

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

St. Martins Hospitality Center

Employer identification number

85-0338552

Name and title of officer

**Greg Morris
Executive Director**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>8,319,520</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Moye, Waters and Associates to enter my PIN 03928 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date ▶ 04/06/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

85073613761

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Ollie D. Waters

Date ▶ 04/06/18

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

Moye, Waters and Associates
3311 Candelaria NE Suite J
Albuquerque, NM 87107-1952
2016

St. Martins Hospitality Center
P.O. Box 27258
Albuquerque, NM 87125

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning **07/01/16** , and ending **06/30/17**

85-0338552

St. Martins Hospitality Center

Net Asset / Fund Balance at Beginning of Year 3,486,697

Revenue

Contributions	<u>5,892,704</u>	
Program service revenue	<u>2,333,118</u>	
Investment income	<u>3,121</u>	
Capital gain / loss	<u>-7,793</u>	
Fundraising / Gaming:		
Gross revenue	<u>243,319</u>	
Direct expenses	<u>144,949</u>	
Net income	<u>98,370</u>	
Other income	<u>0</u>	
Total revenue		<u>8,319,520</u>

Expenses

Program services	<u>7,210,764</u>	
Management and general	<u>909,443</u>	
Fundraising	<u>225,286</u>	
Total expenses		<u>8,345,493</u>

Excess / (deficit) -25,973

Changes 13,537

Net Asset / Fund Balance at End of Year 3,474,261

Reconciliation of Revenue

Total revenue per financial statements	<u>8,478,006</u>	
Less:		
Unrealized gains	<u>13,537</u>	
Donated services	<u> </u>	
Recoveries	<u> </u>	
Other	<u>144,949</u>	
Plus:		
Investment expenses	<u> </u>	
Other	<u> </u>	
Total revenue per return		<u>8,319,520</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>8,490,442</u>	
Less:		
Donated services	<u> </u>	
Prior year adjustments	<u> </u>	
Losses	<u> </u>	
Other	<u>144,949</u>	
Plus:		
Investment expenses	<u> </u>	
Other	<u> </u>	
Total expenses per return		<u>8,345,493</u>

Balance Sheet

	Beginning	Ending	
Assets	<u>4,565,857</u>	<u>4,499,648</u>	
Liabilities	<u>1,079,160</u>	<u>1,025,387</u>	
Net assets	<u>3,486,697</u>	<u>3,474,261</u>	<u>-12,436</u>

Miscellaneous Information

Amended return	
Return / extended due date	<u>05/15/18</u>
Failure to file penalty	<u> </u>

Form 990-T Return Summary

For calendar year 2016, or tax year beginning **07/01/16** , and ending **06/30/17**

85-0338552

St. Martins Hospitality Center

Income

Gross profit	<u>95,043</u>	
Capital gain / loss		
Unrelated debt-financed income		
All other income		
Total income		<u>95,043</u>

Deductions

Officer compensation		
Salaries	<u>123,418</u>	
All other deductions	<u>109,026</u>	
Net operating loss		
Specific deduction		
Total deductions		<u>232,444</u>

Unrelated business taxable income -137,401

Taxes / Credits / Payments

Regular tax		
Proxy tax		
Alternative minimum tax		
Tax		_____

Foreign tax credit		
Other credits		
General business credits		
Prior year minimum tax credit		
Total nonrefundable credits		_____

Other taxes		
Total tax		_____

Estimated tax payments		
Paid with extension		
Tax withheld		
Other credits / payments		
Estimated tax penalty		
Overpayment applied to next year's tax		

Payments / penalty / application _____

Net tax due _____

Additions to Tax

Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
Total additions		_____

Balance due _____

Refund _____

Next Year's Estimates

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
Total	<u>_____</u>

Miscellaneous Information

Amended return _____

Return / extended due date 11/15/17

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

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

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17

B Check if applicable:	C Name of organization St. Martins Hospitality Center	D Employer identification number 85-0338552
<input type="checkbox"/> Address change	Doing business as	E Telephone number 505-242-4399
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 27258	G Gross receipts \$ 8,472,262
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code Albuquerque NM 87125	
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: Greg Morris P.O. Box 27258 Albuquerque NM 87125	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
<input type="checkbox"/> Application pending	J Website: ▶ www.smhc-nm.org	L Year of formation: 1985 M State of legal domicile: NM
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	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		13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		13
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5		197
	6 Total number of volunteers (estimate if necessary)	6		2000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		95,043
7b Net unrelated business taxable income from Form 990-T, line 34	7b		-137,401	
Revenue	8 Contributions and grants (Part VIII, line 1h)	6,411,963	Prior Year	5,892,704
	9 Program service revenue (Part VIII, line 2g)	2,307,501	Current Year	2,333,118
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,151		-4,672
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	218,913		98,370
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,949,528		8,319,520
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,240,993		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,288,814		4,662,781
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 225,286			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,265,565		3,682,712	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,795,372		8,345,493	
19 Revenue less expenses. Subtract line 18 from line 12	1,154,156		-25,973	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,565,857	Beginning of Current Year	4,499,648
	21 Total liabilities (Part X, line 26)	1,079,160	End of Year	1,025,387
	22 Net assets or fund balances. Subtract line 21 from line 20	3,486,697		3,474,261

