%, check	this box and stop f	ere. The organizat	ion qualifies as a _l	publicly supported	organization	⊁ □
20	Private foundation. If the organization of	lid not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruct	tions	▶ [

Page 4

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).
- 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(e)(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.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- 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.
- 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) ourooses.
- 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- C Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 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.
- 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.
- 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.
- 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 II) non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	Nο
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Schedu	ile A (Form 990 or 990-EZ) 2016 NEW HOPE SERVICES	<u>35-1022158</u>		Page 5
Par				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or Indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b	ļ	
	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	<u> </u>	
Secti	on B. Type I Supporting Organizations			
		0000000	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_ 1	***********	**********
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	L
Sect	ion C. Type II Supporting Organizations		T	
		2003000	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
C = -4	the supported organization(s).			
<u>aect</u>	ion D. All Type III Supporting Organizations		1	- ::-
	PRINCE AND THE RESERVE AND THE PRINCE AND THE PRINC		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the price	\$1005000100		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			20 May 1
	organization's governing documents in effect on the date of notification, to the extent not previously provided	? 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI in			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	10.00		
Soot	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations			
1_	Check the box next to the method that the organization used to satisfy the integral Part Test during the year	(see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			•
С	The organization supported a governmental entity. Describe in Part VI how you supported a government	emity (see instructions).		
-	Adjulton Test A			1
	Activities Test. Answer (a) and (b) below.		Yes	No.
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	,		
	how the organization was responsive to those supported organizations, and how the organization determined	111611111	†	
L	that these activities constituted substantially all of its activities.	2a		-327813569800
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	3		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
7	activities but for the organization's involvement.	_2b		
3	Parent of Supported Organizations, Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	W. W. W.	*************	ł

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

3b

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

3 4

5

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

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

4 Enter greater of line 2 or line 3.5 Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

and 4c.

Schedule A (For	m 990 or 990-EZ) 2016	NEW HOR	E SERVICES	_		35-1022158	Page 8
Part VI	Supplemental III, line 12; Part	Information. Pro IV, Section A, lin	ovide the explanates 1, 2, 3b, 3c, 4b	tions requi b, 4c, 5a, 6	3, 9a, 9b, 9c, 11a, 11); Part II, line 17a or 17 b, and 11c; Part IV, S t IV, Section E, lines 1	7b; Part ectioл
<u>.</u>	3a and 3b; Part	V, line 1; Part V,	Section B, line 10	e; Part V, S	Section D, lines 5, 6, nformation. (See inst	, and 8; and Part V, Se	ection E,
PART I	I, LINE 10	- OTHER II	NCOME DETAI	ш	······································		***********
OTHER	INCOME			\$	489,321		
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule 8 (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

NEW HOPE SERVI	CES	35-1022158
Organization type (check one		
Filers of:	Section:	
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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	
	601(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	3. See
General Ruie		
· 	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determinable for the fibritions.	
Special Rules		
regulations under sect 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pa hat received from any one contributor, during the year, total contributions of the greater of examount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1, Complete Parts	rt II, line of (1)
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an year, total contributions of more than \$1,000 exclusively for religious, charitable, scienti purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, an	fic,
contributor, during the contributions totaled me during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an year, contributions exclusively for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless that to this organization because it received nonexclusively religious, charitable, etc., contributions the year	elved ne putions
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on its

PAGE 1 OF 1

Page 2

Name of organization
NEW HOPE SERVICES

Employer identification number 35–1022158

Street Seattle Street	8		
Part I	Contributors (See instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TARC 1000 W. BROADWAY LOUISVILLE KY 40203	\$ 65,049	Person X Payroll
(a) No.	(b) Name, address, and ZtP + 4	(c) Total contributions	(d) Type of contribution
.2	INDIANA HOUSING & COMMUNITY DEV AUTH 30 S MERIDIAN STREET SUITE 100 INDIANAPOLIS IN 46204	\$ 1,221,628	Person X Payroil
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	INDIANA FAMILY HEALTH COUNCIL 233 S MCCREA STREET INDIANAPOLIS IN 46225	\$ 196,050	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.4	QUARTERMASTER LP 725 WALL STREET JEFFERSONVILLE IN 47130	\$ 790,416	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 22224	name, audiess, and zir +4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 1 OF 1

Name of organization NEW HOPE SERVICES Employer identification number 35-1022158

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I BUILDING/LAND . 4 s 770,416 01/31/17 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) EOUIPMENT 4.... \$ 20,000 01/31/17 (a) No. (c) (b) from FMV (or estimate) Date received Description of noncash property given (See instructions) Part I \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions) . \$ _____ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) \$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

	Revenue Service	▶ Information about Schedule D (Form 99	00) and its instructions is at www.irs.	gov/form990. Inspection			
Name of the organization Employer identification number							
DE 200150							
	EW HOPE SERV		de es Other Circiles Condo es	35-1022158			
e tra	rt1 Organiza	tions Maintaining Donor Advised Fun if the organization answered "Yes" on F	orm 990. Part IV. line 6.	ACCOUNTS.			
	Complete	Trans organization answered 100 on	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end o	fyear	, ,				
2		ntributions to (during year)					
3	Aggregate value of gra	ants from (during year)					
4	Aggregate value at en	d of year					
5	Did the organization in	form all donors and donor advisors in writing that	the assets held in donor advised				
		ation's property, subject to the organization's exclu		Yes No			
6.		nform all grantees, donors, and donor advisors in v					
		poses and not for the benefit of the donor or donor		m m.			
2012-0000		ble private benefit?	***************************************	Yes No			
	rt II Conserva Complete	ation Easements. If the organization answered "Yes" on F	orm 990, Part IV, line 7.				
1	ATTA	ation easements held by the organization (check	all that apply).				
) 	nd for public use (e.g., recreation or education)	Preservation of a historically imp				
	Protection of natu		Preservation of a certifled histor	ic structure			
•	Preservation of or						
2	Complete lines 2a throeasement on the last	ough 2d if the organization held a qualified conserday of the tax year.	vation contribution in the torm of a cons	Held at the End of the Tax Year			
a		ervation easements					
b	Total acreage restricte	ed by conservation easements					
C		on easements on a certified historic structure inclu		2c			
d		on easements included in (c) acquired after 8/17/0	06, and not on a				
		d in the National Register on easements modified, transferred, released, ext	To assist and on the real material first the acceptance	Zd Zd			
3	tax year	on easements modilied, dansiered, released, ext	inguished, or terminated by the organiza	ation outing the			
4	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 re property subject to conservation easement is to	ocated >				
5		have a written policy regarding the periodic monit					
		ement of the conservation easements it holds?		Yes No			
6		urs devoted to monitering, inspecting, handling of					
							
7	Amount of expenses I	ncurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation ease	ments during the year			
8	Does each conservati	on easement reported on line 2(d) above satisfy the	he requirements of section 170(h)(4)(B)	(i)			
	and section 170(h)(4)((B)(ii)?		Yes No			
9	In Part XIII, describe I	now the organization reports conscrvation easeme	ents in its revenue and expense stateme	nt, and			
		clude, if applicable, the text of the footnote to the	organization's financial statements that	describes the			
200200		ling for conservation easements.					
Pe		tions Maintaining Collections of Art, i if the organization answered "Yes" on F		Similar Assets.			
1a	If the organization ele	cted, as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue statement and	balance sheet			
	works of art, historical	treasures, or other similar assets held for public e	exhibition, education, or research in furt	nerance of			
		e, in Part XIII, the text of the footnote to its financia					
b		cted, as permitted under SFAS 116 (ASC 958), to					
		treasures, or other similar assets held for public of	exhibition, education, or research in furth	nerance of			
		the following amounts relating to these items;					
	(ii) Assets included	on Form 990, Part VIII, line 1 Form 990, Part X	•	🚩 💲			
2	If the oversitetion co-	ricom 990, Mart A	other dealer month to factorial at	▶ \$			
4		eived or held works of art, historical treasures, or u uired to be reported under SFAS 116 (ASC 958) r		ovide the			
a	Revenue included on	Greek to be reported under SEAS 116 (ASC 958) [Form 990 Part Vill line 1	elating to mese tiems:	* •			
	Assets included in For	Form 990, Part Vill, Jine 1 m 990, Part X					

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Sche	Jule D (Form 990) 2016 NEW HOPE 5	PEKATCES				22-16	<u> </u>	20		Page Z
Pa	till Organizations Maintaining (Collections of	Art, His	torical Tr	easures, e	or Other	Simil	ar Ass	ets (continued	<u>d) </u>
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records	s, check ar	y of the foll	owing that ar	e a signific	ant use	of its		
а	Public exhibition	a 🗂 i	Loan or ex	change prog	grams					
b	Scholarly research									
С	Preservation for future generations	_		*****	********					
4	Provide a description of the organization's colle	ections and explain	now they	further the o	organization's	exempt p	urpose	in Part		
	XIII.	-								
5	During the year, did the organization solicit or r								, _ _	_
	assets to be sold to raise funds rather than to b	oe maintained as p	art of the o	rganization	's collection?		*****		Yes	No
	Complete if the organization a 990, Part X, line 21.	ngements. answered "Yes"	" оп Forn	n 990, Pa	rt IV, line 9), or repo				
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for con	ntributions a	r other asset	s not				
	included on Form 990, Part X?								Yes	No
ь	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	llowing tab	le:						
									Amount	
	Beginning balance							1c		
	Additions during the year							1d		
	Distributions during the year							1e		
	Ending balance								····	
	Did the organization include an amount on For									∐ No
	If "Yes," explain the arrangement in Part XIII. O	Check here if the e	xplanation	has been pr	rovided on Pa	art XIII				
Pa	ft V Endowment Funds.		_			_				
	Complete if the organization a					-				
		(a) Current year	(b) Pr	ior year	(c) Two yea	ırş baçk	(d) Th	ree years ba	ck (e) Four yes	ers back
										
	Contributions		ļ							
C	Net investment earnings, gains, and		l							
	losses		ļ							
	Grants or scholarships		 							
е	Other expenditures for facilities and									
	programs		-							· · · · · · · · · · · · · · · · · · ·
f	Administrative expenses		ļ 							
	End of year balance									
	Provide the estimated percentage of the current	-	e (line 1g,	column (a))	held as:					
a	Board designated or quasi-endowment >	%								
Þ	Permanent endowment ► %									
C	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c should	•								
3а	Are there endowment funds not in the possess	sion of the organiza	ation that a	re held and	administered	i for the				
	organization by:								Y6	s No
	(I) unrelated organizations	,		• • • • • • • • • • • • • • • • • • • •			.,	*****	3a(i)	<u> </u>
	(ii) related organizations								3a(ii)	+-
þ	If "Yes" on line 3a(ii), are the related organizati						<i></i>	,,,,,,,,,,,	3b	Ш_
4	Describe in Part XIII the intended uses of the o		owment fur	ids.						
	RVI Land, Buildings, and Equip						_			
	Complete if the organization a	1						- 1		
	Description of property	(a) Cost or other I		(b) Cost or (,		ccumulate		(d) Book valu	JØ:
		(investment)		(oth			oreclation			
1a	Land				15,906				1,115	
b	Buildings	<u> </u>	<u> </u>		21,131	3,		,276	10,504	
	Leasehold improvements				71,294			,405	1,278	
d	Equipment	<u> </u>		1,5	<u>63,233</u>	l,	<u>231</u>	,022	332	,211
e	Other	<u> </u>								
iotal	. Add lines 1a through 1e. (Column (d) must eq	juai Form 990, Par	t X, columi	n (B), line 10	0c,) <u></u>			.,,, 🕨	13,231	<u>,861</u>

