#### 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)

OMB No. 1545-0047 2020

Department of the Treasury

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

Open to Public

Interna	l Reveni	ue Service	► Go to w	/ww.irs.gov/Form990 for instruction	ns and the lates	t information.		inspection
A F	or the	2020 calendar y	ear, or tax year begin	ning 0	7-01 , <b>2020</b> , ar	nd ending	06	5-30 , <b>20</b> 21
<b>B</b> 0	heck if a	pplicable:	C Name of organizationBO	YS HOPE GIRLS HOPE OF P	ITSBURGH, IN	IC.	D Empl	oyer identification number
A	ddress c	hange	Doing business as					25-1625524
N	ame cha	ange	Number and street (or P.0	O. box if mail is not delivered to street address)		Room/suite	E Telep	hone number
Ir	itial retu	rn	1005 BEAVER GR	ADE ROAD		103		
F	inal retur	rn/terminated	City or town, state or prov	rince, country, and ZIP or foreign postal code			<b>G</b> Gros	s receipts
A	mended	return	CORAOPOLIS, PA	15108			\$	2,135,868
Па	pplicatio	n pending	F Name and address of prir	ncipal officer:		H(a) Is this	a group return	for subordinates? Yes X No
			·			<b>H(b)</b> Are	all subordinat	es included? Yes No
I T	ax-exem	pt status: X 501	(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1) or	527			st. See instructions
	/ebsite:		· // · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,		H(c) Grou	ip exemption	number
K F	orm of o	rganization: X Corp	poration Trust Asso	ociation Other ►	L Year of formation	, , , ,	State of leg	
Par	t I	Summary			'	'		
	1		the organization's missi	on or most significant activities: To	O HELP ACADI	EMICALLY-CA	PABLE	AND MOTIVATED
		-	-	THEIR FULL POTENTIAL AN				
çe		-		KE HOMES, OPPORTUNITIES				
nar			•	, , , , , , , , , , , , , , , , , , , ,				<del></del>
Activities & Governance	2	Check this box ▶	if the organization	discontinued its operations or dispos	ed of more than 2	5% of its net as	sets.	
တိ	3							23
<b>مخ</b>	4		-	s of the governing body (Part VI, line	1b)		4	23
ties	5			calendar year 2020 (Part V, line 2a)				19
įξ	6		volunteers (estimate if r				6	23
A	7a		`	Part VIII, column (C), line 12				0
				from Form 990-T, Part I, line 11				0
-						Prior Ye		Current Year
	8	Contributions and	d grants (Part VIII, line	1h)			12,310	2,055,551
Ð	9		•	e 2g)				0
nue	10	-		a), lines 3, 4, and 7d)			31,008	79,757
Revenue	11			es 5, 6d, 8c, 9c, 10c, and 11e)			10,000	560
ш.	12			must equal Part VIII, column (A), line			53,318	2,135,868
	13			X, column (A), lines 1-3)	,		73,943	149,930
	14		. ,	(, column (A), line 4)			73,743	145,550
	15	•	ompensation, employee	32,793 566,1				
S				column (A), line 11e)	•		32,000	104,000
Expenses			expenses (Part IX, col	, , ,	178,512		32,000	101,000
ă	17	-	(Part IX, column (A), lin	· · · · · · · · · · · · · · · · · · ·		3	63,384	215 015
ш	18			ID (I)( I (A) II OF)			02,120	315,015
	19			18 from line 12			48,802)	1,135,137 1,000,731
		TREVEITUE 1033 CA	perises. Cubitact line	10 110111111111111111111111111111111111	<u> </u>	Beginning of Cu		End of Year
s or	20	Total assets (Pa	rt Y line 16)				20,044	10,417,705
sset Bala	21	Total liabilities (F	,			- , -	49,354	
Net Assets or Fund Balances	22	,	•	line 21 from line 20			70,690	1,567,482 8,850,223
Par		Signature			<u> </u>	0,3	70,690	0,030,223
				n, including accompanying schedules and stater	nents, and to the best of	of my knowledge and	belief, it is	<del></del> -
true,	correct, a	and complete. Declarat	ion of preparer (other than offi	cer) is based on all information of which prepare	has any knowledge.			
		G THOM	MAS WIESE					05-12-2022
Sign	า	Signature of c					Da	
Here		G THOM	MAS WIESE, EXEC	TITTUE DIDECTOR				
	-		name and title	CILVE DIRECTOR				
		Print/Type prepare		Preparer's signature	Date	Che	ck X if	PTIN
Paid	1	J SCOTT M		J SCOTT MAZUR CPA	05-12-202		employed	P01367415
	a Darer			MAZUR CPA	VJ-12-202	Firm's EIN		E 0730 / 473
-	Only		432 GREE				-	
<u> </u>	Ciliy	Fillis address		N STREET Y PA 15143		Phone no.	412	741-8090
May	the IR9	S discuss this retu		1 0/ : / /: )		<u> </u>	414-	X Yes No
ividy		- GIOOGOO II 110 1 TUU	with the propared of					

Part IV

25-1625524

# **Checklist of Required Schedules**

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . . . . Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . . 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . . 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . 12b Х 13 13 х 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

Form 990 (2020) BOYS HOPE GIRLS HOPE OF PITSBURGH, INC. Page 4 25-1625524 Part IV **Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . . . . . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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? 25b Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . . . . . . . . . . . . . . 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. . . . . . . . 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35a х b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . . . . . . . . . . . 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . . . . . . . . . . . . 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 х Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V . . . . . . Yes No 1a 2 0

Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners? .....