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 Greg Morris	Date Executive Director
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Ollie D. Waters	Preparer's signature Ollie D. Waters	Date 04/12/18	Check <input type="checkbox"/> if self-employed	PTIN P00072561
	Firm's name ▶ Moye, Waters and Associates	Firm's EIN ▶ 20-5855985			
	Firm's address ▶ 3311 Candelaria NE Suite J Albuquerque, NM 87107-1952	Phone no. 505-260-0616			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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:

See Schedule O

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, 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 \$ **7,210,764** including grants of \$) (Revenue \$ **2,099,851**)

HopeWorks is a 501(c)(3) nonprofit organization. Founded in 1985 by a group of concerned leaders who dared to ask the question - "How can we help" - when encountering someone experiencing homelessness in a public bathroom, HopeWorks has grown to become the largest provider of services for people experiencing (or at risk of) homelessness in Albuquerque.

HopeWorks' mission is to assist people who are experiencing homelessness or near-homelessness by providing resources, opportunities, and hope. HopeWorks aims to end homelessness, one person, and one family at a time. No one is turned away. Everyone is treated with dignity and respect, and most importantly, offered hope for a better tomorrow.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **7,210,764**

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)?		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 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule H</i>		X
20b	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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c	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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13	
1b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NM**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
Jason Greving **P.O. Box 27258**
Albuquerque **NM 87125** **505-242-4399**

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 dotted 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) Jessica Perez	2.00									
Chair	0.00	X					0	0	0	
(2) Andjelka Kelic	2.00									
Vice Chair	0.00	X					0	0	0	
(3) Marty Mathisen, CPA	2.00									
Treasurer	0.00	X					0	0	0	
(4) Sonya Burke	2.00									
Secretary	0.00	X					0	0	0	
(5) Barbara Finn, R.J.E.	2.00									
Director	0.00	X					0	0	0	
(6) Rev. Seth Finch	2.00									
Director	0.00	X					0	0	0	
(7) Karen Glinski	2.00									
Director	0.00	X					0	0	0	
(8) Harry Gauler	2.00									
Director	0.00	X					0	0	0	
(9) Dr. Joe Gorvetzian	2.00									
Director	0.00	X					0	0	0	
(10) Dr. Holly Nelson	2.00									
Director	0.00	X					0	0	0	
(11) Dr. Alisha Parada	2.00									
Director	0.00	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 dotted 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			
(12) Trish Rose Director	2.00 0.00	X						0	0	0
(13) Greg Morris Executive Director	40.00 0.00			X				129,597	0	0
.....										
.....										
.....										
.....										
.....										
.....										
.....										
1b Sub-total								129,597		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								129,597		

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 **▶ 1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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

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	1a Federated campaigns	1a	138,500				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,959,385				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	794,819				
	g Noncash contributions included in lines 1a-1f: \$		345,324				
	h Total. Add lines 1a-1f			5,892,704			
Program Service Revenue	2a Medicaid Fees	Busn. Code	531390	2,099,851	2,099,851		
	b Program Fees		812900	123,066	123,066		
	c Coffee Shop		621400	95,043		95,043	
	d Administrative Fee			15,158	15,158		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,333,118			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,121	3,121		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.			7,793			
	c Gain or (loss)			-7,793			
	d Net gain or (loss)			-7,793	-7,793		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		243,319			
		b Less: direct expenses	b	144,949			
c Net income or (loss) from fundraising events				98,370			
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a 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		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			8,319,520	2,233,403	95,043	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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				
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	129,597	45,359	58,319	25,919
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	3,882,606	3,316,153	426,118	140,335
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	327,768	301,029	22,607	4,132
10 Payroll taxes	322,810	270,134	39,423	13,253
11 Fees for services (non-employees):				
a Management				
b Legal				
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 Schedule O.)	640,555	520,912	102,456	17,187
12 Advertising and promotion	17,018	3,741	5,110	8,167
13 Office expenses	58,025	32,986	16,286	8,753
14 Information technology	56,549	52,057	4,492	
15 Royalties				
16 Occupancy	175,343	157,378	17,965	
17 Travel	60,226	58,869	1,295	62
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,839	16,166	4,643	1,030
20 Interest	23,748	7,921	15,827	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	159,215	10,591	148,624	
23 Insurance	68,610	51,102	17,265	243
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 Asst to Beneficiaries	2,220,959	2,220,959		
b Operating Supplies	91,021	87,342	2,701	978
c Equipment Non Capital	34,516	20,396	12,682	1,438
d Repairs & Maint.	25,340	22,211	3,129	
e All other expenses	29,748	15,458	10,501	3,789
25 Total functional expenses. Add lines 1 through 24e	8,345,493	7,210,764	909,443	225,286
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 here <input type="checkbox"/> if following SOP 98-2 (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	1,202,564	1	899,505
	2	Savings and temporary cash investments	2,829	2	2,861
	3	Pledges and grants receivable, net	699,554	3	930,025
	4	Accounts receivable, net	183,356	4	194,126
	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 instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	7,711	8	5,948
	9	Prepaid expenses and deferred charges	115,479	9	80,626
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,720,580		
		10a			
	b	Less: accumulated depreciation	1,480,896	10c	2,239,684
		10b			
	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		14		
15	Other assets. See Part IV, line 11	136,308	15	146,873	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,565,857	16	4,499,648	
Liabilities	17	Accounts payable and accrued expenses	446,400	17	466,335
	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	2,108	21	2,108
	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	582,614	23	556,309
	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	48,038	25	635
	26	Total liabilities. Add lines 17 through 25	1,079,160	26	1,025,387
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	3,053,991	27	3,205,474
	28	Temporarily restricted net assets	308,269	28	143,500
	29	Permanently restricted net assets	124,437	29	125,287
	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		32	
	33	Total net assets or fund balances	3,486,697	33	3,474,261
	34	Total liabilities and net assets/fund balances	4,565,857	34	4,499,648