Part VII	Investments—Other Securities.		33 1022130 Fage o
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	<u> </u>	Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-he	eld equity interests		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(B)			
(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
(5)			
()			
(0)			
/L/N			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
\$1000xccxx43040c000414435	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
		}	Cost or end-of-year market value
[1]			
(2)			
(3)			
(4)			
(5)	· · · · · · · · · · · · · · · · · · ·		***************************************
_(6)			
(7)	·····		
(8)			
(9)	(1) 1 (F 000 D 1) (10) F (0) b		
Part IX	n (b) must equel Form 990, Part X, col. (B) line 13.) ▶ Other Assets.	<u>.</u>	
els by	Complete if the organization answered "Yes" on	Form 990 Part IV line	a 11d Soo Form 000 Bort V line 15
<u></u>	(a) Description	TOTO BOO, I GILIY, MIR	(b) Book value
_(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)	*************	>
Part X	Other Liabilities.		· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
 	line 25.	,	
1.	(a) Description of Hability	(b) Book value	
	income taxes		
	R PAYABLES - HOUSING PROGRAM	61,975	
	TAL LEASE OBLIGATIONS	3,163	
(4)			
(6)		<u> </u>	
<u>(6)</u> <u>(7)</u>		+	
(8)			
(9)	·		
	n (b) must equal Form 990, Part X, col. (B) line 25.)	GE 120	
	To must oqual i omi sav, Fall A, OUI. (b) IIII8 20.) ▶	65,138	

Schedule D (Fo	orm 990) 2016	NEW HOPE	SERVICES		35-1022158	Page 5
Part XIII	Suppleme	ntal Information	n (continued)			
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		·····	*** *** **************			
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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Name of the organization

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

A1464 01/18/2018 8:11 AM OMB No. 1545-0047

2016

Open To Public

Employer identification number

NEW HOPE SERVICES Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? (c) Description of transaction 1 (a) Name of disqualified person organization Yes (1)(2) (3) (4)(5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose of (i) Written (e) Original (f) Balance dué (a) Name of interested person (d) Loan to (g) in default? (h) Approved with organization or from the by board or principal amount agreement? committee? arg.? Yes Νp To From Yes No Yes No (1) [6] [7] (8) (10)Total \$ Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of assistance (e) Purpose of assistance (a) Name of interested person (b) Relationship between interested (d) Type of assistance person and the organization (1) (2) _{3} (4) (5) (6) (7) (8) (9)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization

NEW HOPE SERVICES

Employer identification number 35–1022158

⊗ Pa	rt I Types of Property					
		(a)	(b)	(c) Noncash contribution	(d)	
		Check if	Number of contributions or	amounts reported on	Method of determining	•
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution am	ounts
1	Art — Works of art					
2	Art - Historical treasures	ļ				
3	Art — Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities—Publicly traded					
10	SecuritlesClosely held stock			··········		
11	Securities — Partnership, LLC,	ĺ				
	or trust interests					
12	Securities — Miscellaneous	ļ				
13	Qualified conservation	1				
	contribution Historic					
	structures					
14	Qualified conservation					
	contribution — Other					
15	Real estate — Residential					
16	Real estate — Commercial	X	1	770,416		
17	Real estate — Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies	ļ	_		<u> </u>	
21	Taxidermy		ļ <u>.</u>			<u> </u>
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					···
25	Other ►()	X	1	20,000		
26	Other ►(
27	Other ►()					
28	Other ►(<u> </u>				
29	Number of Forms 8283 received by	the organi	zation during the lax yea	r for contributions for		
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowle	edgement	29	
						Yes No
30a	During the year, did the organization	receive b	y contribution any proper	rty reported in Part I, lines	1 through	
	28, that it must hold for at least three	e years fro	m the date of the initial o	contribution, and which isn'	t required	
	to be used for exempt purposes for	the entire	holding period?			30a X
b	If "Yes," describe the arrangement in	n Parl II.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
31	Does the organization have a gift ac	ceptance	policy that requires the re	eview of any nonstandard		
	•	•	•	•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31 X
32a	Does the organization hire or use th					
	- ·	•	•	- 1		32a X
ь	If "Yes," describe in Part II.					
33	If the organization didn't report an ar	mount in c	olumn (c) for a type of pr	roperty for which column (a	i) is checked.	
_	describe in Part II.		···· (-) ···		•	

Schedule M (Form 9	90) (2016)	NEW	HOPE	SERVICES	[3	5-102215	8	Page 2
Part II	Supplent the organ	nental (nization	nformat is report	ion. Provide t ting in Part I, d	he informa column (b),	the number	by Part I, I of contribu	ines 30b, 32b	, and 33, an	d whether received,
	or a com	bination	i ot both	. Also comple	te this part	tor any add	tional intori	nanon.		
						.,		en entrett die in en de des	••••••	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

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

Comparison of Public Inspection (Inspection) Employer Identification number

35-1022158

NEW HOPE SERVICES	35-1022158
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHM	ENT
WORK SERVICES	en grise i egen e e e e e e e e e e e e e e e e e
HABILITATION AND PLACEMENT	der er e
RENTAL PROPERTIES	
SENIOR CARE	
CAPS PROGRAM	
OTHER PROGRAMS	
-	144435 (1857-14-1-) 14-1-1-55-1-18-1-18-1-18-1-18-1-18-1-18-
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCES	S TO REVIEW FORM 990
TH ORGANIZATION'S 990 IS REVIEWED BY THE EXECUTIVE	COMMITTEE.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLI	CTS POLICY
THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY	WITHIN THE EMPLOYEE
HANDBOOK. EMPLOYEES SIGN OFF THAT THEY HAVE READ, U	NDERSTAND, AND WILL
COMPLY WITH THESE POLICIES. LIKEWISE, MEMBERS OF THE	HE BOARD SIGN A CONFLICT
OF INTEREST STATEMENT SAYING THEY UNDERSTAND THE PO	OLICY AND ARE REQUIRED TO
DISCLOSE AND ABSTAIN FROM ANY VOTING WHERE THERE MI	IGHT BE A CONFLICT OR
MONETARY BENEFIT.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS	
THE CEO HAS AN ANNUAL EVALUATION PERFORMED BY THE I	EXECUTIVE COMMITTEE TO
DETERMINE THE AMOUNT OF COMPENSATION.	·
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS	
ALL EMPLOYEES, EXCEPT FOR THE CEO, ARE REVIEWED BY	THEIR DIRECT SUPERVISOR

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization	Page 2 Employer identification number
NEW HOPE SERVICES	35-1022158
TO DETERMINE COMPENSATION. THE ORGANIZ	ATION HAS A PAY GRADE SCALE IN PLACE
TO HELP DETERMINE COMPENSATION:	
FORM 990, PART VI, LINE 19 - GOVERNING	DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS MADE AVAILABLE UPON REQUEST	AND AT GUIDESTAR.COM
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	PAGE 1 OF 1
	Schedule O (Form 990 or 990-EZ) (2016

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

2016

Open to Public Inspection Employer Identification number

Department of the Treseary statemal Revenue Service
Nome of the organization
NEW HOPE SERVICES

35-1022158 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) Primary activity (c) Legal domicile (state or foreign country) (o) End-of-year assets (i) Direct controlling entity (1) RIVERS EDGE HOLDINGS, LLC 725 WALL STREET 35-1022158
JEFFERSONVILLE IN 46077 224 NEW HOPE D LOW INCOME ΙN WILLOW TRACE HOLDINGS, LLC 725 WALL STREET

JEFFERSONVILLE IN 46077 NEW HOPE D 229 LOW INCOME ΙN (3) FOREST GLEN HOLDINGS, LLC 725 WALL STREET
JEFFERSONVILLE IN 47130 NEW HOPE D 202 LOW INCOME IN NEW HOPE DEVELOPMENT SERVICES, LLC 35-1022158 TN 46077 725 WALL STREET NEW HOPE S **JEFFERSONVILLE** LOW INCOME ΙN (5)

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

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 NEW HOPE SERVICES 35-1022158

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, Iline 34 because it had one or more related organizations treated as a partnership during the tax year. (e)
Predominant income (related, unrelated, excluded from larger trem (a) Name, address, and EIN of related organization (d) Direct controlling entity (k) Percentage ownership (b) Primary activity (f) Share of total Incame (i) Code V—UB1 amount in box 26 (j) General d domicil portional managing íslale o alloc.7 of Schedule K-1 foreign (Form 1065) tax under sections 512-514) ountry) Yes No Yes No (1)RIVERS EDGE LP 725 WALL STREET **JEFFERSONVILLE** IN 47130 N/A 32-0031746 LOW INCOME IN RIVERS RELATED 224 2,490 X 0.10 (2)WILLOW TRACE LP 725 WALL STREET IN 47138 JEFFERSONVILLE N/A 38-3660078 FOM INCOME IN MILTON RELATED 229 2,267 X 0.10 (3)FOREST GLEN LP 725 WALL STREET JEFFERSONVILLE IN 47130 N/A 35-2181394 LOW INCOME IN FOREST 202 2,043 RELATED 0.10 (4)QUARTERMASTER LP 725 WALL STREET IN 47130 **JEFFERSONVILLE** N/235-2120973 LOW INCOME IN N/A 22 66 0.01 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes" on Form 990, Part IV Part IV (a) Wame, address, and ≦iN of related organization (f) Section 512(b)(13) controlled entity? (9) Legal comicile Primary activity Direct controlling entity Type of entity (C corp. S corp Shere of total income Share of end-of-year assets Percentage comership custe or foreign country) or trust) Yes No (1)QUARTERMASTER GENERAL CORP 725 WALL STREET IN 47130 **JEFFERSONVILLE** 35-2122159 LOW INCOME ĮΝ NEW HOPE 22 795 100.000000 x (2)NHS DUCK CREEK, LLC NHS DOCK 725 WALL STREET IN 47130 35~2122159 LOW INCOME ΙŅ NEW HOPE C 29 514,540 100.000000 (3)DZP BRAZIL, LLC 725 WALL STREET

IN 47130

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JEFFERSONVILLE 47-3317400

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(4)MFOS APARTMENTS, LLC 725 WALL STREET

