

EXTENDED TO NOVEMBER 15, 2017

OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

2016

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **FLASHES OF HOPE**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **36 SOUTH FRANKLIN STREET**
 City or town, state or province, country, and ZIP or foreign postal code: **CHAGRIN FALLS, OH 44022**

D Employer identification number: **04-3648694**

E Telephone number: **440-442-9700**

F Name and address of principal officer: **KRISTINE DIFIORE**
SAME AS C ABOVE

G Gross receipts: \$ **2,146,390.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527

J Website: **WWW.FLASHESOFHOPE.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2001** **M** State of legal domicile: **OH**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FLASHES OF HOPE IS A NONPROFIT ORGANIZATION THAT CHANGES THE WAY CHILDREN WITH LIFE THREATENING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	3000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,341,871.	2,094,790.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-220,553.	-161,597.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,121,325.	1,933,193.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,007,735.	1,001,746.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries; other compensation, employee benefits (Part IX, column (A), lines 5-10)	663,659.	526,537.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	250,911.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	346,718.	312,755.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,018,112.	1,841,038.
19 Revenue less expenses. Subtract line 18 from line 12	103,213.	92,155.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,009,811.	End of Year 1,017,493.
	21 Total liabilities (Part X, line 26)	91,599.	7,127.
	22 Net assets or fund balances. Subtract line 21 from line 20	918,212.	1,010,366.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: *[Signature]* Date: **5.1.17**
KRISTINE DIFIORE, EXECUTIVE DIRECTOR
 Type or print name and title

Paid: Print/Type preparer's name: **MICHAEL PAPPAS, CPA** Preparer's signature: *[Signature]* Date: **04/19/17** Check if self-employed: PTIN: **P00410092**

Preparer Use Only: Firm's name: **BARNES WENDLING CPAS INC.** Firm's EIN: **34-1463411**
 Firm's address: **1350 EUCLID AVE., SUITE 1400 CLEVELAND, OH 44115-1830** Phone no.: **216-566-9000**

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

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

- ▶ File a separate application for each return.
- ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. FLASHES OF HOPE	Enter filer's identifying number Employer identification number (EIN) or 04-3648694
	Number, street, and room or suite no. If a P.O. box, see instructions. 36 SOUTH FRANKLIN STREET	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHAGRIN FALLS, OH 44022	

Enter the Return Code for the return that this application is for (file a separate application for each return)				0	1
Application Is For	Return Code	Application Is For	Return Code		
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07		
Form 990-BL	02	Form 1041-A	08		
Form 4720 (Individual)	03	Form 4720 (other than individual)	09		
Form 990-PF	04	Form 5227	10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form 990-T (trust other than above)	06	Form 8870	12		

KRISTINE DIFIORE - 6009 LANDERHAVEN DRIVE, SUITE 1 - MAYFIELD HEIGHTS, OH 44124

- The books are in the care of ▶ **440 442 9700** Telephone No. ▶ **440 442 9700** Fax No. ▶
 - If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
1. I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2016** or
▶ tax year beginning _____, and ending _____

2. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PHOTOGRAPH CHILDREN WITH LIFE THREATENING ILLNESSES AND RAISE MONEY FOR PEDIATRIC CANCER RESEARCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 283,064. Including grants of \$) (Revenue \$)

FLASHES OF HOPE IS A NATIONAL NONPROFIT ORGANIZATION THAT CREATES UPLIFTING PORTRAITS OF CHILDREN FIGHTING CANCER AND OTHER LIFE THREATENING ILLNESSES; AND RAISES MONEY FOR PEDIATRIC CANCER RESEARCH. FAMILIES PHOTOGRAPHED RECEIVE A GENEROUS PORTRAIT PACKAGE, FREE OF CHARGE. THE PHOTOGRAPHS, TAKEN BY AWARD WINNING PHOTOGRAPHERS, HELP CHILDREN FEEL BETTER ABOUT THEIR CHANGING APPEARANCE BY CELEBRATING IT. FOR FAMILIES OF TERMINALLY ILL CHILDREN, IT IS ESPECIALLY IMPORTANT TO HAVE A PORTRAIT THAT PRESERVES FOREVER THE BRAVERY, GRACE, AND DIGNITY OF THEIR CHILD. PHOTO SESSIONS ARE HELD MONTHLY AT OUR 98 PARTNER HOSPITALS NATIONWIDE, AND AT VARIOUS SPECTAL EVENTS FOR CHILDREN BATTLING CANCER. NEARLY 5,000 CHILDREN WERE PHOTOGRAPHED IN 2016, REPRESENTING OVER 50% OF THE CHILDREN DIAGNOSED WITH CANCER NATIONWIDE.