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note</b> : If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	01		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		
<b>h</b>				Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		^
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	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			
c	the organization is licensed to issue qualified health plans			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.40		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

25-1625524

BOYS HOPE GIRLS HOPE OF PITSBURGH, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	s.		
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on 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		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0	Λ	
J	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•		
	TOTAL DE L'ANGUA (TITILO COCALOTI D'ECQUECA INFORMATION ABOUT POPULIO DE L'ACTUAL TOTALIA COCALOTI D'ECQUECA INFORMATION ABOUT POPULIO DE L'ACTUAL DE		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
-	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.	114	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	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,"	120	Λ	
·	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
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	1-7	Λ.	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IUa	with a taxable entity during the year?	16a		v
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a		X
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16h		
800	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  Pennsylvania  Section 6404 requires on exempiration to make its Forms 4033 (4034 or 4034 A if applicable) 000 and 000 T (Section 504(a))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.			
40	Own website Another's website Department Of the Company of School			
19	Describe on 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			
	AUTOMACINAL SATEMENTS AVAILABLE TO THE CHARLE CHIRACTURE TO THE TAX VEST			

Form 990 (20	)2(	)
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Page 7

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

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela	ted organizat	ion co	mper	nsate	ed a	ny curr	ent	officer, director, or	trustee.	
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	,				han one s both an	,	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	or d	Inst	Officer	Key	emp	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual trustee or director	itutio	er	Key employee	nest	mer			related organizations
	organizations	o a	nal t		oloye	e com				
	below	stee	nstitutional trustee		Õ	pens				
	dotted line)		ď			Highest compensated employee				
(1) G THOMAS WIESE	40.00									
EXECUTIVE DIRECTOR				x				76,790	0	16,984
(2) JENNIFER R MILLER	1.00									
DIRECTOR		x						0	0	0
(3) SR ROSANNE OBERLEITNER	1.00									
DIRECTOR		х						0	0	0
(4) LISA MEHALICK	1.00									
DIRECTOR		х						0	0	0
(5) JAN W MADISON, MD	1.00									
DIRECTOR		x						0	0	0
(6) ANTHONY L MASTRO	1.00									
DIRECTOR		х						0	0	0
(7) SHANNON ROHR	1.00									
DIRECTOR		х						0	0	0
(8) SR JEAN UZUPIS	1.00									
DIRECTOR		х						0	0	0
(9) ROSEMARY WELSH	1.00									
DIRECTOR		х						0	0	0
(10)TIANA SMITH	1.00									
DIRECTOR		х						0	0	0
(11)MARK M SHERWIN	1.00									
DIRECTOR		x						0	0	0
(12)LOUISA SHIN	1.00									
DIRECTOR		х						0	0	0
(13)GEORGE LINGE	1.00									
DIRECTOR		Х						0	0	0
(14)MEGAN DUFFY	1.00									
DIRECTOR		Х						0	0	0

Form **990** (2020)

Part VII

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

25-1625524

(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	do not check more than one box, unless person is both an officer and a director/trustee) week any for Individual Institutional rusted ations low					Former	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amo of other compensatio from the organization a related organiza		ion and	
(15)BONNIE BAGAY	1.00												
DIRECTOR		X						0	0			0	
(16)ANDREA CURTIS	1.00							0	0			0	
DIRECTOR (17)ANISSA GILBERT	1.00	Х						0	0			U	
DIRECTOR		x						0	0			0	
(18)JAMES R KANE	1.00												
DIRECTOR		х						0	0			0	
(19)MATTHEW W JOHNSON	1.00												
DIRECTOR		х						0	0			0	
(20)AMIT_GRAVER	1.00												
DIRECTOR		Х						0	0			0	
(21)TRUDY WARD	1.00												
VICE-CHAIR	1 00	Х		Х				0	0			0	
(22)F_DUFFY_HANNA BOARD_CHAIR	1.00	x		x				0	0			0	
(23)MATT ZACK	1.00			^									
TREASURER	=	x		x				0	0			0	
(24)MARIA BERNIER	1.00							· · · · · · · · · · · · · · · · · · ·					
SECRETARY		х		x				0	0	0 0			
(25)													
1b Subtotal	 .     •			• •		• • •	٠ •						
c Total from continuation sheets to Part VII, Secti							•	76 700			16 (	204	
d Total (add lines 1b and 1c)								76,790	0		16,9	984	
reportable compensation from the organization		isica a	DOVE	<i>5)</i> WI	110 10	COCIVCO	<i>a</i> 1110	οις τιαι φ100,000 ·	OI.			0	
											Yes	No	
3 Did the organization list any former officer, direct	tor, trustee,	key en	nploy	yee,	or h	nighest	con	npensated					
employee on line 1a? If "Yes," complete Schedul	le J for such	individ	lual							3		х	
4 For any individual listed on line 1a, is the sum of re		•					•						
organization and related organizations greater th													
individual										4		Х	
5 Did any person listed on line 1a receive or accrue			-			_				5			
for services rendered to the organization? If "Yes," complete Schedule J for such person											Х		
Complete this table for your five highest compensar	ted independ	lent co	ntra	ctors	s tha	t receiv	ved i	more than \$100,00	00 of				
compensation from the organization. Report comp													
(A)								(B)		(C)			
Name and business addres	s							Description of service	es	Compens	ation		
_													
2 Total number of independent contractors (including	g but not lim	ited to	thos	se lis	ted a	above)	who	D					
received more than \$100,000 of compensation fro	-					,							