Schedule R (Form 990) 2016 NEW HOPE SERVICES	3			022158								F	age 2							
Partill Identification of Related Organization because it had one or more related of	ions Taxal	ile as a s treate	Partnership	Complete if the	e organization e tax vear.	n answered "Ye:	s" on l	Form 9	90, Part	IV, line	34									
(a) Name, address, and EIN of related organization	(b) Primery activity	(c) V Legal domial (stete d foreiga	(d) Direct conffolling onfilly of	(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)	(f) Share of total incomp		(g) Share of end-of- year assets		Share of end-of- year assets		Share of end-of- year assets		Share of end-of- year assets		Code \ amount l of Sche	(I) Code V—UBI amount in box 20 of Schedulo K-1 (Form 1065)		or Perc ping CWn ar?	g connership	
		ccurity	"	BELIIOAB DIZ-314)	 -			Yas Na	 		Yes	No .								
(1)DUCK CREEK LP 725 WALL STREET JEFFERSONVILLE IN 47130										N/3	1 1									
35-2140613	FOM INCO	ME IN	N/A	RELATED	312,	657 1,916	,927	_ X			X	100	0_00							
(2)DAVIS ZELLER PLACE LP 725 WALL STREET JEFFZESONVILLE IN 47130	ļ 						•			n/2										
81-1743054	rom inco	ME IN	N/A	RELATED				X			X	100	0,00							
(3)M. FINE ON SPRING LP 725 WALL STREET JEFFERSONVILLE IN 47130										N/2										
47-3330696	TOM INCO	ME IN	N/A	RELATED			183	X			X		0.01							
(4)			1						·											
	<u> </u>																			
ldentification of Related Organization 34 because it had one or more n	tl ons Taxal elated orgai	ole as a nization	a Corporation is treated as a	or Trust Com corporation or	plete if the o trust during	rganization ansv the tax year.	vered	"Yes"	on Farm	990, Pa	art IV	1								
(e) Name, address, and EIN of realed prganization	(b) Primary activity		(c) Logal domidie (state or foreign deuniny)	(d) Direct controtling ealthy	(e) Type of entity (C corp, S corp, or bust)	(f) Share of tatel Income	c.	(g) Shere of end-of-year assets		(h) Percentage ownership		Se 512 con en	(f) Section 512(a)(13) controlled entity?							
							+					Yes	No							
(1)									1											
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DAA		• •	<u>. </u>		-l		_1_			Schedule	R (F	orm 990	 3) 2016							

35-1022158

Page 3

Part V	Transactions With Related Organizations Complete if the organization	n answered "Yes" oก For	m 990, Part IV, line 3	4, 35b, or 36.				
	elete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yeş		
1 During t	he lax year, did the organization engage in any of the following transactions with one or mon	e related organizations listed i	n Parts IIIV?		27, 47, 77, 77, 77			
a Receipt	of (i) interest, (ii) annullies, (iii) royalties, or (iv) rent from a controlled entity			**,****************	1a		<u>x</u>	
b Gift, gra	nt, or capital contribution to related organization(s)	-		*******************************	15		X	
c Gift, gra	nt, or capital contribution from related organization(s)				10	L	X	
d Loans o	r loan guarantees to or for related organization(s)			••••	1 <u>d</u>	X		
o Loans o	r loan guarantees by related organization(s)				10		X	
f Dividend	ds from related organization(s)				1f		<u>x_</u>	
g Sale of	assets to related organization(s)				1g		<u>x</u>	
h Purchas	e of assets from related organization(s)			************	1h		X	
1 Exchang	ge of assets with related organization(s)				1i		Х	
] Lease o	f facilities, equipment, or other assets to related organization(s)				1j		x	
-				,	W. C.			
k Leaso o	f facilities, equipment, or other assets from related organization(s)				1k		X	
I Perform	I Performance of services or membership or fundraising solicitations for related organization(s)							
m Perform	m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing	n Sharing of facilities, equipment, malling lists, or other assets with related organization(s)							
o Sharing	of pald employees with related organization(s)				10		ж	
-								
p Reimbu	rsement paid to related organization(s) for expenses				. 1p		x	
g Relmbu	rsement paid by related organization(s) for expenses				<u>. 19 </u>		х	
-								
r Othertr	ansfer of cash or property to related organization(s)				<u>1r</u>	X		
s Other tr	ansfer of cash or property from related organization(s)				1s		x	
2 If the ar	swer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including covered r	elationships and Iransactio	n thresholds,				
	(a)	(b)	(c)	(6)				
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amo	auni involved	đ		
		1)po (a-a)						
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(6)		<u></u>	<u> </u>					
				Schedule	R (Form	1990)	2016	

Page 4

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment pertnerships. (a) Name, address, and EIN of entity (1) (k) Codo V—UB) amount in box 20 of 5chedule K-1 (Form 1055) Share of end-of-year assets Legal domicile Predominant Ans all partner Share of total income isproportonal allocations? section 508(c)(3) organizations? income (refaled, nuclated, excluded from tax under (state or fore!gn country) sections 512-514) Yes No Yes Yes No No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)

Schedule R (Fo	m 990) 2016	NEW	HOPE	SERVICES	35-1022158 Page 5
Part VII	Supplemen	ital Info	rmation		
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Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return

(99)

NEW HOPE SERVICES

35-1022158

777	ss or activity to which this form relates							
MARKET CO	NDIRECT DEPRECIAT		····					
Pa	ct 1 Election To Exper							
	Note: If you have a		, complete Part	V before you co	omplete Pa	art I.	_	<u> </u>
1	Maximum amount (see instruction			*********			1_	500,000
2	Total cost of section 179 property	piaced in service (see	e instructions)				3	2,010,000
3	Threshold cost of section 179 proj	perty before reduction	in imitation (see in	structions)			4	2,010,000
4	Reduction in limitation. Subtract lin Dollar limitation for tax year, Subtract lin						5	
<u>5</u>	Donat immation for tax year, Subtract iii (a) Description		ness, enter -u Il man	(b) Cost (business use		(c) Elected cost	-	
	(b) description	101 kicherti		(b) Obbi (bbailloss abb	Dail 17	fol Ericaco acos		
						<u></u> ,		
7	Listed property. Enter the amount	from line 20	<u> </u>		7			
8	Total elected cost of section 179 p	ronerty. Add amounts	s in column (c) line	s 6 and 7			8	
9	Tentative deduction. Enter the sm	saller of line 5 or line 8	9 <i>iii ooloittii (o);</i> iiilo 9	3 0 dika 1			9	
10	Carryover of disallowed deduction	from line 13 of your 2	2015 Form 4562				10	
11	Business Income limitation. Enter	the smaller of busines	ss income (not less	than zero) or line :	5 (see instruc	tions)	11	
12	Section 179 expense deduction. A						12	···
13	Carryover of disallowed deduction				13			
	: Don't use Part II or Part III below							
Pe	rt II Special Depreciat	ion Allowance ar	nd Other Depre	ciation (Don't	include lis	ted property	v.) (S	See instructions.)
14	Special depreciation allowance for							
	during the tax year (see instruction	ns)					14	
15	Property subject to section 168(f)(15	
16	Other depreciation (including ACF	(S)				,	16	231,597
Pa	m III MACRS Depreciat	ion (Don't includ	e listed property	.) (See instruct	ions.)			
			Sectio	n A				
17	MACRS deductions for assets pla	oed in service in tax v	care beginning bef	2046			17	ו הי
40		iona ili con li do ili last.	tears pedimining per	ore 2016			3.7	
<u> 18</u>	If you are electing to group any assets placed	d in service during the tax ye	ar into one or more gener	al asset accounts, check	here	▶ 🗍] 0
10		-	ar into one or more gener	al asset accounts, check	here	▶ 🗍		
		d in service during the tax yet Assets Placed in Ser (b) Month and year placed in	ar into one or more gener Vice During 2016 7 (c) Basis for deprecia (business/investment	ax Year Using the	here	▶ ☐	/stem	(g) Depreciation deduction
	Section B—A	d in service during the tax ye Assets Placed in Ser (b) Month and year	ar into one or more gener Vice During 2016 7 (c) Basis for deprecia	ax Year Using the	here General De	▶ ☐	/stem	
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Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

NEW HOPE SERVICES

Identifying number

35-1022158 Business or activity to which this form relates MISCELLANEOUS Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed properly, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,010,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year, Subtract line 4 from line 1, if zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8. 8 Tentative deduction. Enter the smaller of line 5 or line 8 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part IiI below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2016 If you are electing to group any assets placed in service during the lax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recover (a) Classification of property (business/investment use (a) Convention (f) Method (g) Depreciation deduction placed in period only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property SA. 25-year property 25 yrs. S/L Residential rental 27.5 yrs. MM property MM S/L 27.5 yrs. MM S/L Nonresidential real 39 yrs. property MM Section C-Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year MM S/L 40-year Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 20,519 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

NP-20

State Form 51062 (R778-13)

Indiana Department of Revenue

Indiana Nonprofit Organization's Annual Report For the Calendar Year or Fiscal Year

Beginning

07 01 2016 and Ending 06 30 2017

MM/DD/YYYY

Change of Address Amended Report Final Report: Indicate

Date Closed

Due on the 15th day of the 5th month following the end of the tax year. NO FEE REQUIRED.

Name of Organization

NEW HOPE SERVICES

County

812 288 8248

Address

Indiana Taxpayer Identification Number-

725 WALL STREET

CLARK

Federal Identification Number

City **JEFFERSONVILLE** State TM

Zip Code

35 1022158

Telephone Number

Check if:

Printed Name of Person to Contact

47130

Contact's Telephone Number

JOHN BROADY

812 288 8248

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

Current Information

- 1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
- 2. Indicate number of years your organization has been in continuous existence.
- Attach a schedule, listing the names, titles and addresses of your current officers. SEE STATEMENT 1.
- 4. Briefly describe the purpose or mission of your organization below.

TO PROVIDE HOPE THROUGH SERVICES WHICH ARE RESPONSIVE TO THE INDIVIDUAL NEEDS OF THOSE WHO ARE CHRONICALLY DISABLED AND/OR HAVE LOW INCOME.