4b (Code:) (Expenses \$ 1,226,109. Including grants of \$ 1,001,746.) (Revenue \$)

STATISTICALLY, APPROXIMATELY 11,000 OF THE 55,000 PEDIATRIC CANCER PATIENTS PHOTOGRAPHED BY FLASHES OF HOPE HAVE NOT SURVIVED. OF THE SURVIVORS, 65% WILL FACE SERIOUS EFFECTS FROM TREATMENT INCLUDING SECONDARY CANCERS, HEART FAILURE AND PULMONARY PROBLEMS BY THE AGE OF 45. IN THE FACE OF THESE FACTS, FLASHES OF HOPE HAS COMMITTED TO LEAD FUNDRAISING INITIATIVES WHICH SUPPORT MEANINGFUL PEDIATRIC CANCER RESEARCH. FUNDRAISING INITIATIVES ARE HELD NATIONALLY IN LOCATIONS RANGING FROM SCHOOLS AND COMMUNITY PARKS TO PROFESSIONAL SPORTS ARENAS. FLASHES OF HOPE HAS DISTRIBUTED \$4.3 MILLION TO SUPPORT PEDIATRIC CANCER STUDIES.

4c (Code:) (Expenses \$) (Revenue \$)

4d Other program services (Describe in Schedule O) (Expenses \$) (Revenue \$)

4e Total program service expenses 1,509,173.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 8 and 11a? <i>If "Yes," complete Schedule G, Part I.</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-questions (1a-14b), and Yes/No columns. Contains various tax-related questions such as 'Enter the number reported in Box 3 of Form 1099', 'Did the organization comply with backup withholding rules', and 'Sponsoring organizations maintaining donor advised funds'.

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

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

X

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No boxes. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line number, description, and Yes/No boxes. Includes questions 10a through 16b regarding local chapters, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