Page 9

Form 990 (2020) BOYS HOPE
Part VIII Statement of Revenue

		Check if Schedule O contains a response		, ,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								sections 512–514
	_ 1a	Federated campaigns	1a					
ts s	b	Membership dues	1b					
iran	С	Fundraising events	1c	51,532				
s, G Amc	d	Related organizations	1d					
Gift ∏ar,	е	Government grants (contributions)	1e	99,300				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,						
utio		and similar amounts not included above	1f	1,904,719				
ള	g	Noncash contributions included in lines 1a-1f	1g	¢ 40 613				
and	h				2 055 551			
	- "	Total. Add lines ra-11		Business Code	2,055,551			
	2a			Dusiliess Code				
<u>8</u>	b							
er.	C							
m S ven	d							
Program Service Revenue	е							
Pro	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, inte	rest, a	and				
		other similar amounts)			79,757	79,757		
	4	Income from investment of tax-exempt bond		1				
	5	Royalties		▶				
		(i) Real		(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
	7a	a Gross amount from (i) Securities		(ii) Other				
		other than inventory 7a						
	h	Less: cost or other basis						
Φ	"	and sales expenses 7b						
enne	С	Gain or (loss) 7c						
>		Net gain or (loss)						
Other Re		Gross income from fundraising						
₽		events (not including \$ 51,532						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising event	s					
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
		Less: direct expenses	9b	1				
	С	Net income or (loss) from gaming activities	-					
	10a	Gross sales of inventory, less	40-					
	L	returns and allowances	10a					
		Less: cost of goods sold						
	- 0	THE THEOTHE OF (1055) HOTH Sales OF HIVEHIOLY	• •	Business Code				
"	112	MISCELLANEOUS REIMBURSE		624100	560	560		
Jour Te	b			0231UU	560	360		
Miscellanous Revenue	C							
isce Re		All other revenue						
Σ		<b>Total.</b> Add lines 11a-11d			560			
		Total revenue. See instructions	-	<b>•</b>	2 135 868	80 317	0	0

### 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			
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	149,930	149,930		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	87,477	21,869	21,869	43,739
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	373,157	299,904	73,253	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	4,172	2,879	1,293	
9	Other employee benefits	68,039	46,880	14,166	6,993
10	Payroll taxes	33,347	23,009	7,003	3,335
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting	7,000		7,000	
d	Lobbying	101.000			
e	Professional fundraising services. See Part IV, line 17.	104,000			104,000
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	20.100	20 100		
16 47	Occupancy	32,182	32,182		
17 18	Travel	9,930	9,930		
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	•				
20	Conferences, conventions, and meetings	FC F00	45 770	10.000	
20 21	Interest	56,590	45,770	10,820	
22	Depreciation, depletion, and amortization	75,252	75,252		
23	Insurance	75,232	15,252		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM ADMINISTRATION	103,900	60,995	26,270	16,635
b	NATIONAL ASSESSMENT	25,401	5,080	16,511	3,810
C	PROGRAM SUPPLIES	4,760	4,760		2,020
d	· <del></del>	2,7.50	27.00		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,135,137	778,440	178,185	178,512
26	Joint costs. Complete this line only if the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		_: 2, 2.2
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

25-1625524

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	3,700	1	1,199
	2	Savings and temporary cash investments	108,040	2	514,287
	3	Pledges and grants receivable, net		3	688,110
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	1,507	9	850
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,725,872			
	b	Less: accumulated depreciation 10b 775,863	1,855,778	10c	1,950,009
	11	Investments - publicly traded securities	5,951,019	11	7,263,250
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	7,920,044	16	10,417,705
	17	Accounts payable and accrued expenses	147,616	17	52,095
	18	Grants payable		18	
	19	Deferred revenue	99,300	19	100,452
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	1,302,438	23	1,414,935
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,549,354	26	1,567,482
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
Ś		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	5,383,378	27	6,771,033
ala	28	Net assets with donor restrictions	987,312	28	2,079,190
B		Organizations that do not follow FASB ASC 958, check here ▶			
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	6,370,690	32	8,850,223
	33	Total liabilities and net assets/fund balances	7,920,044	33	10,417,705