Email Address:

CFO@NEWHOPESERVICES.ORG

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee

CFO Tiffe

Date

JOHN BROADY Name of Person(s) to Contact 812 288 8248

Daytime Telephone Number

Important: Please submit this completed form and/or extension to: Indiana Department of Revenue, Tax Administration P.O. Box 6481 Indianapolis, IN 46206-6481 Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled. 990

Return of Organization Exempt From Income Tax

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

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

OMS No. 1545-0047 2016 Open to Public Inspection

Department of the Treasury internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17 D Employer identification number C Name of organization Check if applicable: NEW HOPE SERVICES Address change 35-1022158 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Reconfsuite 812-288-8248 725 WALL STREET Initial return Fina: return/ City or lown, state or province, country, and ZIP or foreign postal code JEFFERSONVILLE IN 47130 11,227,281 G Gross receipts\$ Amended return Name and address of principal officer: H(a) is this a group return for subordinates? Yes X No Application pending JOHN BROADY H(b) Are all subordinates included? 725 WALL STREET If "No." attach a list, (see instructions) IN 47130 **JEFFERSONVILLE** X 501(c)(3) 501(c) (Tax-exempt status: WWW.NEWHOPESERVICES.ORG Website: 🕨 H(c) Group exemption number X Corporation Trust Association Year of formation: 1958 M State of legal domicile: Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HOPE THROUGH SERVICES WHICH ARE RESPONSIVE TO THE INDIVIDUAL Activities & Governance NEEDS OF THOSE WHO ARE CHRONICALLY DISABLED AND/OR HAVE LOW INCOME. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 213 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 0 7h Current Year 2,410,605 8 Contributions and grants (Part VIII, line 1h) 1,569,069 7,785,135 6.575.502 9 Program service revenue (Part VIII, line 2g) 63,060 39,354 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 703,947 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 856,871 8,911,578 11,091,965 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,292,239 5,627 134 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 40,511 3,747,490 2,773,053 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,374,624 8,065,292 18 Total expenses. Add lines 13--17 (must equal Part IX, column (A), line 25) 1,717,341 846,286 19 Revenue less expenses, Subtract line 18 from line 12 Beginning of Current Year End of Year 16,444,629 15,038,288 20 Total assets (Part X, line 16) 9,584,803 21 Total liabilities (Part X, line 26) 9,948,362 22 Net assets or fund balances. Subtract line 21 from line 20 5,089,926 6,859,826 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stalements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of office: Dale Sign CFO JOHN BROADY Неге Type or print name and title Print/Type preparers name Date Preparer's signature Check Pald MARC J. MCCORMICK, CPA MARC J. MCCORMICK, CPA P00382234 Preparer 35-1663728 RODEFER MOSS & CO, PLLC Firm's EIN ▶ Firm's name Use Only 301 E. ELM STREET

Firm's address

NEW ALBANY, IN

May the IRS discuss this return with the preparer shown above? (see instructions)

47150

812-945-5236

Form 990 (201	16) NEW HOPE SER	VICES	35-1022158	Page 2
Part III	Statement of Program	n Service Accomplishme	ents	
	Check if Schedule O c	contains a response or note	e to any line in this Part III	<u> </u>
1 Briefly d	escribe the organization's mis	sion:		
TO PRO	OVIDE HOPE THRO	OUGH SERVICES WHI	ICH ARE RESPONSIVE TO	THE INDIVIDUAL
NEEDS	OF THOSE WHO A	ARE CHRONICALLY I	DISABLED AND/OR HAVE	LOW INCOME.
		*************	*******************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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2 Did the	nmanization undedake any sir	noificant program services during	the year which were not listed on the	
				Yes X No
I("Yee"	describe these new services	on Schedule O		
		g, or make significant changes in	how it conducte any organism	
	-		- · · -	Yes 🗓 No
SELVICES	describe these changes on S		1,1.24	Tes PT NO
			h ufite these lesses as seen sendence so	
		-	h of its three largest program services, as	
			to report the amount of grants and allocati	ions to oriers,
the jotal	expenses, and revenue, it an	y, for each program service repo	ntea.	
		1 505 555		
4a (Code:) (Expenses \$	1,625,566 (including	grants of \$	(Revenue \$
COMMUI	NITY HOUSING DE	VELOPMENT - PROV	VIDE DIRECTION AND LE	SADERSHIP IN THE
			SUITABLE HOUSING IN	
			IPALITIES IN OUR SERV	
			ERSHIPS TO CREATE QUA	ALITY PROFESSIONAL
SERVI	CES FOR THE LOC	CAL RESIDENT.		
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*******		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ah /Codo:	\/Eunoneoe \$	1,429,689 including	arante of S	(Revenue \$
4b (Code:			TION AND SUPPORT TO	
* * * * * * * * * * * * * * * * * * * *			ENVIRONMENT FOR CHILI	
	IS IN ORDER TO	PROVIDE A SAFE	ENVIRONMENT FOR CHILI	DREN TO HEARN AND
GROW.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

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			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		,,,		
4c (Code:) (Expenses \$	1,358,402 Including	grants of \$	(Revenue \$)
WOMEN		HILDREN SERVICES		

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4d Other p	rogram services (Describe in			
4d Other p		Schedule 0.) 06 Including grants of \$) (Revenue \$)

Form 990 (2016) NEW HOPE SERVICES Part IV Checklist of Required Schedules

			Yes	<u>N</u> o
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_ [·	i
_	candidates for public office? If "Yes," complete Schedule C, Part I	3	·	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3 -
_	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,	5		x
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			┢╾
٠	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vas " carentale Schodule D. Bott 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, Pert II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	·		
•	complete Schedule D. Port III	8		x
9	Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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	X	<u></u>
þ	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		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ĺ		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
ę	Did the organization report an amount for other flabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		i I	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	├
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ł
	Schedule D, Parts XI and XII	12a	X	ļ.—
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If		7.5	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Perts XI and XII is optional	12b	X	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├—	
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	i		l
	fundraising, business, investment, and program service activities outside the United States, or aggregate	445		- V
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
13		45	!	x
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on -			
••	Pert IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- -		 -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?	···		 -
-	ff "Yes," complete Schedule G, Part III	19		x

	Checklist of Required Schedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	120		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
2	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
3	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			
		23	x	
4-	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		_
+d	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," enswer lines 24b	١ ا		
	through 24d and complete Schedule K. If "No," go to line 25a	24a	···	X
Þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l .		
	to defease any tex-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u>-</u>
ia	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	İ		
	If "Yes," complete Schedule L, Part I	25b		X
5	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			
	discussified persons? If "Vac " rampleta Schedula 1. Part II.	26		х
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27	38****	1300
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions);		~*************************************	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete]
	Schedule L, Part IV	28b_	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? if "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part i	31	!	X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	l	X
3	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, Pert I	33	x	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Paris II, III,	33		
•	ne = =	24	x	1
-	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	A.	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
5	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		
	related organization? If "Yes," complete Schedule R, Part V, line 2	35		X
•	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	F		

Pa	Statements Regarding Other IRS Filings and Tax Compliance	, .				
	Check if Schedule O contains a response or note to any line in this Part V		<u>41744444444</u>		Yes	No.
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	1a	146		res	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -D- if not applicable	1b	0			
Ç	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable garning (gambling) winnings to prize winners?			1c	X	-consense
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	213			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	
	Note. If the sum of lines fa and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	nancial				
_	account)?		•	4a	550000000000000000000000000000000000000	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 (CRAD)	Accoun	ts			
e.	(FBAR).			88888	8000000	v
5a L	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		•••••			X
Þ	If "Var" to the Ears Eh did the exercise that Eleman 9000 TO					
ç 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c		
va	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	:	х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			····	1	42
•	nifts were not toy deductible?	J113 01		6b		i
7	Organizations that may receive deductible contributions under section 170(c).			····		***
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and positions assuided to the equal	_		7a	,0000000000	. Andrew Color
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			30363333		
8	Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintaine	ed by th	e			
_	sponsoring organization have excess business holdings at any time during the year?			8		3326336
9	Sponsoring organizations maintaining donor advised funds.					
a						
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	•••••		de		30000
a	helifestan from and analysis of the dead of Books (III) to 46	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	•	\dashv		
11	Section 501(c)(12) organizations. Enter:	100				
a	Charles in come from a power or an absorbed does	11a		_		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1100				
	against amounts due or received from them.)	116				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		30,000,000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		**************************************	,		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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				
c	Enter the amount of reserves on hand	13c		81.00		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	•	. pq p a , a ,	14a		X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			145	•	

Fолт	990 (2016) NEW HOPE SERVICES	35-1022158			P	age 6
Pε	TWI Governance, Management, and Disclosure For each "Y	es" response to lines 2 thro	igh 7b below, and	for a '		
	response to line 8a, 8b, or 10b below, describe the circumstand	•	•			IS.
	Check if Schedule O contains a response or note to any line in				- 0110/1	X
Sec	tion A. Governing Body and Management	4110 J MIL #1	<u> </u>	: 41 * * 11	.,	
	tion 73 Ou vorning Body and mishagement		·		Yes	No
1-	Enter the number of victims members of the enversion begins at the and of the torus		1a 12	00000000		NO
1a	Enter the number of voting members of the governing body at the end of the tax y	***********************	1a 12			
	If there are material differences in voting rights among members of the governing	•				
	if the governing body detegated broad authority to an executive committee or sim	ilar				
	committee, explain in Schedule O.		1 1			
b	Enter the number of voting members included in line ta, above, who are indepen	***************************************	1ь 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a	business relationship with				
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily perfor	med by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management	company or other person?		3		X
4	Did the organization make any significant changes to its governing documents significant	nce the prior Form 990 was filed	1?	4		X
5	Did the organization become aware during the year of a significant diversion of the		***************************************	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the	nower to elect or appoint				
	one or more members of the governing body?	power to elect of appears		7a	1	x
b	Are any governance decisions of the organization reserved to (or subject to appro	wal hid mambara	• • • • • • • • • • • • • • • • • • • •			
ь		ival by) members,		٠		v
_				7b	588888	X
8	Did the organization contemporaneously document the meetings held or written a	ections undertaken during the ye	ear by the following:		***************************************	
а				8a	X	
þ	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A	, who cannot be reached at				
	the organization's mailing address? If "Yes." provide the names and addresses in	Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies	s not required by the Inte	rnal Revenue Co	de.)		
	· · · · · · · · · · · · · · · · · · ·				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the	ectivities of such chapters.				
	affiliates, and branches to ensure their operations are consistent with the organiz			10b		
115	Has the organization provided a complete copy of this Form 990 to all members of		s the form?	11a	x	
	Describe in Schedule O the process, if any, used by the organization to review the		å me ronn : ,,,,,,	114	<u> </u>	
b 40-	· · · · · · · · · · · · · · · · · · ·				~~~	900000
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose ann		se to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance v	ith the policy? If "Yes,"				
	describe in Schedule O how this was done	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	<u></u>
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a	review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of	•••				
а	The organization's CEO, Executive Director, or top management official			15a	X	A4000000000
b	Other officers or key employees of the argenization			15b	x	_
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
4==	Did the organization invest in, contribute assets to, or participate in a joint venture					
15a	-	e or similar arrangement		*****		
		,,		16a	X	600,000000
b	If "Yes," did the organization follow a written policy or procedure requiring the org					
	participation in joint venture arrangements under applicable federal tax law, and t	•			***	/////////////////////////////////////
	organization's exempt status with respect to such arrangements?	<u> </u>		16b	X	L
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ IN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applica		01(c)(3)s aniv)			
	available for public inspection. Indicate how you made these available. Check all	•	- Zablaha andh			
		olain in Schedule O)				
40		•	and nother and			
19	Describe in Schedule O whether (and if so, how) the organization made its gover	ning documents, conflict of inter	rest policy, and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the		ords: 🟲			
.17	MRS A ROSTRY 725 WATT STOR	esemble				