Table with columns for line number and description. Includes questions 17 through 20 regarding state filing requirements, public availability of forms, and disclosure of governing documents.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLISON CLARKE CO-FOUNDER	15.00	X						0.	0.	0.
(2) PETER PARAS BOARD MEMBER	1.00	X						0.	0.	0.
(3) RICK HABER BOARD MEMBER	1.00	X						0.	0.	0.
(4) MARK NASCA BOARD MEMBER	1.00	X						0.	0.	0.
(5) CHUCK FARRO BOARD MEMBER	1.00	X						0.	0.	0.
(6) DANA DEMETRIOU BOARD MEMBER	1.00	X						0.	0.	0.
(7) MATTHEW FRIEDMAN BOARD MEMBER	1.00	X						0.	0.	0.
(8) LYLE GANSKE BOARD MEMBER	1.00	X						0.	0.	0.
(9) BOB TULL BOARD MEMBER	1.00	X						0.	0.	0.
(10) JANE PRICE BOARD MEMBER	1.00	X						0.	0.	0.
(11) GRETCHEN LEVY BOARD MEMBER	1.00	X						0.	0.	0.
(12) KAREN FIELDS BOARD MEMBER	1.00	X						0.	0.	0.
(13) KIP CLARKE CO-FOUNDER	1.00	X						0.	0.	0.
(14) BILL TRAINOR TREASURER	1.00	X		X				0.	0.	0.
(15) ROB MACKINLAY PRESIDENT	1.00	X		X				0.	0.	0.
(16) MURAD BEG BOARD MEMBER	1.00	X						0.	0.	0.
(17) MICHAEL ABDALIAN BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK LUTNER BOARD MEMBER	1.00	X						0.	0.	0.
(19) MIKE HANLINE BOARD MEMBER	1.00	X						0.	0.	0.
(20) TOM HARRINGTON BOARD MEMBER	1.00	X						0.	0.	0.
(21) KRISTINE DIFIGRE EXECUTIVE DIRECTOR	40.00			X				100,000.	0.	0.
1b Sub-total								100,000.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								100,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
6 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	688,427.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,406,363.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,094,790.			
			Business Code			
Program Service Revenue	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 688,427. of contributions reported on line 1c). See Part IV, line 18	a	51,500.			
	b Less: direct expenses	b	213,197.			
c Net income or (loss) from fundraising events		-161,597.			-161,597.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		1,933,193.	0.	0.	-161,597.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,001,746.	1,001,746.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,000.	50,000.	30,000.	20,000.
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	370,029.	186,173.	23,171.	160,685.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	18,828.	18,828.		
10 Payroll taxes	37,680.	18,961.	4,196.	14,523.
11 Fees for services (non-employees):				
a Management	2,291.	527.	1,764.	
b Legal	9,880.	9,880.		
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,248.	1,131.	250.	867.
12 Advertising and promotion	6,912.	3,525.	691.	2,696.
13 Office expenses				
14 Information technology				
15 Royalties	40,890.	20,854.	4,089.	15,947.
16 Occupancy	6,016.	6,016.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	37,533.	19,142.	3,753.	14,638.
22 Depreciation, depletion, and amortization	1,139.	1,139.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK SERVICE FEES	54,685.	40,614.	0.	14,071.
b CLIENT DELIVERABLE	47,100.	47,100.	0.	0.
c MARKETING/PRINTING	45,582.	33,547.	10,442.	1,593.
d DIRECT GAME EXPENSES	13,783.	13,783.	0.	0.
e All other expenses	44,696.	36,207.	2,598.	5,891.
25 Total functional expenses. Add lines 1 through 24e	1,841,038.	1,509,173.	80,954.	250,911.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check box <input type="checkbox"/> if following SOP-06-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	852,527.	1	902,878.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	93,030.	3	81,647.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,962.	9	4,960.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	71,144.		
		10a			
	b	Less: accumulated depreciation	60,305.	10b	10,839.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	39,799.	14	10,919.
15	Other assets. See Part IV, line 11	0.	15	6,250.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,009,811.	16	1,017,493.	
Liabilities	17	Accounts payable and accrued expenses	91,599.	17	7,127.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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	Total liabilities. Add lines 17 through 25	91,599.	26	7,127.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	918,212.	27	1,010,366.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	918,212.	32	1,010,366.
33	Total net assets or fund balances	1,009,811.	33	1,017,493.	
34	Total liabilities and net assets/fund balances		34		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,933,193.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,841,038.
3	Revenue less expenses. Subtract line 2 from line 1	3	92,155.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	918,212.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,010,367.

Part 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 this Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Name of the organization: **FLASHES OF HOPE** Employer identification number: **04-3648694**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing documents?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1493799.	1969468.	2193505.	2341871.	2094790.	10093433.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1493799.	1969468.	2193505.	2341871.	2094790.	10093433.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	52,125.	20,000.	150,701.	93,471.	162,832.	479,129.
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	570,133.	205,467.	601,135.	59,702.	12,550.	1448987.
c Add lines 7a and 7b	622,258.	225,467.	751,836.	153,173.	175,382.	1928116.
8 Public support. (Subtract line 7c from line 6.)						8165317.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 8	1493799.	1969468.	2193505.	2341871.	2094790.	10093433.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	608.	13.	1.	7.		629.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	608.	13.	1.	7.		629.
c Add lines 10a and 10b	608.	13.	1.	7.		629.
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.)	1494407.	1969481.	2193506.	2341878.	2094790.	10094062.
14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	80.89 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	73.16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	.01 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	.02 %

- 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion, despite being controlled or supervised by or in connection with its supported organizations.
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule G, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
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 (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2: Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
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? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required; explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016; if any, subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 5, 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.)