EEA

Form 990 (2020)

-orm	1990 (2020) BOYS HOPE GIRLS HOPE OF PITSBURGH, INC.	25-162552	4	Pa	age 1
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	2,	,135,	868
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	1,	,135,	137
3	Revenue less expenses. Subtract line 2 from line 1	. 3	1,	,000,	731
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	6,	370,	690
5	Net unrealized gains (losses) on investments	. 5	1,	478,	802
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 on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	8,	,850,	223
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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		х
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 on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

EEA Form **990** (2020)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2020

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

<u>BOY</u>	S H	OPE GIRLS HOPE OF PITSBU	RGH, INC.				25-162552	4				
Pa	rt I	Reason for Public Charity	<b>y Status.</b> (All o	rganizations must o	omplete	this par	t.) See instructions	S.				
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.	)						
1		A church, convention of churches, or	association of chu	urches described in <b>sect</b>	ion 170(b)	(1)(A)(i).						
2		A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)						
3	П	A hospital or a cooperative hospital s		,	,	•						
4	П	A medical research organization ope	•				(1)(Δ)(iii) Enter the					
•	ш	hospital's name, city, and state:	ratoa iii oonjanotio	in with a moopilar docome	04 111 0001		(1)(1)(11)(12)(10)					
_			ofit of a college or i	university owned or energy	atad by a c	rovorpmon	tal unit described in					
5	Ш	An organization operated for the bene	_	university owned or opera	aleu by a g	governmen	ai unii described in					
_		section 170(b)(1)(A)(iv). (Complete	•									
6	Ц	A federal, state, or local government	J		` , ` ,	. , . ,						
7	X	An organization that normally receive	s a substantial part	t of its support from a gov	ernmental/	unit or from	n the general public					
		described in section 170(b)(1)(A)(vi	). (Complete Part I	I.)								
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or					
		university:										
10		An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross					
		receipts from activities related to its e	` '									
		support from gross investment income	•	•	•	,						
		acquired by the organization after Ju		·			om baomococo					
11		An organization organized and opera	•	• , , , ,	•	,						
	H		•	•			corry out the numeros					
12	Ш	An organization organized and operat	•	•								
		of one or more publicly supported or	-									
		Check the box in lines 12a through 12		,, ,, ,,		•		· ·				
	а	Type I. A supporting organization		•		-		ng				
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the o	lirectors or	trustees of the					
		supporting organization. You mu	ist complete Part	IV, Sections A and B.								
	b	Type II. A supporting organization	n supervised or co	ontrolled in connection w	ith its supp	orted orga	nization(s), by having					
		control or management of the sup	porting organization	on vested in the same pe	rsons that	control or r	nanage the supported					
		organization(s). You must comp	olete Part IV, Sect	ions A and C.								
	С	■ Type III functionally integrated	. A supporting orga	anization operated in cor	nnection w	ith, and fu	nctionally integrated wi	th,				
		its supported organization(s) (see	e instructions). You	u must complete Part I	V, Section	ns A, D, an	d E.					
	d	Type III non-functionally integr	ated. A supporting	g organization operated i	n connect	ion with its	supported organization	n(s)				
		that is not functionally integrated.	The organization of	nenerally must satisfy a d	istribution	reauiremer	t and an attentiveness	( )				
		requirement (see instructions). Y	-									
	е	Check this box if the organization	-				Type II. Type III					
		functionally integrated, or Type III				, a . , po .,	. , , , , , , , , , , , , , , , , , , ,					
	f	Enter the number of supported organ			ar							
	g g	Provide the following information about						• • • •				
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	ranization	(v) Amount of monetary	(vi) Amount of				
	(1	y Name of Supported organization	(11) E114	(described on lines 1-10	' '	r governing	support (see	other support (see				
				above (see instructions))	docum		instructions)	instructions)				
						NI-						
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	al											

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

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

	ction A. Public Support						
	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	947,746	857,166	844,198	712,310	1,956,251	5,317,671
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	947,746	857,166	844,198	712,310	1,956,251	5,317,671
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)						242,501
6	Public support. Subtract line 5 from line 4						5,075,170
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	947,746	857,166	844,198	712,310	1,956,251	5,317,671
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	127,710	216,721	191,249	131,008	79,757	746,445
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.)	9,522	385	9,946	10,000	560	30,413
11	Total support. Add lines 7 through 10						6,094,529
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or	ganization's fire	st, second, thir	d, fourth, or fift	h tax year as a	a section 501(c)	)(3)
	organization, check this box and stop here						▶ [
Se	ction C. Computation of Public Support						
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	ed by line 11, o	column (f))		14	83.27 %
	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organiza	ation did not che	eck the box on	line 13, and lin	ne 14 is 33 1/3	% or more, che	ck this
	box and stop here. The organization qualified	es as a publicly	supported orga	anization			▶ <u>x</u>
k	33 1/3% support test - 2019. If the organiza	ation did not che	eck a box on lir	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more	e, check
	this box and stop here. The organization qu	alifies as a pub	licly supported	organization .			▶ □
17a	10%-facts-and-circumstances test - 2020.	If the organizat	tion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 1	4 is
	10% or more, and if the organization meets	the facts-and-ci	rcumstances to	est, check this	box and stop	here. Explain i	n
	Part VI how the organization meets the facts	-and-circumsta	nces test. The	organization q	ualifies as a p	ublicly supporte	ed
	organization			-	-		
k	10%-facts-and-circumstances test - 2019.	If the organizat	tion did not che	eck a box on lir	ne 13, 16a, 16	b, or 17a, and I	ine
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac						
	organization			-	•		
18	<b>Private foundation.</b> If the organization did r						
	instructions		•	•	•		▶ □