JEFFERSONVILLE

812-288-8248

IN 47130

Pa	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	m						
		Otteck ii delieudie c	2 Comta	ils a response	(A) Total revenue	(B) Related or exempl function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्ष	12	Federated campaigns	1a					
Program Service Revenue Contributions, Giffs, Grants		Membership dues	1b					
일		Fundraising events	1c	· ····				
#1		Related organizations	1d					
썣		Government grants (contributions)	1e	1,432,460				
뜵		All other contributions, gifts, grants,						
팔힐	'	and similar amounts not included above	1f	978,145				
뿔	~	Noncesh contributions included in lines 1e-		790,416				
돌말	_	Total. Add lines 1a-1f			2,410,605			
읭	!!	Total. Add titles 18-11,		Busin, Code				
	2-	PROGRAM GROWINGS THE	G	Bush, Code	6,388,618	6,388,618		
اق	2a	PROGRAM SERVICE FEE			1,108,353			
8	ь	RENTAL INCOME - HOU			288,164			
اچّ	G	SHELTERED WORKPSHOP	• • • • • • • • • • • • • • • • • • • •		200,103	200,10%		
ន្ទ័	d							
휸	6						· ···· -· -· ·	
8		All other program service reve						
4		Total. Add lines 2a-2f			7,785,135			l
- 1	3	Investment income (including						
ļ		and other similar amounts) \dots			6,855	6,855		
ĺ	4	Income from investment of tax		-				
	5	Royalties		,.,,		***************************************		
		(i) Real		(ii) Personal				
	6a	Gross rents			THE STREET	. 9-11-12-11-11-11-11-11-11-11-11-11-11-11-	or anameromorania	nde anderendericher der der bet
	b	Less: rental exps.						
	Ç	Rental inc. or (loss)						
		Net rental income or (loss)						
Į	7a	Gross amount from (i) Securities sales of assets	·]	(ii) Other				
		other than inventory		167,815				
	b	Less; cost or other						
		basis & sales exps.		135,316				
	C	Gain or (loss)		32,499				
		Net gain or (loss)			32,499	32,499		
_		Gross income from fundraising eve	ents					
อนด		(not including \$						
- Ne		of contributions reported on line 1c	·					
8		See Part IV, line 18						
Other Reve	ъ.	Less: direct expenses	"—					
õ		Net income or (loss) from fund	desieino o	vents >	_connected and the control of the co			
		Gross income from gaming activities		TOTAL PROPERTY.				
	Ja	See Part IV, line 19						
				<u> </u>				
1		Less: direct expenses Net income or (loss) from gan		ities 🕨				
		• • •		ides				
	าบส	Gross sales of inventory, less						
		returns and allowances			1			
		Less: cost of goods sold		-1				
	<u>c</u>	Net income or (loss) from sale	es of inve					
	100	Miscellaneous Revenue		Buşn. Code	630 000	630 003		
	11a	, , , , , , , , , , , , , , , , , , , ,			630,883			
	ь	MISCELLANEOUS		.,	225,988	225,988	· · · · · · · · · · · · · · · · · · ·	
	C	-			<u> </u>			
	d	All other revenue				20.500000000000000000000000000000000000		
	e	Total. Add lines 11a-11d		.	856,871			***
	12	Total revenue. See instruction	ns.		11,091,965	8,681,360) C) 0

Form 990 (2016)

Barrana de Campiana I Espan

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expanses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,741,146 4,001,200 733,812 6,134 Other salaries and wages Pension plan accruals and contributions (include 61,905 219 183,937 121,813 section 401(k) and 403(b) employer contributions) 436 365,135 241,811 122,888 Other employee benefits Я 336,916 290,606 45,874 436 Payroll taxes 10 Fees for services (non-employees): Management 32,728 20,565 10,689 1,474 Legal 215, 40 25,270 13,134 1,811 c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 23,340 518,382 325,739 169,303 (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 39,608 11,745 5,346 56,699 Office expenses Information technology 14 Royalties 15 275,052 260,882 14.170 Occupancy 15 230,593 228,312 2,281 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 48,304 26 75,789 124,119 Conferences, conventions, and meetings 19 63,790 109,132 172,922 20 Payments to affilitates 21 455,885 52,319 508,204 Depreciation, depletion, and amortization 5,941 5,941 23 Insurance 24 Other expenses, itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMMUNITY HOUSING 177 947,047 946,870 51,810 037 SUPPLIES 201,963 254,810 **34**,872 220 210,262 175.170 MISCELLANEOUS 120,547 120,547 WAGES - WORKSHOP CLIENTS 79,894 249,969 170,043 32 e All other expenses 40,511 1,568,250 7,765,863 9,374,624 Total functional expenses. Add lines 1 through 24e Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720).

Pa	irt X						
		Check if Schedule O contains a response or note	to any li	ne in this Part X			
_					(A)	1	(B)
					Beginning of year		End of year
	1	Cashnon-interest bearing			12,901	1	9,889
ļ	2	Savings and temporary cash investments			354,009		875,053
	3	Pledges and grants receivable, net			848,265		978,632
	4	Accounts receivable, net	41,229	4	33,228		
- 1	5	Loans and other receivables from current and former of	ficers, di	rectors,			
1		trustees, key employees, and highest compensated em	ployees.				
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers	sons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	tributing employers and				
}		sponsoring organizations of section 501(c)(9) voluntary	es' beneficiary				
ξī.		organizations (see instructions). Complete Part II of Sch			6		
Assets	7	Notes and loans receivable, net		136,465		144,506	
څ	8	Inventories for sate or use			29,314	8	1,500
	9	Prepaid expenses and deferred charges			60,198	9	61,918
]	10a	Land, buildings, and equipment: cost or	[]				
1		other basis. Complete Part VI of Schedule D	10a	18,371,564			
	ь	Less: accumulated depreciation	10b	5,139,703			
	11	Investments—publicly traded securities			292,561	11	393,010
	12	Investments-other securities. See Part IV, line 11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12		
	13	Investments-program-related. See Part IV, line 11				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			2,311,058	15	$715,0\overline{32}$
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)		15,038,288	16	16,444,629
-	17	Accounts payable and accrued expenses		1,421,429	17	1,796,539	
	18	Grants payable			18		
	19	Deferred revenue			3,507	19	7,544
ļ	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	of Sched	iule D		21	
or.	22	Loans and other payables to current and former officers					
葦		trustees, key employees, highest compensated employ	ees, and	:			
Liabilities		disqualified persons. Complete Part II of Schedule L.				22	
Ξ	23	Secured mortgages and notes payable to unrelated thir	d parties		8,442,385	23	7,715,582
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (Including federal income tax, payables	to relate	d third	-	[
		parties, and other liabilities not included on lines 17-24)	. Comple	ete Part X			
		of Schedule D			81,0 <u>41</u>	25	65,138
	26			******	9,948,362	26	9,584,803
		Organizations that follow SFAS 117 (ASC 958), chec	k here	➤ X and			
8		complete lines 27 through 29, and lines 33 and 34.					
ă	27	Unrestricted net assets			1,568,461		2,117,133
E 23	28	Temporarily restricted net assets			3,521,465	28	4,742,693
5	29	Permanently restricted net assets				29	
<u> </u>		Organizations that do not follow SFAS 117 (ASC 95	8), chec	k here > and			
ō		complete lines 30 through 34.		_			
at St	36	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or equipmen	nt fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income,				32	
Z	33			.,	5,089,926		6,859,826
_	34	Total liabilities and net assets/fund balances			15,038,288	34	16,444,629
							Form 990 (2016)

Form 990 (2016)

omi	990 (2016) NEW HOPE SERVICES	35-1022158			Page 12
	TXI Reconciliation of Net Assets				_
*****	Check if Schedule O contains a response or note to any li	ne in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		1		1,965
2	Total expenses (must equal Part IX, column (A), line 25)		2		4,624
3	Revenue loss expenses. Subtract line 2 from line 1		3		17,341
4	Net assets or fund balances at beginning of year (must equal Part X, fine 3)	3, column (A))	4		39,926
5	Net unrealized gains (losses) on investments	·	5	<u> </u>	52 <u>,559</u>
6	Donated services and use of facilities		6		
7	Investment expenses		7		
8	Prior period adjustments		8		
9	Other changes in net assets or fund balances (explain in Schedule O)		9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (mu	st equal Part X, line			
	33, column (B))		10	6,85	<u>59,826</u>
Pa	n XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any li	ne in thìs Part XII			<u></u>
	_			15.22.00.02.0	Yes No
1	Accounting method used to prepare the Form 990: Cash X A	crualOther	_		
	If the organization changed its method of accounting from a prior year or ch	ecked "Other," explain in			
	Schedule O.				
2#	Were the organization's financial statements compiled or reviewed by an in	dependent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated	and separate basis		8.63	
ь	Were the organization's financial statements audited by an independent ac	countant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for	the year were audited on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated	and separate basis		2382	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assure	mes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection	of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection proces	s during the tax year, explain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an	audit or audits as set forth In			
	the Single Audit Act and OMB Circular A-133?			3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the or	ganization did not undergo the	•		_
	required audit or audits, explain why in Schedule O and describe any steps	taken to undergo such audits		.,,, 3b	X
				For	n 990 (2016)

OMB No. 1545-0047

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury tatemat Revenue Service

Name of the organization

Public Charity Status and Public Support

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

a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trest.

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Attach to Form 990 or Form 990-EZ.