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Schedule A Excess Payments from Non-Disqualified Persons
Included on Part III, Line 7b

2016

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
AMERICAN FAMILY	0.	0.	7,500.	0.	0.
ARREU VINEYARD	5,000.	0.	0.	0.	0.
BAKER AND HOSTETLER	5,000.	0.	5,000.	0.	0.
BENESCH FRIEDLANDER CO	10,000.	0.	0.	0.	0.
BIG GAME CAPITAL	10,000.	0.	0.	0.	0.
BRECKSVILLE BROADVIEW	0.	0.	16,495.	0.	0.
BRIDGESTONE INVITATIONAL	0.	0.	0.	6,581.	0.
BUFFALO SABRES	5,000.	0.	5,000.	0.	0.
CALFEE HALTHER	0.	0.	10,000.	0.	0.
CAMPBELL SOUP	0.	0.	10,000.	0.	0.
CANCER FREE KIDS	0.	0.	5,000.	0.	0.
CHIP MOROUS	5,000.	0.	0.	0.	0.
CLEVELAND CAVALIERS	0.	0.	14,924.	0.	0.
CLEVELAND CLINIC FOUNDATION	10,000.	0.	0.	0.	0.
CLEVELAND INDIANS CHARIABLE	47,812.	35,000.	0.	0.	0.
COHEN AND COMPANY	10,000.	0.	10,000.	0.	0.
COLUMBUS BLUE JACKETS	0.	0.	10,000.	0.	0.
DALARS STARS LP	7,500.	0.	0.	0.	0.
DAVID AND MEREDITH GRIFFIN	0.	0.	0.	1,931.	0.
DDR CORPORATION	7,500.	0.	0.	0.	0.
DEALER TIRE	15,000.	0.	5,000.	0.	0.
DETROIT RED WING	0.	0.	5,000.	0.	0.
DODD CAMERA	0.	0.	5,000.	0.	0.
EDWARD AND CATHERINE LOZICK	0.	0.	0.	1,581.	0.
Total to Schedule A, Part III, Line 7b					

Schedule A Excess Payments from Non-Disqualified Persons
Included on Part III, Line 7b 2016

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
FAIRMONT MINERALS FOUNDATION	7,500.	0.	20,000.	0.	0.
FAIRMONT SANTROL	0.	0.	0.	1,581.	0.
FIFTH THIRD BANK	20,000.	0.	10,000.	0.	0.
FIRST ENERGY FOUDNATION	0.	0.	10,000.	0.	0.
FIRST NATIONAL BANK	0.	0.	5,000.	0.	0.
FLORIDA PANTHERS FOUNDATION	5,000.	0.	0.	0.	0.
FORHAM FAMILY FOUNDATION	500.	0.	0.	0.	0.
FORTEC MEDICAL	5,000.	0.	0.	0.	0.
FOWLER FAMILY FOUNDATION	15,000.	0.	0.	0.	0.
GENERAL ELECTRIC	0.	0.	5,000.	0.	0.
GIRLS MILWAUKEE INC	7,500.	0.	0.	0.	0.
GO DADDY	10,402.	0.	0.	0.	0.
HORSESHOE CASINO	0.	0.	10,000.	0.	0.
JAMES AND KAREN NEIMEISTER	17,900.	0.	0.	0.	0.
JOE WHANG	0.	0.	0.	35,981.	0.
JOHN AND KAREN PAGANINI	6,650.	0.	0.	0.	0.
JOHN AND MARY MARTIN	5,000.	0.	0.	0.	0.
JONES DAY	10,000.	0.	0.	0.	0.
JP MORGAN CHASE FOUDATION	10,025.	0.	10,000.	0.	0.
JULES AND FRAN BELKIN	5,300.	0.	0.	0.	0.
K AND D GROUP	15,000.	0.	25,000.	0.	0.
KEYBANK NATIONAL	43,367.	21,817.	35,000.	12,047.	0.
KIDS CANCER	0.	0.	12,500.	0.	0.
LARRY GOGLICK	16,300.	0.	0.	0.	0.
Total to Schedule A, Part III, Line 7b					