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	8,319,520
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,345,493
3	Revenue less expenses. Subtract line 2 from line 1	3	-25,973
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,486,697
5	Net unrealized gains (losses) on investments	5	13,537
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,474,261

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 the 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
2b	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	
2c	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	
3b	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.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

St. Martins Hospitality Center

Employer identification number

85-0338552

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 document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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 III. 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.")	3,469,782	4,455,445	4,413,102	6,107,937	5,790,699	24,236,965
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	3,469,782	4,455,445	4,413,102	6,107,937	5,790,699	24,236,965
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.						24,236,965

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	3,469,782	4,455,445	4,413,102	6,107,937	5,790,699	24,236,965
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						24,236,965
12 Gross receipts from related activities, etc. (see instructions)					12	9,083,558

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	100.00 %

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

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

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

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

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

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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

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 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	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	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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.		
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			

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

St. Martins Hospitality Center

85-0338552

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).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
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

▶ \$

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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	136,308	148,901	155,019	143,937	121,853
b Contributions					14,437
c Net investment earnings, gains, and losses	18,024	-3,206	3,076	19,873	8,958
d Grants or scholarships	5,784	7,867	7,601	7,229	
e Other expenditures for facilities and programs					
f Administrative expenses	1,675	1,519	1,593	1,563	1,311
g End of year balance	146,873	136,308	148,901	155,019	143,936

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **23.00 %**
 - b** Permanent endowment **77.00 %**
 - 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:
- | | Yes | No |
|------------------------------------|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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		166,379		166,379
b Buildings		2,093,838	908,551	1,185,287
c Leasehold improvements		649,673	124,240	525,433
d Equipment		162,972	108,861	54,111
e Other		647,718	339,244	308,474
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,239,684

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Accrued Interest	635	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	635	

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

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	8,478,006
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	13,537
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	144,949
e	Add lines 2a through 2d	2e	158,486
3	Subtract line 2e from line 1	3	8,319,520
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	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,319,520

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	8,490,442
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	144,949
e	Add lines 2a through 2d	2e	144,949
3	Subtract line 2e from line 1	3	8,345,493
4	Amounts included on Form 990, Part IX, line 25, 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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,345,493

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 IV, Line 2b - Escrow Liability Arrangement Explanation

Unclaimed property represents utility allowances for our housing clients who left the program without utilizing the funds and whose whereabouts are unknown. We continue to make every effort to locate these individuals to return these funds.

Part X - FIN 48 Footnote

St. Martin's annually evaluates all federal and state income tax positions. This process includes an analysis of whether these income tax positions the Organization takes meet the definition of an uncertain tax position under the Income Taxes Topic of the Financial Accounting Standards Codification. As of June 30, 2017 there were no uncertain tax positions noted. St.

Part XIII Supplemental Information *(continued)*

Martin's policy is to classify income tax penalties and interest, when applicable, according to their natural classification. Under the statute of limitations, St. Martin's tax returns are no longer subject to examination by tax authorities for years prior to 2014.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Fundraising income \$ 144,949

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Fundraising expense \$ 144,949

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

St. Martins Hospitality Center

Employer identification number

85-0338552

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue		<u>Concert</u> (event type)	<u>Stone Soup</u> (event type)	<u>1</u> (total number)	
	1 Gross receipts	149,293	83,786	10,240	243,319
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	149,293	83,786	10,240	243,319
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	123,758	21,191		144,949
	10 Direct expense summary. Add lines 4 through 9 in column (d)				144,949
11 Net income summary. Subtract line 10 from line 3, column (d)				98,370	

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

		(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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

St. Martins Hospitality Center

Employer identification number

85-0338552

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1	345,324	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

St. Martins Hospitality Center

Employer identification number

85-0338552

Form 990 - Organization's Mission

To provide a place where homeless people could come and gain protection from the elements and provide for many other basic needs, such as meals, showers, clothing and health care. Also, to provide various services to homeless people such as counseling, job opportunities and housing alternatives.