Coento Public

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

NEW HOPE SERVICES

Employer Identification number 35–1022158

			NEW DOLE SEV	,V T C E D				<u> </u>
Pa	rt I	Reaso	on for Public Charity	Status (All organizations	must co	mplete t	his part.) See instruction	18.
he	orgai			e it is: (For lines 1 through 12,				
1	רֿ		•	ociation of churches described				
2				A)(ii). (Attach Schedule E (For				
3	\square			ce organization described in se			i).	
4	Н			In conjunction with a hospital				ospital's name.
-	I.—	city, and state						•
5		-		of a college or university owned	or operati	ed by a gov	vernmental unit described in	
•	L	_	3)(1)(A)(iv), (Complete Part	•		, - 5		
6	\Box			, overnmental unit described in s	ection 17	'0(b)(1)(A)(v),	
7	X		•	substantial part of its support fr				;
-		-	section 170(b)(1)(A)(vi). (C					
8				70(b)(1)(A)(vi). (Complete Par	t II.)			
9	П			cribed in section 170(b)(1)(A)(ed in conju	nction with a land-grant collec	je
	-		or a non-land grant college o	of agriculture (see instructions).				
10			on that normally receives: ('	i) more than 33 1/3% of its sup	port from	contribution	ns. membership fees, and ord)SS
	ப			opt functions-subject to certain				
				nd unrelated business taxable in				
	_	acquired by the	ne organization after June 3	0, 1975. See section 509(a)(2)	. (Cample	te Part III.)		
11	Ц			exclusively to test for public saf				
12				exclusively for the benefit of, to				
				zations described in section 50	- ,			•
			-	nat describes the type of suppo				
	а			erated, supervised, or controlle- wer to regularly appoint or elect				ng
				omplete Part IV, Sections A a		y or are arre	COM OF RUSINES OF DIC	
	ь			pervised or controlled in conne		its support	ed organization(s), by having	
	•			rting organization vested in the				
				Part IV, Sections A and C.	•		•	
	C	Type III f	unctionally integrated. A state organization(s) (see ins	supporting organization operate structions). You must complete	d in conne e Part IV.	ection with, Sections A	and functionally integrated w A. D. and E.	ith.
	d			i. A supporting organization op				on(s)
	_			e organization generally must s				
		requirem	ent (see instructions). You i	nust complete Part IV, Sectio	ns A and	D, and Pa	rt V.	
	e	Check thi	is box if the organization rec	eived a written determination fi	rom the IF	S that it is	a Type I, Type II, Type III	
			-	n-functionally Integrated suppo:	rting organ	ization.		
	f		nber of supported organizat					
	g	Provide the fo	ollowing information about to	ne supported organization(s).	1	F		I
(-	ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
	Ui	gantzalion		above (see instructions))		iment?	instructions)	instructions)
					Yes	No		
(A)								
<i>,</i>				1	-	 		
(B)	1							
(C)								<u> </u>
(D)	ı				┪	 - 		·
		_	-		<u> </u>	<u> </u>		
(E))							-
Tot	ai							
	W1		Pre				· · · · · · · · · · · · · · · · · · ·	

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NEW HOPE SERVICES

Schedule A (Form 990 or 990-EZ) 2016
Part II Support Schedu 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.)

Seci	ion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusuat grants.")	2,340,393	1,454,709	1,217,508	993,693	1,620,189	7,526,492
2	Tax revenues fevied for the organization's benefit and either paid to or expended on its behalf	593,838	586,580	553,534	575,376	630,883	2,940,211
3	The value of services or facilities furnished by a governmental unit to the organization without charge						<u></u>
4	Total, Add lines 1 through 3	2,934,231	2,041,289	1,771,042	1,569,069	2,251,072	10,566,703
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)						
6	Public support. Subtract line 5 from line 4.						10,566,703
	tion B. Total Support				100015	7 7 4 4 4 4	107.1
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	2,934,231	2,041,289	1,771,042	1,569,069	2,251,072	10,566,703
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,972	4,915	10,895	9, <u>12</u> 6	6,855	34,765
9	Net income from unrelated business activities, whether or not the business is regularly carried on			_			
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	_57,878			The second secon	225,968	489,321
11	Total support. Add lines 7 through 10					1.0	11,090,789
12	Gross receipts from related activities, etc.	(see instructions)					27,873,389
13	First five years. If the Form 990 is for the	_					▶ □
<u></u>	organization, check this bex and stop her						>]_
Sec	tion C. Computation of Public S						
14	Public support percentage for 2016 (line §					· · · · · · · · · · · · · · · · · · ·	95.27% 97.24%
15	Public support percentage from 2015 Sch			40 and the 44 in 1	02.4/29/ mamoro o		37.24 70
16a	33 1/3% support test—2016. If the organ				53 1/3% of more, c	Heck this	▶ [X
	box and stop here. The organization qua 33 1/3% support test—2015. If the organ				E ic 22 1/2% or m	ore check	
þ	this box and stop here. The organization						▶ □
47	10%-facts-and-circumstances test—20	qualities as a publ 16 létho omanizat	ion did not check s	s hay on line 13, 16	Sa or 16h and line		
1/2	10% or more, and if the organization mee	to the "facts and s	ircumetances" teel	check this boy at	ed stop here. Expl	ain in	
	Part VI how the organization meets the "f	este endering the est	annoe" tost. The or	ganization qualities	s as a publicly sum	norted	
							▶ □
ь	organization 10%-facts-and-circumstances test—20	15. If the organizat	tion did not check a	a box on line 13, 16	6a, 16b, or 17a, an	d line	· <u></u>
	15 is 10% or more, and if the organization	n meets the "lacts-	and-circumstances	s lest, check this t	on analitae ee e e.c.	uhlielu	
•	Explain in Part VI how the organization m						▶ □
18	Private foundation. If the organization d		on line 13, 16a, 16	ib, 17a, or 17b, ch	eck this box and s	eë	
	instructions				<u></u>		
						Schedule A (Form 9	990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016
Part III Support Sched Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	•			-			
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) T	otal
1	Cafes, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,,====	1			<u></u>	1	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					; ; ;		
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5		 		· · · · · · ·	<u> </u>	-	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	ļ						
	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						kosi	
8	Public support, (Subtract line 7c from line 6.)							
	tion B. Total Support				, -		r	
Caler	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(1) 7	Total
9	Amounts from line 6		ļ			<u> </u>	+	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b					<u> </u>	-	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	and 12.) First five years. If the Form 990 is for th	e organization's fir	st second third fo	urth or fifth tax ve	ear as a section 50	1(c)(3)		
•7	organization, check this box and stop he							▶ 🗆
Sec	tion C. Computation of Public S							
15	Public support percentage for 2016 (line			nn (f))		1	5	%
16	Public support percentage from 2015 Sc						6	%
Sec	tion D. Computation of Investm	ent Income Po	ercentage			· .		
17	Investment income percentage for 2016	(line 10c, column	(f) divided by line 1	3, column (f))			·	%
18	Investment income percentage from 201	5 Schedule A, Par	t III, line 17				8	- %
19a	33 1/3% support tests—2016. If the org							, [···
	17 is not more than 33 1/3%, check this							▶ ∟
b		anization did not c	heck a box on line	14 or line 19a, an	d line 16 is more t	han 33 1/3%, and	1	
	fine 18 is not more than 33 1/3%, check							
20	Private foundation. If the organization of	fid not check a bol	x on line 14, 19a, o.	r 19b, check this b	oox and see instruc	ctions		🟲 📙

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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 out 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, enswer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- 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.)

l	Yes	No
	100	
1		
3333333		i Oggraposatio
		·***
2		

	Section (NAME)	Processor and
3a		
		8
3b		
SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS		
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4a		
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4c		

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6 6 7 8 9a 9b		
6 6 7 8 9a 9b		

Schedul	le A (Form 990 or 990-EZ) 2016 NEW HOPE SERVICES	35-1022158		Page 5
Par	201/2111			
<u> </u>			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		1000000 *******************************
_	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part			
	on B. Type I Supporting Organizations	11.4		
DECLI	or b. Type Toupporting Organizations		Yes	No
	Did the discolars to stone as a search earlier of one as many associated examples there have the power to		,,,,,	
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			Potentianisti
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_ 1	3000302003	
2	Did the organization operate for the benefit of any supported organization other than the supported	200		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	ı	<u> </u>
Secti	on C. Type II Supporting Organizations			
		Construction	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		*	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		· -	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the pric	nr tay	***	
	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			7,650,000,000
_				
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 h	ow 2		2000000000000000000000000000000000000
	the organization maintained a close and continuous working relationship with the supported organization(s).	. 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	<u> </u>	<u> </u>
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government	t entity (see instructions).		
2 /	Activities Test. Answer (a) and (b) below.	£	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			J
	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,		1	
	how the organization was responsive to those supported organizations, and how the organization determined	d 📗		
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mor	201000000		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	or the organization of supported organization of the transported experiention for the experiential confidence of the transported experiention for the experiential confidence or the experient of the experience of			ł
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b	# E C C C C C C C C C C C C C C C C C C	o p 0000000000
	activities but for the organization's involvement.	20		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	(A)	7268860	openii:

3a

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 NEW HOPE SERVICES		35-1022	.158 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	janiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	ov. 20,	1970 (explain in Part VI).S	ee
instructions. All other Type III non-functionally integrated supporting organizations may	ıst com	olete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		<u></u>
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	16		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount dalmed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets] 2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			*
emergency temporary reduction (see instructions).	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functionally integrate	d Type	III supporting organization	(see
instructions).			
		Schedule	A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015
e Excess from 2016

Schedule A (Fort	ra 990 or 990-EZ) 2	016 NEW	HOPE SERV	/ICES		35-1022158	Page 8
Part VI	Supplement III, line 12; Pa B, lines 1 and 3a and 3b; P	al Information art IV, Section A d 2; Part IV, Sec art V, line 1; Pa	. Provide the e A, lines 1, 2, 3l ction C, line 1; Int V, Section E	explanations rec o, 3c, 4b, 4c, 5a Part IV, Section 3, line 1e; Part \	, 6, 9a, 9b, 9c, 11a, n D, lines 2 and 3; Pa	10; Part II, line 17a or 17 11b, and 11c; Part IV, So art IV, Section E, lines 10 6, and 8; and Part V, Se	ection c, 2a, 2b,
				NTIME TT			
PART I	I, LINE 1	O - OTHER	INCOME	DETALL	,	******************************	
OTHER :	INCOME			. \$	489,321		
		*********					******
		***************************************	****************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
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Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2016

Department of the Treasury internal Revenue Service

Name of the organization

Altach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number

NEW HOPE SE	RVICES	35-1022158
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	▼ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not 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 foun	ndation
	501(c)(3) taxable private foundation	
, -	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See
General Rule		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contr y or property) from any one contributor. Complete Parts I and II. See instru- contributions.	•
Special Rules	•	
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line ions of the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the gar, total contributions of more than \$1,000 exclusively for religious tional purposes, or for the prevention of cruelty to children or animals. Con	c, charitable, scientific,
For an organizati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the	at received from any one
	g the year, contributions exclusively for religious, charitable, etc., purpose: ted more than \$1,000. If this box is checked, enter here the total contributi	
during the year fo	or an exclusively retigious, charitable, etc., purpose. Don't complete any of	f the parts unless the
	plies to this organization because it received <i>nonexclusively</i> religious, cha r more during the year	
990-EZ, or 990-PF), but i	that isn't covered by the General Rule and/or the Special Rules doesn't fit timust answer "No" on Part IV, line 2, of its Form 990; or check the box or 2, to certify that it doesn't meet the filing requirements of Schedule B (For	n line H of its Form 990-EZ or on its
For Paperwork Reduction	Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 2

Name of organization
NEW HOPE SERVICES

Employer identification number 35-1022158

Part I	Contributors (See instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and Z/P + 4	(c) Total contributions	(d) Type of contribution
.1	TARC 1000 W. BROADWAY LOUISVILLE KY 40203	\$ 65,049	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.2	INDIANA HOUSING & COMMUNITY DEV AUTH 30 S MERIDIAN STREET SUITE 100 INDIANAPOLIS IN 46204	\$ 1,221,628	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Typs of contribution
3	INDIANA FAMILY HEALTH COUNCIL 233 S MCCREA STREET INDIANAPOLIS IN 46225	\$ 196,050	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	QUARTERMASTER LP 725 WALL STREET JEFFERSONVILLE IN 47130	s 790,416	Person Payroll Noncash (Complete Part II for nencash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of cantribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
• •		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 1 OF 1