25-1625524

(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.)

Section A. Public Support

Sei	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished 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	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					:	(5)
14	First 5 years. If the Form 990 is for the orga				-		
_	organization, check this box and stop here						▶ 📙
	ction C. Computation of Public Suppo					T T	
	Public support percentage for 2020 (line 8, c		-			15	%
	Public support percentage from 2019 Sched					16	<u>%</u>
	ction D. Computation of Investment In				(0)	4-	
	Investment income percentage for 2020 (line		• •			17	<u>%</u>
	Investment income percentage from 2019 S					18	%
19a	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-	-			
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this	=	_	-			
20	<b>Private foundation.</b> If the organization did r	not check a bo	x on line 14, 19	a, or 19b, che	ck this box and	see instructi	ons ▶ 📋

Part IV Support

#### Supporting Organizations

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

#### **Section A. All Supporting Organizations**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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11. Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?  b A family member of a person described in line 11a above?  c A 35% controlled ontity of a person described in line 11a bove? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1. Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations than the power to requisitly appoint or elect at least a majority of the organization's difficulty deficiency operated, supervised, or controlled the arganization's activities. If the organization had more then one supported organization, described by the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization of the theory of the organization and what covalisins or restrictions, if, any, applied to auch powers during the any year.  2. Did the organization operate for the benefit of any supported organization and what covalisins or restrictions, if, any, applied to auch powers during the any year.  2. Did the organization operate for the benefit of any supported organization of the thin the supported organization's burst or trustees of each of the organization's surporting organization of the supported organization's burst or trustees of organization benefit carried out the purposes of the supported organization's burst or trustees of organization's directors or trustees during the tax year also a majority of the directors or trustees of organization's purporting organization's directors or trustees of organization's purporting organization's directors or trustees of organization's purporting organization's directors or trustees of organization's purported organization's purported organization's powering documents	Par	t IV Supporting Organizations (continued)			
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these activities but for the organization's involvement.  3 Parent of Supported Organizations. Answer lines 3a and 3b below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
<ul> <li>Parent of Supported Organizations. Answer lines 3a and 3b below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>			2F		
<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i></li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>	2	·	20		
trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		• • • • • • • • • • • • • • • • • • • •			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	d		32		
	h	· · · · · · · · · · · · · · · · · · ·	Ja		
			3b		

25-1625524

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 <i>(explai</i>	n in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organi	izations	must complete Section	ns A through E.
Soc	etion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
360	tion A - Adjusted Net income		(A) Phot feat	(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		
	etion B - Minimum Asset Amount		(A) Drier Veer	(B) Current Year
Sec	CTION B - MINIMUM ASSET AMOUNT		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting	organization
	(see instructions).	-		-

EEA Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509(a)(3		zations (continue	d)	<u> </u>
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				

**b** Excess from 2017

c Excess from 2018 d Excess from 2019

e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
_	

#### SCHEDULE D (Form 990)

Department of the Treasury

## **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.

Internal Revenue Service ► Go to www.i

Name of the organization

► Attach to Form 990.

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

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BOYS HOPE GIRLS HOPE OF PITSBURGH, INC. 25-1625524 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . . . 3 Aggregate value of grants from (during year) ..... 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ...... Yes No 6 Did the organization inform all grantees, donors, and donor 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 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b Total acreage restricted by conservation easements ........ 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, 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 3 tax year ► 4 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? 6 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 8 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 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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 FASB 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: 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X 