Form 990, Part I, Line 6

Volunteers are used to help prepare meals and organize donations of clothing.

Form 990, Part III, Line 4a - First Accomplishment

But, HopeWorks is more than a homeless shelter. The day shelter is not only where meals are served, but also has:

"A mail room.

"A place to shower.

"Short and long-term storage.

"A clothing room.

HopeWorks also offers:

"Behavioral health services.

"Assistance in employment.

Name of the organization

Employer identification number

St. Martins Hospitality Center

85-0338552

"Help in rapidly placing individuals and families in their own homes.

During the last fiscal year, nearly 6,000 individuals came to HopeWorks for shelter. HopeWorks' comprehensive service array is able to help those most at risk of homelessness, including those with severe and persistent mental illnesses, substance abuse problems, military veterans, women and families fleeing domestic violence, and the medically fragile.

Since 1985, HopeWorks has established itself as a premier provider for the most marginalized and misunderstood populations in our community.

HopeWorks understands and has deep respect for those experiencing homelessness. HopeWorks understands the needs of clients change, as does their environment, which HopeWorks is constantly adapting. HopeWorks continues to build on what works and innovate what doesn't.

Because of this approach, HopeWorks is the largest provider of services to those experiencing or at risk of homelessness in Albuquerque.

HopeWorks' goals are to provide a one-stop shop to meet the physical and mental health, employment, and housing needs of individuals and families experiencing homelessness in Albuquerque and the surrounding areas; to reduce homelessness among clients; to promote independence; and to enable clients to obtain housing, employment, and supportive services-all crucial for empowering our clients to survive and thrive.

HopeWorks long-term goal is to end homelessness in Albuquerque and the surrounding communities.

Name of the organization

St. Martins Hospitality Center

Employer identification number

85-0338552

We also offer:

"Behavioral health services.

"Assistance in employment.

"Help in rapidly placing individuals and families in their own homes.

During the last fiscal year, nearly 6,000 individuals came to HopeWorks for shelter. HopeWorks' comprehensive service array is able to help those most at risk of homelessness, including those with severe and persistent mental illnesses, substance abuse problems, military veterans, women and families fleeing domestic violence, and the medically fragile.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Board of Directors and management review and accept 990 prior to submission to the IRS

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board members are required to report any potential conflicts of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board of Directors annually reviews the compensation for the Executive Director. Compensation levels are based on comparative studies of organizations of similar size and geographic location.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are made available upon written request and by postings

Name of the organization

Employer identification number

St. Martins Hospitality Center

85-0338552

on Guidestar.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Fundraising income \$ **144,949**

Fundraising expense \$ **-144,949**

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

St. Martins Hospitality Center

Employer identification number

85-0338552

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) New Hope Housing, LLC 1115 3rd Street NW Albuquerque NM 87102 46-1153505	Housing	NM			N/A
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Filing Instructions

St. Martins Hospitality Center

Exempt Organization Business Tax Return

Taxable Year Ended June 30, 2017

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990-T for the tax year ended 6/30/17 shows no balance due.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2016

For calendar year 2016 or other tax year beginning **07/01/16**, and ending **06/30/17**

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A Check box if address changed

B Exempt under section
 501(**C**) (**3**)
 408(e) 220(e)
 408A 530(a)
 529(a)

C Book value of all assets at end of year
4,499,648

Name of organization (Check box if name changed and see instructions.)
St. Martins Hospitality Center
Number, street, and room or suite no. If a P.O. box, see instructions.
P.O. Box 27258
City or town, state or province, country, and ZIP or foreign postal code
Albuquerque NM 87125

D Employer identification number (Employees' trust, see instructions.)
85-0338552

E Unrelated business activity codes (See instructions.)
722513

F Group exemption number (See instructions.) ►
G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity.
► **Coffee Shop**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ► **Jason Greving** Telephone number ► **505-242-4399**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	95,043			
b Less returns and allowances				
1c Balance		95,043		
2 Cost of goods sold (Schedule A, line 7)				
3 Gross profit. Subtract line 2 from line 1c		95,043		95,043
4a Capital gain net income (attach Schedule D)				
4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
4c Capital loss deduction for trusts				
5 Income (loss) from partnerships and S corporations (attach statement)				
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)				
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions; attach schedule)				
13 Total. Combine lines 3 through 12		95,043		95,043

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	123,418
16 Repairs and maintenance		16	2,633
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 0
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)	See Statement 1	28	106,393
29 Total deductions. Add lines 14 through 28		29	232,444
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-137,401
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	-137,401
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	-137,401

Part III Tax Computation

Table with 2 main columns: Description and Line Number. Rows include: 35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, 39 Tax on Non-Compliant Facility Income, 40 Total.