**Schedule A Excess Payments from Non-Disqualified Persons
Included on Part III, Line 7b**

2016

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
LAUREN AND STEVEN SPILMAN	13,583.	20,000.	15,000.	0.	0.
LOZICK FOUNDATION MARK AND LORETTA NASC	25,000.	25,000.	40,000.	0.	0.
MC SIGN COMPANY	5,000.	0.	0.	0.	0.
MEDICAL MUTUAL	0.	0.	15,000.	0.	0.
MONEY TREE INC	5,000.	0.	0.	0.	0.
MTD PRODUCTS	0.	0.	7,275.	0.	0.
NASHVILLE PREDATORS	7,500.	62,500.	15,000.	0.	0.
NDCL	0.	0.	5,630.	0.	0.
NORTHERN OHIO ITALIAN	10,000.	0.	0.	0.	0.
NORTON HEALTHCARE	7,500.	0.	0.	0.	0.
OLMSTED FALLS SCHOOL	0.	0.	10,668.	0.	0.
OVERTIME LIVE	0.	0.	8,200.	0.	0.
PARKER HANNIFIN	0.	0.	5,000.	0.	0.
PENSKE AUTOMOTIVE	9,560.	0.	9,389.	0.	0.
PHOENIX COYOTES CHARITY	5,000.	0.	0.	0.	0.
POLYMER & STEEL TECH	5,000.	0.	0.	0.	0.
POLYONE	10,000.	0.	10,000.	0.	0.
PRICE WATERHOUSE COOPERS	10,000.	0.	5,000.	0.	0.
QUICKEN LOANS	5,000.	0.	5,000.	0.	0.
REPUBLIC STEEL	10,000.	0.	0.	0.	0.
RESILIENCE CAPITAL	0.	0.	10,000.	0.	0.
RICH AND DAWN HABER	0.	21,150.	5,200.	0.	0.
RMC	0.	0.	5,000.	0.	0.
Total to Schedule A, Part III, Line 7b					

Schedule A Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b 2016

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
ROSETTA MARKETING	0.	0.	5,632.	0.	0.
RPM INTERNATIONAL	8,000.	0.	0.	0.	0.
SEPHORA	0.	0.	10,559.	0.	0.
SNEE REINHART FOUNDATION	0.	0.	5,000.	0.	0.
SOUTHSTAR ENERGY SERVICES	10,000.	0.	5,000.	0.	0.
SQUIRE PATTON BOGGS STEWART AND DONNA KOHL	0.	0.	10,000.	0.	0.
	10,000.	0.	15,000.	0.	0.
STRONGSVILLE SCHOOL	0.	0.	5,330.	0.	0.
SUPERIOR BEVERAGE	0.	0.	21,833.	0.	0.
THE FORHAN FAMILY FOUNDATION	0.	0.	10,000.	0.	0.
THE FOURTEEN FUND	7,500.	0.	0.	0.	0.
THE HUDSON WINNERY	0.	0.	7,500.	0.	0.
THE MEGAN CORDEIRO MEMORIAL	7,500.	0.	7,500.	0.	0.
THE MILLER FAMILY FOUNDATION	9,833.	0.	0.	0.	0.
THE TONEY FOUNDATION	5,000.	0.	0.	0.	0.
THE VALERIE FUND	20,000.	0.	20,000.	0.	0.
ULMER BERNE LLP	0.	0.	5,000.	0.	0.
WASHINGTON CAPITALS	0.	0.	20,000.	0.	0.
WHOLE FOODS MARKET	5,901.	0.	0.	0.	0.
WILLAIM ROWLEY	5,000.	20,000.	0.	0.	0.
WILLOUGHTY SUPPLY	10,000.	0.	0.	0.	0.
WINSTON PRODUCTS	0.	0.	30,000.	0.	0.
MONUMENTAL SPORTS	0.	0.	0.	0.	6,851.
MARC GLASSMAN	0.	0.	0.	0.	5,699.
Total to Schedule A, Part III, Line 7b	570,133.	205,467.	601,135.	59,702.	12,550.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