_ -

Name of organization
NEW HOPE SERVICES

Employer identification number 35-1022158

NEW HOPE SERVICES Noncash Property (Sée instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I BUILDING/LAND 4 \$ 770,416 01/31/17 (c) (a) No. (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I EQUIPMENT 4 \$ 20,000 01/31/17 (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I (c) (a) No. (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I \$ (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I \$ (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I \$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Employer identification number

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

Open to Public Inspection

Name of the organization 35-1022158 NEW HOPE SERVICES Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization hold a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d. Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶**\$, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ______ Yes No in Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIJI, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedi	ule D (Form 990) 2016 NEW HOPE	E SERVICES			35-10221	58	Pag	e 2
Par	till Organizations Maintaini	ng Collections of	Art, Historical	Treasures, c	r Other Simil	ar Assets	(continued)	
3 (Using the organization's acquisition, acces collection items (check all that apply):							
а	Public exhibition	d 🗌	Loan or exchange p	rograms				
b	Scholarly research		Other					
- 1	Preservation for future generations		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
4 1	 Provide a description of the organization's	collections and explain	n how they further th	e organization's	exempt purpose	in Part		
,	Kul.							
	During the year, did the organization solici						П у П	k1_
	assets to be sold to raise funds rather than		oart of the organization	ion's collection?			. Yes	No
	Escrow and Custodial A		" 	n/ ti o			Г	
	Complete if the organization 990, Part X, line 21.	on answered Yes	on Form 990, i	~an iv, line 9,	, or reported a	ın amount	ON FORM	
	s the organization an agent, trustee, custo						Yes 🗍	N -
i h	ncluded on Form 990, Parl X?						. 🗀 res 🗀	No
D 1	if "Yes," explain the arrangement in Part X	ili and complete the to	illowing table:		1	·····	A 4	_
					Ï		Amount	_
C I	Beginning balance					10		
ď /	Additions during the year					1d		
e l	Distributions during the year	,,,,						_
f i	Ending balance ,			~*****		1f		
2a 1	Did the organization include an amount on	Form 990, Part X, line	21, for escraw or c	ustodial account	llability?		Yes	No
ь .	if "Yes," explain the arrangement in Part X	III. Check here if the e	xplanation has beer	provided on Par	rt XIII	*******		
Par	t V Endowment Funds.							
	Complete if the organization	on answered "Yes	" on Form 990, I	Part IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two year		ree years back	(c) Four years bat	ck
1a i	Beginning of year balance							_
h (Contributions		-		1			
	Net investment earnings, gains, and	<u> </u>			1			
	- · · · ·							
	fosses							—
	Grants or scholarships		ļ. · · · · ·		-		-	—
	Other expenditures for facilities and							
- 1	programs						-	
	Administrative expenses							
g	End of year balance		<u>1</u>				<u></u>	
	Provide the estimated percentage of the c		e (line 1g, column (a)) held as:				
al	Board designated or quasi-endowment 🕨	%						
	_	%						
c 1	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c s							
	Are there endowment funds not in the pos		ation that are held a	nd administered	for the			
	organization by:	· ·					Yes	No
	(i) unrelated organizations						3a(i)	
	(il) related organizations			****************			3a(II)	
h	If "Yes" on line 3a(ii), are the related organ	nizatione listed as requ	ired on Schedule R	,		**-*	3b	
	Describe in Part XiII the intended uses of			***************				
************	t VI Land, Buildings, and Eq		omnetit julius.			•		—
::::::::::::::::::::::::::::::::::::::			" an Earm 000	Dod W. Spo. 1	1n Cas Form	oco Part	Y line 10	
	Complete if the organizati						•	—
	Description of property	(a) Cost or other	1	or other basis	(c) Accumulate depreciation	l l	(d) Book value	
		(Investment	·	(other)			1 115 0	~~
1a	Land	\		115,906			1,115,9	
þ	Buildings	····		721,131	3,216		10,504,8	
С	Leasehold improvements			971,294		,405	1,278,8	
	Equipment		1	563,233	1,231	,022	332,2	<u>11</u>
	Other							
	Add lines 1a through 1e. (Column (d) mu		rt X, column (B), line	e 10c.)		.	13,231,8	61

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 000 Dorf IV line	44h Son Form 000 Bart V line 12
-		(b) Book value	(c) Method of valuation:
	(a) Description of security or category (including name of security)	(LI) BOOK VAIDE	Cost or end-of-year market value
/41 Cinnadal d			
(1) Financial o	erivatives		
(2) Closely-net	d equity interests		
(3) Uther			
. ,(<u>A</u>)			
(B),			
· · · · (Ċ)			
<u>(D)</u>		,	
· · · · (F) · · · · · ·			
(F)			
(G)		ļ	
(H)			
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		<u> </u>
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on		
	(a) Description of investment	(b) Book value	(c) Method of Valuation:
			Cost or and-of-year market value
<u>(1)</u>			
(2)	•	<u> </u>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(9)			
(9) Total. (Column	(b) must equal Form 990, Part X, col. (8) line 13.)		
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) > Other Assets.		
	Other Assets.	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
Total. (Column		Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
Part X (1) (2)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes PAYABLES ~ HOUSING PROGRAM	Form 990, Part IV, line (b) Book value 61,975	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes	Form 990, Part IV, line	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes PAYABLES ~ HOUSING PROGRAM	Form 990, Part IV, line (b) Book value 61,975	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes PAYABLES ~ HOUSING PROGRAM	Form 990, Part IV, line (b) Book value 61,975	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes PAYABLES ~ HOUSING PROGRAM	Form 990, Part IV, line (b) Book value 61,975	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) OTHER (3) CARIT (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes PAYABLES ~ HOUSING PROGRAM	Form 990, Part IV, line (b) Book value 61,975	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) OTHER (3) CAPIT (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes PAYABLES ~ HOUSING PROGRAM	Form 990, Part IV, line (b) Book value 61,975	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) OTHER (3) CARIT (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability income taxes PAYABLES ~ HOUSING PROGRAM	Form 990, Part IV, line (b) Book value 61,975	(b) Book value

Schedule D (Fo	om 990) 2016	NEW I	HOPE	SERVICES			35-1022158	Page 5
Part XIII	Supplemen	ntal Infor	mation	SERVICES (continued)				
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SCHEDULE L

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

Name of the organization

NEW HOPE SERVICES

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 48b.

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

A1494 01/18/2018 8:11 AM OMB No. 1545-0047

Employer identification number

35-1022158

	Complete if the organization ans		*****				3 990-EZ, Part V,	line 4	0b.				
1	(a) Name of disqualified person	(b) Relation	oship between disqu organization		d pers	on and	(c) Description of tra	ansactio	n		(d) Yes	Correct	ted? No
(1)	<u> </u>		orgonization	•		 					100	+	
(2)													
(9)													
(4)							<u>.</u>				Ь	\bot	
[5]	 		***************************************								<u> </u>	_ _	
(6)	······································										<u> </u>		
under s	ne amount of tax incurred by the org ection 4958	- 				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 🏲 🛊	<u></u>				
3 Enter th	ne amount of tax, if any, on line 2, a	bove, reimbursed b	y the organiza	lion	- • • • •	,	*	. 🏲 🤄					
Part II	Loans to and/or From In Complete if the organization ans			rt V,	line	38a or Form 990), Part (V, line 26;	or if t	he				
	organization reported an amount												
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to xn the		(f) Balance due	(g) in	default?		oproved card or		iritten ement?
					g.?			<u> </u>	_		nittee?	ļ. <u> </u>	,
. <u></u>				To	From		<u> </u>	Yes	No	Yes	No	Yes	No
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(10)								2000000	2008230.30	33.50.30	2000000		_
Total		.,				,, > \$!	######################################	\$3500	*****
Part III	Grants or Assistance Be Complete if the organization and				e 27	·							
	(a) Name of interested person		ship between intere and the organizatio		(c) A	mount of assistance	(d) Type of assistance	9	(e)	Ригроз	e of as	sisiance	I
(1)													
(2)			<u> </u>		╙								
(3)		<u></u>			┷					-			
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(10) Face Barrier	arl Dadreston Act Matter and the	n Instructions for	form 000 or 0	<u>an-E</u>	<u></u>	1	Sched	leste f	(Form	99A	Of Q	90-F7	1 201
For Paperwo	ork Reduction Act Notice, see the	e metructions for i	-nitti aan ot a:	3V-C	£.		361180	*******	fi om	. 550	J. J.		,

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990,

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

GMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEW HOPE SERVICES

Employer identification number 35–1022158

P	Types of Property					
		(a) Check if	(b) Number of contributions or	(c) Noncast contribution	(d) Method of determining	
		app!icable	Items contributed	amounts,reported on Form 990, Part Vilk, line 1g	poncesh contribution amo	•
1	Art—Works of art					··
2	Art—Historical treasures					
3	Art Fractional interests					
4	Books and publications			····-		
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7 -	Boats and planes			:		
8	intellectual property					<u> </u>
9	Securities — Publicly traded					
10	Securities - Closely held stock					•
11	Securities Partnership, LLC,					
	or trust interests					
12	Securities — Miscellaneous					
13	Qualified conservation					
	contribution — Historic		-			
	structures					
14	Qualified conservation					
	contribution.—Other					
15	Real estate Residential					
16	Real estate — Commercial	X	1	770,416		
17	Real estate — Other				· · · · · · · · · · · · · · · · · · ·	
18	Collectibles					<u> </u>
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy		"," "," ", ", ", ", ", ", ", ", ", ", ",			
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►(Х	1	20,000		
26	Other ►(
27	Other ►(
28	Other ►(_			
29	Number of Forms 8283 received by t	he organi:	zation during the tax year	for contributions for		
	which the organization completed Fo				29	
				- ,,		Yes No
30a	During the year, did the organization	receive by	y contribution any proper	ty reported in Part I, lines 1	l through	
	28, that it must hold for at least three	years fro	m the date of the initial c	ontribution, and which isn't	required	
	to be used for exempt purposes for t					30a X
b	If "Yes," describe the arrangement in	Part II.			***************************************	
31	Does the organization have a gift acc		policy that requires the re	view of any nonstandard		
			•	_	*******************************	31 X
32a	Does the organization hire or use this	rd parties	or related organizations t	to solicit, process, or sell a	oncash	
-	contributions?	-	-	••		32a - X
b	If "Yes," describe in Part II.	. , . , , ,	*************	*******************	***************************************	
33	If the organization didn't report an an	nount in a	olumn (c) for a type of or	operty for which column (a)) is checked,	
	describe in Part II.		4-3	• • •	•	

Schedule M (Form	990) (2016) 📉	ew hope set	RVICES		35-1022158	. Page 2
Part II	Supplemen the organiza	tal Information. tion is reporting i	Provide the inform in Part I, column (b), the number of contri	I, lines 30b, 32b, and 33, a ibutions, the number of item	nd whether
	or a combina	ation of both. Als	o complete this par	t for any additional inf	ormation.	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990. Inspection