Part IV Tax and Payments

Table with 2 main columns: Description and Line Number. Rows include: 41a Foreign tax credit, 41b Other credits, 41c General business credit, 41d Credit for prior year minimum tax, 41e Total credits, 42 Subtract line 41e from line 40, 43 Other taxes, 44 Total tax, 45a Payments: A 2015 overpayment credited to 2016, 45b 2016 estimated tax payments, 45c Tax deposited with Form 8868, 45d Foreign organizations: Tax paid or withheld at source, 45e Backup withholding, 45f Credit for small employer health insurance premiums, 45g Other credits and payments, 46 Total payments, 47 Estimated tax penalty, 48 Tax due, 49 Overpayment, 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 2 main columns: Question and Yes/No. Rows include: 51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: Ollie D. Waters, Date, Title: Executive Director

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Table with 2 main columns: Preparer Information and Firm Information. Rows include: Preparer Name (Ollie D. Waters), Date (04/12/18), Check self-employed, PTIN (P00072561), Firm Name (Moye, Waters and Associates), Firm Address (3311 Candelaria NE Suite J, Albuquerque, NM 87107-1952), Firm's EIN (20-5855985), Phone no. (505-260-0616).

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes
4a Additional sec. 263A costs (attach schedule)	4a				No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			▶

Federal Statements**Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
Benefits	\$
Assistance to Beneficiaries	45
Professional Services	1,449
Rents & Leases	12,450
Communications	2,281
Insurance	1,257
Operating Supplies	74,217
Program Supplies	114
Equipment- Non Capital	6,755
Other Operating Expenses	5,747
Advertising	1,545
Misc	
Transportation	533
Conferences & Meetings	
Postage	
Total	\$ <u><u>106,393</u></u>

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2016

Attachment Sequence No.

179

▶ Attach to your tax return.

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

Name(s) shown on return

St. Martins Hospitality Center

Identifying number

85-0338552

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	159,215

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	159,215
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