FLASHES OF HOPE

Employer identification number
04-3648694

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		71,144.	60,305.	10,839.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,839.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes. Rows numbered 1 through 9.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,992,609.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Not unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	1,059,416.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,059,416.
3	Subtract line 2e from line 1	3	1,933,193.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,933,193.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,900,454.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,059,416.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,059,416.
3	Subtract line 2e from line 1	3	1,841,038.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,841,038.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES.

THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR YEARS BEFORE 2013 BY TAXING AUTHORITIES IN JURISDICTIONS WHERE THE ORGANIZATION HAS FILED RETURNS. THE ORGANIZATION EVALUATES AT EACH BALANCE SHEET DATE UNCERTAIN TAX POSITIONS TAKEN, IF ANY, TO DETERMINE THE NEED TO RECORD LIABILITIES FOR TAXES, PENALTIES, AND INTEREST. THE ORGANIZATION'S POLICY IS TO RECORD INTEREST AND PENALTIES ON UNCERTAIN TAX PROVISIONS AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2016 AND 2015, THE ORGANIZATION HAD NO

Part XIII Supplemental Information (continued)

ACCRUED TAXES, INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS.
THE ORGANIZATION ESTIMATES THE UNRECOGNIZED TAX BENEFIT WILL NOT CHANGE
SIGNIFICANTLY WITHIN THE NEXT TWELVE MONTHS.

Lined area for supplemental information, currently blank.

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.

	(a) Event #1 BIG SHOTS, LITTLE STARS	(b) Event #2 PINWHEEL PARTY	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
Revenue				
1 Gross receipts	685,390.	54,637.		740,027.
2 Less: Contributions	642,690.	45,737.		688,427.
3 Gross income (line 1 minus line 2)	42,700.	8,900.		51,600.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes		2,920.		2,920.
6 Rent/facility costs				
7 Food and beverages	65,614.	4,977.		70,591.
8 Entertainment	10,955.	9,680.		20,635.
9 Other direct expenses	104,180.	14,871.		119,051.
10 Direct expense summary. Add lines 4 through 9 in column (d)				213,197.
11 Net income summary. Subtract line 10 from line 3, column (d)				-161,597.

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 8a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	Revenue			
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special-events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

2016

Open to Public
Inspection

Name of the organization

FLASHES OF HOPE
General information on Grants and Assistance

Employer identification number
04-3648694

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the uses 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 or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S TUMOR FOUNDATION 120 WALL STREET, 16TH FLOOR NEW YORK, NY 10005	13-2298956	501(C)(3)	650,000.	0.	FMV		RESEARCH CO-FUNDING
JEFF GORDON CHILDREN'S FOUNDATION 7575 WEST WINDS BOULEVARD, NW, SUITE CONCORD, NC 28027	55-2174163	501(C)(3)	116,746.	0.	FMV		RESEARCH CO-FUNDING
BEAR NECESSITIES PEDIATRIC CANCER FOUNDATION - 55 WEST WACKER DRIVE, SUITE 1100 - CHICAGO, IL 60601	36-3874695	501(C)(3)	65,000.	0.	FMV		RESEARCH CO-FUNDING
ALEX'S LEMONADE STAND FOUNDATION 111 PRESIDENTIAL BLVD, SUITE 203 BALA CYNWYD, PA 19064	56-2496146	501(C)(3)	100,000.	0.	FMV		RESEARCH CO-FUNDING
CLEVELAND CLINIC FOUNDATION 1422 EUCLID AVENUE STE 1300 CLEVELAND, OH 44115	91-2153073	501(C)(3)	50,000.	0.	FMV		RESEARCH CO-FUNDING
PRAYERS FROM MARIA P.O. BOX 40064 BAY VILLAGES, OH 44140	55-2174163	501(C)(3)	20,000.	0.	FMV		RESEARCH CO-FUNDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6.**