Pai	rt III Organizations Maintaining	Collections of A	rt, Hist	orical T	reasures	, or Ot	her Similar A	Assets	(con	tinued)
3	Using the organization's acquisition, accession	, and other records, c	heck any	of the follo	wing that ma	ake signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan	or exchange	program	ns			
b	Scholarly research		e Ī		0					
С	Preservation for future generations			_						<del></del>
4	Provide a description of the organization's colle	ections and explain he	ow they fu	uther the c	organization's	exempl	t numose in Part			
	XIII.	octorio ana explain n	ow they re		71 gai 11 2 ati 011 c	oxon p	r parpooo iii i art			
5	During the year, did the organization solicit or r	aceive donations of a	rt historio	al traacum	as or others	imilar				
Ŭ	assets to be sold to raise funds rather than to		•		*				Yes	□No
Pai	rt IV Escrow and Custodial Arran		Of the Or	garıızatıorı	3 CONECTION:	<u> </u>		· · _	163	
ı aı	Complete if the organization a	•	n Form	000 Pa	rt I\/ lino	O or re	aparted an an	oount (	on Eo	rm
	990, Part X, line 21.	ilisweled les o	1111 01111	990, F a	utiv, iiiie	9, 01 16	eponeu an an	iount (	1110	1111
		O 2 - (	(		-11					
1a	Is the organization an agent, trustee, custodian								.,	п.
								• • • □	Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follov	ving table	•						
								mount		
С	Beginning balance						:			
d	Additions during the year						i			
е	Distributions during the year					. 1e	)			
f	Ending balance									
2a	Did the organization include an amount on Form	m 990, Part X, line 21	, for escro	w or custo	odial account	liability	?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the expl	anation ha	as been pr	ovided on Pa	rt XIII		<u></u>	<u> </u>	
Pai	rt V Endowment Funds.									
	Complete if the organization a	inswered "Yes" o	n Form	990, Pa	rt IV, line	10.				
		(a) Current year	(b) Pric	r year	(c) Two years	s back	(d) Three years bac	k (e)	Four year	ars back
1a	Beginning of year balance	838,088	83	8,088	838	,088	838,08	8	83	8,088
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance	838,088	83	8,088	838	,088	838,08	Q	83	8,088
2	Provide the estimated percentage of the curren	_		-		,000	030,00	<u> </u>		0,000
a	Board designated or quasi-endowment	,	110 19,00	(a)) i	icia ao.					
a h	Permanent endowment > 100.00 %									
D		)								
С		d a sural 4000/								
0-	The percentages on lines 2a, 2b, and 2c should	•		hald and		( 1 l				
3a	Are there endowment funds not in the possess	sion of the organization	on that are	neid and	administered	for the			<u></u>	
	organization by:									es No
	()								a(i)	X
	(.,							_	a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organizat						· · · · · · · · ·		3b	
4	Describe in Part XIII the intended uses of the		ment fund	S.						
Pai	rt VI Land, Buildings, and Equipr									
	Complete if the organization a	inswered "Yes" o	n Form	990, Pa	rt IV, line	11a. S	ee Form 990,	Part >	ر, line	10.
	Description of property	(a) Cost or other	basis	(b) Cost o	r other basis	(c)	Accumulated	(d)	Book va	alue
		(investmen	t)	(0	other)	d	epreciation			
1a	Land									
b	Buildings			2,5	508,996		574,743		1,93	4,253
С	Leasehold improvements				-		-			-
d	Equipment				216,876		201,120		1	5,756
e	Other				,_,					.,
	I. Add lines 1a through 1e. (Column (d) must e		X. colum	1 (B). line	1Ωc.) -				1.95	0,009
- 3	in the second se	,	, - 5.6.111	ι=/,υ	, • • •				<del>_,,,</del>	-,

Schedule D (Form	990) 2020 BOYS HOPE GIRLS	HOPE OF PITS	SBURGH, IN	ic.	25-	1625524	Page 3
Part VII	Investments - Other Securities.						
	Complete if the organization answere	ed "Yes" on For	m 990, Part	IV, line 11b	o. See Form	990, Part X	, line 12.
	(a) Description of security or category (including name of security)		(b) Book va	lue	•	c) Method of valuation rend-of-year market	
(1) Financial	derivatives						
(2) Closely-he	eld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 1	12.) ▶					
Part VIII	Investments - Program Related. Complete if the organization answere	ed "Yes" on For	m 990, Part	IV, line 11	c. See Form	990, Part X,	, line 13.
	(a) Description of investment		(b) Book va	lue	•	c) Method of valuation	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 1	13.) ▶					
Part IX	Other Assets.	I    \	000 D	. IV - Bara - 4.4 s		. 000 Dart V	lin - 45
	Complete if the organization answere		m 990, Part	iv, line 110	a. See Form		
(4)	(a)	Description				(b) Bo	ook value
(1)							
(2)							
(3) (4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 1	15.)			🕨		
Part X	Other Liabilities.	,				I.	
	Complete if the organization answere line 25.	ed "Yes" on For	m 990, Part	IV, line 11e	e or 11f. See	e Form 990,	Part X,
1.	(a) Description of liability	(b) Book	value				
(1) Federal	income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

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

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,614,670
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,478,802
3	Subtract line 2e from line 1	3	2,135,868
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,135,868
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,135,137
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,135,137
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,135,137
Pa	rt XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line	Э
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
_			