Year Ending: June 30, 2017

85-0338552

St. Martins Hospitality Center
P.O. Box 27258
Albuquerque, NM 87125

NOL Carryback Election

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Fully Depreciated Assets Sold/Scrapped: 7/01/16	7/01/98	77,634			77,634	7 MO S/L	77,634	0
2	Walk-in Freezer	8/10/98	8,696			8,696	10 MO S/L	8,696	0
3	15 Passenger Bus	2/28/03	30,000			30,000	5 MO S/L	30,000	0
4	MAS 90 System	6/25/03	10,614			10,614	5 MO S/L	10,614	0
5	Office Furniture Sold/Scrapped: 7/01/16	8/28/03	1,232			1,232	7 MO S/L	1,232	0
6	Office Furniture-CFO Sold/Scrapped: 7/01/16	10/21/03	1,195			1,195	7 MO S/L	1,195	0
7	Ice Machine Sold/Scrapped: 7/01/16	1/30/04	1,294			1,294	7 MO S/L	1,294	0
8	Office Furniture-HR Sold/Scrapped: 7/01/16	2/24/04	890			890	7 MO S/L	890	0
9	Office Furniture-Staff Acct Sold/Scrapped: 7/01/16	2/24/04	890			890	7 MO S/L	890	0
10	11 Passenger Van	7/01/04	27,099			27,099	5 MO S/L	27,099	0
11	Computer Sold/Scrapped: 7/01/16	9/01/04	603			603	5 MO200DB	603	0
12	Office Furniture Sold/Scrapped: 7/01/16	9/01/04	815			815	5 MO200DB	815	0
13	4 Computers Sold/Scrapped: 7/01/16	9/29/04	2,372			2,372	5 MO200DB	2,372	0
14	Laptop Computer AM Sold/Scrapped: 7/01/16	1/18/05	2,008			2,008	5 MO200DB	2,008	0
15	Office Furniture Sold/Scrapped: 7/01/16	3/23/05	985			985	5 MO200DB	985	0
16	3 File Cabinets Sold/Scrapped: 7/01/16	3/31/05	1,200			1,200	5 MO200DB	1,200	0
18	Desk & Credenza AM Sold/Scrapped: 7/01/16	7/12/05	944			944	7 MO200DB	944	0
19	Computer Admin Sold/Scrapped: 7/01/16	7/18/05	731			731	5 MO200DB	731	0
20	HP Laser Jet 2420 Sold/Scrapped: 7/01/16	9/14/05	645			645	5 MO200DB	645	0
21	Computers-Admin Sold/Scrapped: 7/01/16	9/26/05	719			719	5 MO200DB	719	0
22	Computers-Admin Sold/Scrapped: 7/01/16	9/26/05	719			719	5 MO200DB	719	0
23	Shredder-Admin Sold/Scrapped: 7/01/16	10/03/05	550			550	7 MO200DB	550	0
24	Computer ED	2/15/08	788			788	5 MO200DB	788	0
25	Computer-Develop Sold/Scrapped: 7/01/16	2/15/06	788			788	5 MO200DB	788	0
26	Laptop Computer Billing Sold/Scrapped: 7/01/16	2/15/06	1,369			1,369	5 MO200DB	1,369	0
27	Desk-BH-Admin Asst Sold/Scrapped: 7/01/16	2/17/06	510			510	7 MO200DB	510	0
28	Dishwasher-Shelter	3/27/06	3,669			3,669	7 MO200DB	3,669	0
29	Computer-BH Sold/Scrapped: 7/01/16	4/05/06	788			788	5 MO200DB	788	0
30	Comm Dryer-Shelter	5/31/06	3,213			3,213	7 MO200DB	3,213	0
31	Desk-Housing Sold/Scrapped: 7/01/16	6/30/06	627			627	7 MO200DB	627	0
32	Telephone System	7/01/06	4,886			4,886	5 MO S/L	4,886	0
33	Laptop-Brandon Sold/Scrapped: 7/01/16	8/01/06	1,153			1,153	5 MO S/L	1,153	0
34	Telephone System	10/31/07	22,727			22,727	5 MO S/L	22,727	0
35	Laptop-Nicole Sold/Scrapped: 7/01/16	6/25/08	1,048			1,048	5 MO S/L	1,048	0
36	Honda-FIT Sold/Scrapped: 9/23/16	6/27/08	16,121			16,121	5 MO S/L	16,121	0
37	Honda-FIT Sold/Scrapped: 6/08/17	6/27/08	16,121			16,121	5 MO S/L	16,121	0
38	Ford-Focus Sold/Scrapped: 6/08/17	7/27/08	15,617			15,617	5 MO S/L	15,617	0
39	Telephone System	7/27/08	6,855			6,855	5 MO S/L	6,855	0
40	Double Convection Oven	1/21/09	5,731			5,731	10 MO S/L	4,250	574
41	Refrigerator	1/21/09	1,171			1,171	10 MO S/L	869	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current	
	Sold/Scrapped: 7/01/16									
42	Ford-Focus	2/03/09	14,988			14,988	5 MO S/L	14,988	0	
43	Ford-Focus	4/17/09	15,398			15,398	5 MO S/L	15,398	0	
44	Building	6/01/86	404,298			404,298	25 MO S/L	404,483	0	
45	Leasehold Imp	8/01/87	3,796			3,796	27 MO S/L	3,796	0	