Open to Public

Employer identification number Name of the organization 35-1022158 NEW HOPE SERVICES FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT WORK SERVICES HABILITATION AND PLACEMENT RENTAL PROPERTIES SENIOR CARE CAPS PROGRAM OTHER PROGRAMS FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TH ORGANIZATION'S 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WITHIN THE EMPLOYEE EMPLOYEES SIGN OFF THAT THEY HAVE READ, UNDERSTAND, AND WILL MEMBERS OF THE BOARD SIGN A CONFLICT COMPLY WITH THESE POLICIES. LIKEWISE, OF INTEREST STATEMENT SAYING THEY UNDERSTAND THE POLICY AND ARE REQUIRED TO DISCLOSE AND ABSTAIN FROM ANY VOTING WHERE THERE MIGHT BE A CONFLICT OR MONETARY BENEFIT. COMPENSATION PROCESS FOR TOP OFFICIAL FORM 990, PART VI, LINE 15A THE CEO HAS AN ANNUAL EVALUATION PERFORMED BY THE EXECUTIVE DETERMINE THE AMOUNT OF COMPENSATION COMPENSATION

ALL EMPLOYEES, EXCEPT FOR THE CEO, ARE REVIEWED BY THEIR DIRECT SUPERVISOR

A1494 01/18/2018 8:11 AM OMB No. 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

2016 Open to Public Inspection

Department of the Treasury Internet Revenue Service Name of the organization

NEW HOPE SERVICES

Employer identification number

35-1022158 Pait I Identification of Disregarded Entities Complete if the organization answered "Yas" on Form 990, Part IV, line 33. (q) End-of-year ossets (b) Primary schwiy (1) (a)
Name, address, and £IN (if applicable) of disregarded entity Logal demictie (state or foreign country) Direct controlling antity (1) RIVERS EDGE HOLDINGS, LLC 725 WALL STREET
JEFFERSONVILLE IN 46077 LOW INCOME IN 224 NEW HOPE D WILLOW TRACE HOLDINGS, LLC 725 WALL STREET
JEFFERSONVILLE IN 46077 NEW HOPE D LOW INCOME ΪN 229 (3) FOREST GLEN HOLDINGS, LLC 725 WALL STREET
JEFFERSONVILLE IN 47130 LOW INCOME ΙN 202 NEW HOPE D NEW HOPE DEVELOPMENT SERVICES, LLC 725 WALL STREET 35-1022158
JEFFERSONVILLE IN 46077 NEW HOPE S TOW THOOMS ŢΝ (5) Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part II (g) Section 512(b)(13) controlled entity? Yes No (e) Public charity status (if section 501(c)(3)) (a) Neme, eddress, and EIN of related organization (b) Primary activity (c) Legal comicile (state ox fereign ocumby) (d) Exempt Code section (f) Direct controlling extity (1) (2) (3) (4) (5)

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 NEW HOPE SERVICES 35-1022158

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 35-1022158 Page 2 (e)
Predominant
Income (related,
strafated,
excluded from
tax under (6) (0) (h) (j) esera! r (k) (a) Name, address, and EIN of related organization Code V—UBI emount in box 20 Frimary activity Legal managiry oo beni alloc.? of Schedule K-1 (Farm 1065) foreign sections 512-514) Yes Ka Yes No (1) RIVERS EDGE LP 725 WALL STREET IN 47130 N/2**JEFFERSONVILLE** 224 2,490 0.10 LOW INCOME IN RIVERS RELATED 32-0031746 (2)WILLOW TRACE LP 725 WALL STREET IN 47130 N/E**JEFFERSONVILLE** 229 2,267 0.10 38-3660078 FOM INCOME IN MIFFOM RELATED (3) FOREST GLEN LP 725 WALL STREET JEFFERSONVILLE IN 47130 N/J202 2,043 0.10 LOW INCOME IN FOREST RELATED 35-2181394 (4)QUARTERMASTER LP 725 WALL STREET JEFFERSONVILLE IN 47130 N/A 0.01 35-2120973 LOW INCOME IN N/A 22 66 X Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (i) Section 612(b)(13) controlled entity? (¢) Legal domicila (d) (a) Name, address, and EIN of related proprization (b) Primary activity Type of entity Share of total Share of end-of-year assets Percentage ownership (state or (C core. S core or Irust) foreign country) Yes No (1)QUARTERMASTER GENERAL CORP 725 WALL STREET IN 47130 **JEFFERSONVILLE** 795 100.000000 22 LOW INCOME IN NEW HOPE 35-2122159 (2)NHS DUCK CREEK, LLC 725 WALL STREET IN 47130 **JEFFERSONVILLE** 514,540 100.000000 LOW INCOME IN NEW HOPE С 29 35-2122159 (3)DZP BRAZIL, LLC 725 WALL STREET

Schedule R (Form 990) 2016

X

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100.000000

JEFFERSONVILLE

JEFFERSONVILLE

(4)MFOS APARTMENTS, LLC 725 WALL STREET

81-1724087

47-3317400

IN 47130

IN 47130

LOW INCOME

LOW INCOME

IN

NEW HOPE

NEW HOPE

C

Schedule R (Form 990) 2016 NEW HOPE SERVICES	i		35-1	1022158								Page 2
Part III Identification of Related Organization of Rel	ions Taxa	ible as a	a Partnership ed as a partne	Complete if the	e organizatio e fax vear.	n answered "Ye	s" on F	orm 9	90, Part IV, li	ne 34		
(a) Narrae, address, and Ein ^k of religied organization	(b) Primary acti	(c)	(d) Direct controlling entity or	(e) Predominant income (related, unrelated, excluded from fex under sections 512-514)	(1) Share of total Income	(6) Share of end year asse	is j	(h) Dispro- certionate alloc.?	(I) Carle VLIBI amount in box 20 of Schedule K-1 (Form 1085)	Ge sna pa	d No	
(1)DUCK CREEK LP								10		<u> </u>		
725 WALL STREET JEFFERSONVILLE IN 47130									1	ī/A		
35-2140613	FOM INC	OME IN	N/A	RELATED	312,	657 1,916	, 927	X		, J	:	100,00
(2)DAVIS ZELLER PLACE LF					•	1						
725 WALL STREET JEFFERSONVILLE IN 47130									1	g/æ		
81-1743054	TOM INC	OME IN	N/A	RELATED			į	x		K .	:	100.00
(3)M. FINE ON SPRING LP 725 WALL STREET JEFFERSONVILLE IN 47130								i	. 1	n/a		
47-3330696	LOW INC	OME IN	N/A	RELATED			183	X		. >	:	0.01
(4)												
Rattiv Identification of Related Organizatine 34 because it had one or more r	ions Taxa elated orga	ble as mization	a Corporation is treated as a	n or Trust Com a corporation or	plete if the o trust during	rganization ans\ the tax year.	wered "	Yes" o	on Form 990,	Part	IV, ,	
(a). Name, address, and Elit of relieted proportion	Primery		(c) Legal domicile (stelle or facelign country)	(d) Direct controlling eality	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	en	(9) Shere d d-ol-year i		(h) rcentage vnerst/p		(t) Section S12(b)(13) controlled entity?
143	-			 		· · · -					-	Yes No
(1)												
(2)												
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DAA				L	<u>.</u>	<u> </u>	<u> </u>		Schee	dule R	(Forr	n 990) 2011
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Part V	Transactions With Related Organizations Complete if the organization	n answered "Yes" on For	m 990, Part IV, line 3	4, 35b, or 36.				
Note: Com	plete line 1 if any entity is listed in Parte II, III, or IV of this schedule.					Yes No		
1 During	the tax year, did the organization engage in any of the following transactions with one or more	e related organizations listed i	n Parts II–IV?		¥131			
	t of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled ontity				1a	X		
b Gift, gr	ant, or capital contribution to related organization(s)				1b	X		
c Gift, gr	ant, or capital contribution from related organization(s)				10	X		
d Loans	or loan guarantees to or for related organization(s)	• • • • • • • • • • • • • • • • • • • •			14	X _		
e Loans	e Loans or loan guarantees by related organization(s)							
f Divider	nds from related organization(s)				1f	X		
g Sale of	assets to related organization(s)				1g	X		
h Purcha	se of assets from related organization(s)				1h	X		
i Exchar	ge of assets with related organization(s)				.11	X		
) Lease	of facilities, equipment, or other assets to related organization(s)			,.,,,	[1]	X		
						238		
k Lease	of facilities, equipment, or other assets from related organization(s)				1k	X		
! Perform	nance of services or membership or fundraising solicitations for related organization(s)				1	x		
m Perfor	nance of services or membership or fundraising solicitations by related organization(s)				1m	x		
n Sharing	g of facilities, equipment, mailing lists, or other assets with related organization(s)				1n)	x		
o Sharing	g of paid employees with related organization(s)				10	X		
	ursement paid to related organization(s) for expenses				10	X		
q Reimbi	rsement paid by related organization(s) for expenses			.,,,	19	X		
r Othert	ransfer of cash or property to related organization(s)			,,,,,,,,,,,	· · · · ·	X		
s Officer t	ransier of cash or property from related organization(s)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	15	X		
2 If the a	nswer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including covered re	elationships and transaction					
	(a)	(b) Transaction	(e) Amount Involved	(d) Method of determining error				
	Name of related organization	1900 (a-6)	Waldout lunained	Waldoğ or defetulbring appor	ant titveive			
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Page 4

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

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

(a)

(b)

(c)

(d)

(p)

(f)

(e)

(e)

(s) Name, address, and EIN of entity	(b) Primary activity	(c) Lege: domicile doi:igi (s):igi go:igi	dom lax under	(b) (f) Are all partners Share of section total faceme 501(c)(3) organizations?		(g) Share of gno-of-year assets	(h) Disproportionate allocations?		(I) Code V—UB1 embunt in box 20 of Schedule K-1 (Form 1065)	(i) General or mensoring		(A) Percentage ownership	
		conupy)	sections 5(2-514)	Yes No				Yos	No		Yes No		
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Schedule R (Fo	лт 990) 2016	NEW HOPE	SERVICES	35-1022158 Page 5
2007/2000000000000000000000000000000000	Supplemen	tal Information		
Part VII	Provide add	itional informatio	on for responses to questions on Schedule	R (See instructions).
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A1494 NEW HOPE SERVICES

35-1022158 FYE: 6/30/2017

Indiana Statements

1/18/2018 8:11 AM

Statement 1 - IN Form NP-20, Line 3 - Current Officers

Officer Name	Title	
Address	City	State Zip Code
PAT DAILY	CHAIR	
CHRIS BOTTORFF	VICE CHAIR	•
JAMES BOSLEY	CEO/BOARD PRESIDENT	·
ALAN APPLEGATE	SECRETARY/TREASURER	
JOHN BROADY	CFO JEFFERSONVILLE	IN 47130
725 WALL STREET JODY RESCHAR	COO	1M 'A 1120
BONNIE LONG	CAO	