EEA Schedule D (Form 990) 2020

### **SCHEDULE G** (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Name of the organization	20 to				····	Employer iden	tification number
BOYS HOPE GIRLS HOPE OF PIT	CDIIDCU TNC					25-162	
Part I Fundraising Activities			zation ans	wered "Yes" on I	Form 99		
Form 990-EZ filers are no	•	-		wered 163 offi	01111 00	o, raitiv,	III C 17.
Indicate whether the organization rais				ies Check all that an	nly		
a X Mail solicitations	sca rarias triroagri	•	•	f non-government gra			
b X Internet and email solicitations				f government grants	iiio		
c Phone solicitations				raising events			
d X In-person solicitations		9 🕰	opcolar ranai	aising events			
2a Did the organization have a written o	r oral agreement w	vith any indivi	dual (includin	na officers directors	trustaas		
or key employees listed in Form 990,	-	-	,	-		x Ye	s 🗌 No
<b>b</b> If "Yes," list the 10 highest paid individual				_			_
compensated at least \$5,000 by the	,	ariaraiocio, p	arodani to ag	recinente ander wine	in the rane		
compensated at least \$5,000 by the t	ngariization.						
		(***) 5: 1 (	1. 2 1		(v) Amo	ount paid to	/ D.A
(i) Name and address of individual	(ii) Activity		ndraiser have or control of	(iv) Gross receipts	(or re	tained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) / totavity		outions?	from activity		ser listed in ol. (i)	organization
	-	Yes	No			o <b>(1)</b>	
1 BOB CARTER COMPANIES LLC	CAPITAL.		1.0	-			
2145 14TH AVENUE STE 26	CAMPAIGN		x	1,310,118		104,000	1,206,118
2							
3							
4							
5							
6							
7							
8							
9							
10							
	-	•	•				
Total			•	1,310,118		104,000	1,206,118
3 List all states in which the organization				ons or has been notif	fied it is ex	cempt from	
registration or licensing.							
Pennsylvania							
		·					

Part II

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

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through EVENING OF H NONE col. (c)) (total number) (event type) (event type) Revenue Gross receipts . . . . . . . . . 1 51,532 51,532 Less: Contributions . . . . . . 51,532 51,532 Gross income (line 1 minus Cash prizes . . . . . . . . . . . 5 Noncash prizes Rent/facility costs . . . . . . . . Direct Expenses Food and beverages . . . . . . 8 Entertainment . . . . . . . . . Other direct expenses . . . . . Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Cash prizes . . . . . . . . . . 2 Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor No Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . . . . . . . . . ▶ **9** Enter the state(s) in which the organization conducts gaming activities:  ${f a}$  Is the organization licensed to conduct gaming activities in each of these states? . . . . . . . . . . . . . . . . . .  $oxed{f f f}$ **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

# **SCHEDULE I** (Form 990)

### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2020 **Open to Public** Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

BOYS HOPE GIRLS HOPE OF PITSBURGH, INC. 25-1625524 **General Information on Grants and Assistance** Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and x Yes the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (e) Amount of non-(g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant cash assistance noncash assistance or assistance other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) 3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Part III can be duplicated if additi			organization ansv	wered "Yes" on Form 990	), Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD, CLOTHING, EDUCATIONAL					
SUPPLIES, TUITION, MEDICAL,	9	149,930		ACTUAL COST	
2					
			_		
art IV Supplemental Information. Pro	vide the information re	equired in Part I, lin	e 2; Part III, colum	n (b); and any other addi	tional information.

#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047 **2020** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Employer identification number

Name of the organization BOYS HOPE GIRLS HOPE OF PITSBURGH, INC. 25-1625524 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art . . . . . . . . . . . . 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications . . . . . . . 5 Clothing and household goods . . . . . . . . . . . . . . . . . 6 Cars and other vehicles Boats and planes ...... 7 8 Intellectual property . . . . . . . . . Securities - Publicly traded . . . . . . 9 10 Securities - Closely held stock . . . . Securities - Partnership, LLC, 11 or trust interests . . . . . . . . . . Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures . . . . . . . . . . . . . 14 Qualified conservation contribution - Other . . . . . . . . 15 Real estate - Residential . . . . . . Real estate - Commercial . . . . . . 16 17 Real estate - Other . . . . . . . . . Collectibles . . . . . . . . . . . . . . . . 18 19 20 Drugs and medical supplies . . . . . 21 Taxidermy . . . . . . . . . . . . . 22 Historical artifacts 23 Scientific specimens ..... 24 Archeological artifacts 25 Other ► (TUITION 9 40,613 FMV Х 26 Other ► ( 27 Other ► ( 28 Other ► ( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a х If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? х b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

#### 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.

2020

Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection
Employer identification number