46	Additions	6/01/88	19,519			19,519	27 MO S/L	19,519	0	
47	Leasehold Imp	6/01/89	974			974	27 MO S/L	974	0	
	Sold/Scrapped: 7/01/16									
48	Building 1115 3rd st	6/01/95	132,000			132,000	27 MO S/L	101,231	4,800	
49	Roofing	10/01/95	4,020			4,020	27 MO S/L	3,072	146	
50	Roofing	10/01/95	10,000			10,000	27 MO S/L	7,643	363	
51	Improvements	7/06/96	19,738			19,738	27 MO S/L	14,386	717	
52	Improvements	7/06/96	10,176			10,176	27 MO S/L	7,417	370	
53	Improvements	2/25/97	1,900			1,900	27 MO S/L	1,381	0	
	Sold/Scrapped: 7/01/16									
54	Improvements	3/10/97	1,500			1,500	27 MO S/L	1,090	0	
	Sold/Scrapped: 7/01/16									
55	Improvements	3/18/97	813			813	27 MO S/L	590	0	
	Sold/Scrapped: 7/01/16									
56	Improvements	3/18/97	2,900			2,900	27 MO S/L	2,107	105	
57	Awning	4/11/97	2,698			2,698	27 MO S/L	1,959	98	
58	Carpeting	5/15/97	1,737			1,737	27 MO S/L	1,261	0	
	Sold/Scrapped: 7/01/16									
59	Fence	7/09/97	2,950			2,950	27 MO S/L	2,043	107	
60	Air Conditioner	9/24/97	1,519			1,519	27 MO S/L	1,001	0	
	Sold/Scrapped: 7/01/16									
62	Phone System Admin	8/19/03	2,335			2,335	5 MO S/L	2,335	0	
	Sold/Scrapped: 7/01/16									
63	Chain Link Fence 2nd	11/30/05	720			720	15 MO S/L	504	0	
	Sold/Scrapped: 7/01/16									
64	2 Air Conditioners	6/18/06	2,026			2,026	7 MO200DB	2,026	0	
	Sold/Scrapped: 7/01/16									
65	Roof Shelter	12/31/07	80,715			80,715	20 MO S/L	34,304	4,036	
66	Boiler Shelter	12/31/07	6,499			6,499	15 MO S/L	3,683	433	
67	Plumbing-Shelter	10/31/08	58,473			58,473	20 MO S/L	22,415	2,923	
68	Wrought Iron	12/31/08	3,300			3,300	20 MO S/L	1,238	165	
69	MAS 90 Software	11/27/04	1,285			1,285	3 MO200DB	1,285	0	
	Sold/Scrapped: 7/01/16									
70	MediSoft Billing	5/25/05	5,806			5,806	3 MO200DB	5,806	0	
71	Land	6/01/86	73,951			73,951	0 -- Land	0	0	
72	Chevy Cavalier- 2004	4/01/11	3,125			3,125	2 MO S/L	3,125	0	
	Sold/Scrapped: 9/23/16									
73	Heating and cooling upgrade	5/01/11	17,490			17,490	7 MO S/L	12,909	2,499	
74	Refrigerator	10/22/09	1,829			1,829	5 MO S/L	1,829	0	
	Sold/Scrapped: 7/01/16									
75	Ice Maker	10/22/09	3,198			3,198	5 MO S/L	3,198	0	
76	Safe	3/30/10	1,580			1,580	5 MO S/L	1,580	0	
	Sold/Scrapped: 7/01/16									
77	Donor Perfect Software	9/15/09	7,795			7,795	5 MO S/L	7,795	0	
78	Coffee Shop Cabinets	8/19/11	2,980			2,980	5 MO S/L	2,881	99	
79	Coffee Shop Espresso Machiene	8/01/11	3,640			3,640	3 MO S/L	3,640	0	
80	Toyota Tacoma- ACT	6/01/12	18,996			18,996	5 MO S/L	15,513	3,483	
81	Shelter Improvements	12/20/11	136,960			136,960	15 MO S/L	40,784	9,131	
82	Dishwasher- Shelter	6/01/13	4,121			4,121	5 MO S/L	2,541	824	
83	Shade Structure	8/20/12	8,935			8,935	3 MO S/L	8,935	0	
84	Software Server	5/01/13	6,247			6,247	5 MO S/L	3,956	1,249	
85	Furnishings- Dismas	8/31/96	660			660	5 MO S/L	660	0	
	Sold/Scrapped: 7/01/16									
86	Dishwasher- Dismas	10/01/96	518			518	7 MO S/L	518	0	
	Sold/Scrapped: 7/01/16									
87	Stove- Dismas	9/05/01	556			556	7 MO S/L	556	0	
	Sold/Scrapped: 7/01/16									
88	Kitchen Cabinets- Dismas	9/05/01	5,128			5,128	10 MO S/L	5,128	0	
89	Dryer- Dismas	5/20/02	303			303	7 MO S/L	303	0	
	Sold/Scrapped: 7/01/16									
90	Washer- Dismas	10/08/02	220			220	7 MO S/L	220	0	
	Sold/Scrapped: 7/01/16									
91	Refrigerator- Dismas	10/08/02	476			476	7 MO S/L	476	0	
	Sold/Scrapped: 7/01/16									
92	Computer Equipment- Dismas	1/27/04	1,116			1,116	5 MO S/L	1,116	0	
	Sold/Scrapped: 7/01/16									