3 Enter total number of other organizations listed in the line 1 table **6.**

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

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

(e) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1A
FLASHES OF HOPE RESEARCH STUDIES FUNDED 2016
 CHILDREN'S ONCOLOGY GROUP - EVERYCHILD INITIATIVEUSA
 FUNDING PARTNER: JEFF GORDON CHILDREN'S FOUNDATION
 RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL COLUMBUS, OH
 KEVIN CASSADY & CHRISTOPHER WALKER

Part IV Supplemental Information

IMPROVING IMMUNE-MEDIATED ONCOLYTIC VIRAL THERAPY: ENGINEERING TUMOR

VACCINE ELEMENTS INTO THE VIRUS

FUNDING PARTNER: ALEX'S LEMONADE STAND

RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL COLUMBUS, OH

RESEARCHER: KATHLEEN PISHAS

PRE-CLINICAL EVALUATION OF LSD1 INHIBITORS FOR THE TREATMENT OF

PEDIATRIC EWING'S SARCOMA

FUNDING PARTNER: ALEX'S LEMONADE STAND

BRIGHAM'S AND WOMEN'S HOSPITAL BOSTON MA

CICHOWSKI, KAREN

MERESTINIB (MNKI) + MEKI FOR THE TREATMENT OF MPNST

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

BRIGHAM'S AND WOMEN'S HOSPITAL BOSTON MA

CICHOWSKI, KAREN

ROMIDEPSIN (HDACI) + MTORI FOR THE TREATMENT OF MPNST

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

CALIFORNIA INSTITUTE OF TECHNOLOGY PASADENA, CA

JOHN E. ROBINSON

UTILIZING CLARITY, OPTOGENETICS, AND NOVEL VIRAL VECTORS TO DECONSTRUCT

AND REVERSE ADHD-LIKE PHENOTYPES ASSOCIATED WITH NEUROFIBROMATOSIS TYPE

1

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER DALLAS, TX

Part IV Supplemental Information

JEAN-PHILIPPE BROSSÉAU

FIBROBLASTS: THE MISSING GAP IN NEUROFIBROMATOSIS

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

GEISEL SCHOOL OF MEDICINE AT DARTMOUTH COLLEGE

HANOVER, NH

STEPHANIE J. BOULEY

TARGETING TUMORS WITH NF1 LOSS VIA MODULATION OF AUTOPHAGY

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

BRIGHAM AND WOMEN'S HOSPITAL BOSTON, MA

THOMAS DERAEDT (K. CICHOWSKI LAB)