BOYS HOPE GIRLS HOPE OF PITSBURGH, INC. 25-1625524 01. Form 990 governing body review (Part VI, line 11) THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING AND IS THEN IS MADE AVAILABLE TO THE BOARD OF DIRECTORS. 02. Conflict of interest policy compliance (Part VI, line 12c) PRIOR TO ELECTION TO THE BOARD EACH POTENTIAL DIRECTOR IS ASKED TO IDENTIFY ANY POSSIBLE CONFLICTS AND SIGN THE STATEMENT WHICH IS UPDATED AS NECESSARY. IT IS UNDERSTOOD THAT AT ANYTIME DURING ANY MEETINGS IF A BOARD MEMBER IDENTIFIES A CONFLICT THEN THEY WOULD EXCLUDE THEMSELVES FROM ANY DISCUSSION OR VOTE. 03. CEO, executive director, top management comp (Part VI, line 15a) THE SALARIES ARE APPROVED BY THE BOARD OF DIRECTORS ANNUALLY AS PART OF THE BUDGETING PROCESS. 04. Other officer or key employee compensation (Part VI, line 15b THE SALARIES ARE APPROVED BY THE BOARD OF DIRECTORS ANNUALLY AS PART OF THE BUDGETING PROCESS. 05. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATION MAINTAINS COPIES OF ITS 990, 1023 AND POLICIES -- WHICH ARE MADE AVAILABLE UPON REQUEST.

# **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

Employer identification number

25-1625524

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service Name of the organization

BOYS HOPE GIRLS HOPE OF PITSBURGH, INC.

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

► Attach to Form 990.

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

**Open to Public** Inspection

Part I Identification of Disregarded Entities. Comp	Irt I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
(a) Name, address, and EIN (if applicable) of disregarded entity		Prin	(b) nary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct conti entit	trolling ity			
(1)											
(2)											
(3)											
(4)											
(5)											
Part II Identification of Related Tax-Exempt Organione or more related tax-exempt organizations of the second seco			ne organization a	answered "Yes" or	n Form 990, Part	: IV, line 34 beca	use it had	d			
(a) Name, address, and EIN of related organization		(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec. 512 controlle	(g) 12(b)(13) led entity?			
(1) BOYS HOPE GIRLS HOPE, 43-1209928 12120 BRIDGETON SQUARE DRIVE BRIDGETON MO 63044-2607	NATIONAL AFFILIAT PROVIDIN	re	MO	501 C 3	7	N/A					
(2)											
(3)											
	1		1					1			

(4)

(5)

Dart III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Partnership is the decrease if he decrease is the decrease in the decrease in the decrease is the decrease in the decrease in the decrease is the decrease in the d	art IV, line 34,
raitiii	hospies it had one or more related organizations treated as a partnership during the tay year	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant income (related,	(f) Share of total income	(g) Share of end-of- year assets	Disproper alloca	ortionate	(i)  Code V-UBI amount in box 20	UBI General or			
		(state or foreign country)		unrelated, excluded from tax under sections 512-514)			Yes	No	of Schedule K-1 (Form 1065)	yes Yes	ner?		
(1)													
(2)													
(3)													
(4)													
(5)													

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

	(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti	12(b)(13) olled	
									Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											

Part V	<b>Transactions with Related Organizations.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Nata Oas	reducts Proceedings to Port of the Description of the State of the Sta

Noto	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed	in Porto II IV/2	Г		162	NO
			-	10		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		F	1a		<del></del>
	Gift, grant, or capital contribution to related organization(s)		t t	1b		<u> </u>
	Gift, grant, or capital contribution from related organization(s)		t t	1c		-
	Loans or loan guarantees to or for related organization(s)		F	1d		├──
e L	Loans or loan guarantees by related organization(s)			1e		
f [	Dividends from related organization(s)			1f		<u> </u>
g S	Sale of assets to related organization(s)			1g		<u> </u>
h F	Purchase of assets from related organization(s)			1h		
i E	Exchange of assets with related organization(s)			1i		
j L	Lease of facilities, equipment, or other assets to related organization(s)			1j		<u> </u>
k L	Lease of facilities, equipment, or other assets from related organization(s)			1k		
I F	Performance of services or membership or fundraising solicitations for related organization(s)			11		
m F	Performance of services or membership or fundraising solicitations by related organization(s)			1m	x	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		F	1n		
	Sharing of paid employees with related organization(s)		t t	10		
	3 · · · · · · · · · · · · · · · · · · ·					
n F	Reimbursement paid to related organization(s) for expenses			1p		
-	Reimbursement paid by related organization(s) for expenses			1q		
ч .	Troinibulounion paid by foliated organization (by for expenses			-14		
r (	Other transfer of cash or property to related organization(s)			1r		
	Other transfer of cash or property from related organization(s)		-	1s		$\vdash$
				15		
Z II	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered re		(4)			
	(a) (b)	(c)	(d)			
	Name of related organization Transaction type (a-s)	Amount involved Method	d of determining a	imount i	involved	1
	7,75 (= -)					
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

EEA

# 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)	(е	)	(f)	(g)	(h	)	(i)	(j)		(k)
Name, address, and EIN of entity	Primary activity			Are all partners section 501(c)(3) organizations		Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or		Percentag ownershi
			000000000000000000000000000000000000000	Yes	No			Yes	No		Yes	No	
1)													
2)													
3)													
4)													
5)													
5)													
7)													
B)													
9)													
0)													
1)													
2)													
ΓΛ.											Sahad		

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