DEVELOPING AN ADVANCED IN VIVO MODELING SYSTEM TO TEST DRIVERS AND

EXPLORE THERAPIES FOR NF1 ASSOCIATED CENTRAL NERVOUS SYSTEM TUMORS

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

JOHNS HOPKINS UNIVERSITY BALTIMORE, MD

VERENA STAEDTKE

EVALUATION OF MEBENDAZOLE AS CHEMOPREVENTION IN A NEUROFIBROMATOSIS 1

TRANSGENIC MOUSE MODEL

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

UNIVERSITY OF PENNSYLVANIA PHILADELPHIA, PA

JEFFREY FIELD

MNST PROFILING AND SCREENING: EXTENSION FOR EXOME SEQUENCING OF THE

CELL LINES SCREENED

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

COLUMBIA UNIVERSITY NEW YORK, NY

ANTONIO IAVARONE

Part IV Supplemental Information

IDENTIFICATION, FUNCTIONAL CHARACTERIZATION AND THERAPEUTIC

EXPLOITATION OF THE INTEGRATED LANDSCAPE OF GENETIC AND EPIGENETIC

ALTERATIONS IN GLIOMA FROM PATIENTS WITH NF1

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

THE WASHINGTON UNIVERSITY, CHILDREN'S HOSPITAL OF PHILADELPHIA,

UCSF, DKFZ (GERMANY) INTERNATIONAL CONSORTIUM

DAVID GUTMANN, MICHAEL FISHER, BILL WEISS, STEFAN PFISTER, DAVID JONES,

JOANNA PHILLIPS, ADAM RESNIK, ANGELA WAANDERS

IDENTIFICATION, FUNCTIONAL CHARACTERIZATION AND THERAPEUTIC

EXPLOITATION OF THE INTEGRATED LANDSCAPE OF GENETIC AND EPIGENETIC

ALTERATIONS IN GLIOMA FROM PATIENTS WITH NF1

INVESTIGATORS

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

MEDICAL UNIVERSITY OF SOUTH CAROLINA CHARLESTON, SC

STEVEN LEWIS CARROLL

COMBINATORIAL THERAPY WITH RECEPTOR TYROSINE KINASE INHIBITORS FOR

MALIGNANT PERIPHERAL NERVE SHEATH TUMORS

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER CINCINNATI, OH

NANCY RATNER

MECHANISMS OF RESISTANCE TO MEK INHIBITION IN NEUROFIBROMA

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

MASSACHUSETTS GENERAL HOSPITAL BOSTON, MA

ANDREA MCCLATCHEY

Part IV Supplemental Information

EXPANDED TESTING OF CENTROSOME-UNCLUSTERING DRUGS IN NF2-MUTANT TUMORS

FUNDING PARTNER: CHILDREN'S TUMOR FOUNDATION

UNIVERSITY OF CHICAGO CHICAGO, IL

MARK APPLEBAUM

IDENTIFICATION OF HYPOXIA INDUCED PATHWAYS DRIVING AGGRESSIVE

NEUROBLASTOMA

FUNDING PARTNER: BEAR NECESSITIES PEDIATRIC CANCER FOUNDATION

DANA FARBER CANCER INSTITUTE BOSTON, MA

MARK KIERAN

DIPG RESEARCH AND CLINICAL TRIALS

FUNDING PARTNER: PRAYERS FROM MARIA

CLEVELAND CLINIC CHILDREN'S HOSPITAL CLEVELAND, OH

RABI HANNA

QUANTIFICATION OF THERAPEUTIC RESPONSES IN PEDIATRIC AND ADOLESCENTS AND YOUNG ADULTS (AYA) LYMPHOMA PATIENTS VIA DETECTION OF CIRCULATING

TUMOR DNA

FUNDING PARTNER: CLEVELAND CLINIC CHILDREN'S HOSPITAL

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2016

Open to Public
Inspection.

Department of the Treasury
Internal Revenue Service

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

Name of the organization

FLASHES OF HOPE

Employer identification number
04-3648694

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

ILLNESSES SEE THEMSELVES THROUGH THE GIFT OF PHOTOGRAPHY. FLASHES OF
HOPE ALSO RAISES MONEY FOR PEDIATRIC CANCER RESEARCH THROUGH THE
KICK-IT! PROGRAM.

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

THE FINANCIALS AND FORM 990 ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND
TREASURER; FOLLOWING THE REVIEW BOTH ARE DISTRIBUTED TO THE BOARD MEMBERS.

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

CONFLICTS OF INTEREST ARE REVIEWED BY THE DIRECTORS OR A COMMITTEE THEREOF
WHICH WILL REVIEW THE MATERIAL FACTS AND VOTE ON.

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

THE 2016 SALARIES PAID TO THE EXECUTIVE DIRECTOR, MARKETING DIRECTOR AND
DEVELOPMENT DIRECTOR ARE BELOW MARKET. EACH YEAR THE SALARIES OF COMPARABLE
POSITIONS WILL BE EVALUATED BY THE BOARD BEFORE ANY SALARIES ARE ADJUSTED.

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

FLASHES OF HOPE MAKES ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE UPON REQUEST.