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
93	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	4/14/05	767			767	5 MO S/L	767	0
94	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	10/10/07	922			922	5 MO S/L	922	0
95	Office Equipment- Dismas Sold/Scrapped: 7/01/16	6/11/08	2,000			2,000	5 MO S/L	2,000	0
96	Telephone System- Dismas	3/31/09	2,652			2,652	5 MO S/L	2,652	0
97	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	9/23/09	822			822	5 MO S/L	822	0
98	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	9/30/09	600			600	5 MO S/L	600	0
99	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	4/30/10	1,100			1,100	5 MO S/L	1,100	0
100	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	6/15/10	900			900	5 MO S/L	900	0
101	computer Server- Dismas Sold/Scrapped: 7/01/16	8/04/10	2,200			2,200	5 MO S/L	2,200	0
102	Software- Dismas	8/06/10	3,644			3,644	3 MO S/L	3,644	0
103	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	12/15/10	1,070			1,070	5 MO S/L	1,070	0
104	701 Candelaria NE	3/05/94	143,307			143,307	27 MO S/L	116,360	5,211
105	701 Candelaria NE	9/30/04	106,642			106,642	27 MO S/L	45,574	3,877
106	Restucco- Dismas	2/14/02	4,206			4,206	27 MO S/L	2,197	153
107	Fencing- Dismas Sold/Scrapped: 7/01/16	1/06/98	1,144			1,144	27 MO S/L	743	0
108	Fencing- Dismas Sold/Scrapped: 7/01/16	9/30/98	770			770	27 MO S/L	497	0
109	Fencing- Dismas Sold/Scrapped: 7/01/16	2/12/99	770			770	27 MO S/L	488	0
110	Fencing- Dismas Sold/Scrapped: 7/01/16	3/16/99	1,779			1,779	27 MO S/L	935	0
111	Shed- Dismas	8/31/02	2,500			2,500	15 MO S/L	2,309	166
112	Improvements- Dismas	5/22/07	7,800			7,800	27 MO S/L	2,579	283
113	Landscaping- Dismas	5/27/10	3,272			3,272	15 MO S/L	1,328	218
114	Alarm System- Dismas	4/15/10	2,754			2,754	7 MO S/L	2,712	42
115	Alarm System- Dismas	6/30/10	3,794			3,794	7 MO S/L	3,264	530
116	Land- Dismas	3/15/94	15,900			15,900	0 -- Land	0	0
117	Land- Dismas	9/30/04	26,528			26,528	0 -- Land	0	0
118	Kia Sedona 2012	9/15/13	18,981			18,981	5 MO S/L	10,598	3,796
119	Roof - 1115 3rd St	11/18/13	7,310			7,310	20 MO S/L	944	366
120	Telephone System	4/01/14	5,618			5,618	5 MO S/L	2,528	1,123
121	Server - HC LBLDG	4/01/14	4,000			4,000	5 MO S/L	1,800	800
122	Medisoft Upgrade	4/15/14	4,373			4,373	3 MO S/L	2,976	1,215
123	Construction in Progress	6/30/14	791,048			791,048	0 -- Memo	0	0
124	1115 3rd St Improvements	6/30/14	40,371			40,371	15 MO S/L	5,383	2,691
125	Coffee Kiosk	9/11/14	3,506			3,506	5 MO S/L	1,227	701
126	AM Telephone	10/30/14	3,638			3,638	5 MO S/L	1,213	727
127	Hope Center	10/15/14	986,214			986,214	27 MO S/L	61,570	35,862
128	PS-Greenhouse Sold/Scrapped: 7/01/16	1/01/03	1,000			1,000	15 MO S/L	900	0
129	PS-Folding chairs Sold/Scrapped: 7/01/16	2/12/99	130			130	10 MO S/L	130	0
130	PS-Kitchen Equipment	8/02/02	3,565			3,565	5 MO S/L	3,565	0
131	PS-Walk in Fridge Outside	10/09/02	18,000			18,000	5 MO S/L	18,000	0
132	PS-Kitchen Equipment Sold/Scrapped: 7/01/16	6/24/03	1,375			1,375	5 MO S/L	1,375	0
133	PS-Copier Sold/Scrapped: 7/01/16	3/01/03	2,000			2,000	5 MO S/L	2,000	0
134	PS-2 Prep Carts Sold/Scrapped: 7/01/16	9/25/03	600			600	7 MO S/L	600	0
135	PS- Stove	5/12/04	2,968			2,968	7 MO S/L	2,968	0
136	PS-Ice Maker Sold/Scrapped: 7/01/16	7/08/04	1,800			1,800	5 MO S/L	1,800	0
137	PS-4 Cube Chairs Sold/Scrapped: 7/01/16	2/03/06	162			162	7 MO S/L	162	0
138	PS- Mobile Bookcase Sold/Scrapped: 7/01/16	2/06/06	290			290	7 MO S/L	290	0
139	PS-Computer Printer Sold/Scrapped: 7/01/16	3/01/07	2,200			2,200	5 MO S/L	2,200	0
140	PS-2 Door Refrigerator Sold/Scrapped: 7/01/16	1/29/08	2,077			2,077	7 MO S/L	2,077	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
141	PS-Fully dep Furniture/Fixture	7/02/86	7,422			7,422	10 MO S/L	7,422	0
142	PS-Fully Dep Furniture/Fixture	6/01/93	2,275			2,275	10 MO S/L	2,275	0
	Sold/Scrapped: 7/01/16								
143	PS-Fully Dep Furniture/Fixtures	1/01/96	13,387			13,387	10 MO S/L	13,387	0
144	PS-Fully Dep Furniture/Fixture	3/19/99	6,519			6,519	5 MO S/L	6,519	0
145	PS-Adjusting Entry	7/01/09	-2,077			-2,077	5 MO S/L	-484	0
	Sold/Scrapped: 7/01/16								
146	PS-Frost Free Hose Bib	12/14/11	800			800	15 MO S/L	244	0
	Sold/Scrapped: 7/01/16								
147	PS-Steam Table	2/21/12	950			950	7 MO S/L	588	0
	Sold/Scrapped: 7/01/16								
148	PS-Kitchen Sink Spray Nozzle	3/29/12	673			673	7 MO S/L	409	0
	Sold/Scrapped: 7/01/16								
149	PS-5 High Chairs & Trays	2/14/12	754			754	7 MO S/L	476	0
	Sold/Scrapped: 7/01/16								
150	PS-Folding Tables & Chairs	1/30/12	4,841			4,841	7 MO S/L	3,054	692
151	PS-Serving Trays	2/06/12	562			562	7 MO S/L	355	0
	Sold/Scrapped: 7/01/16								
152	Brazer Pans and Covers	3/30/12	529			529	7 MO S/L	321	0
	Sold/Scrapped: 7/01/16								
153	PS-Fire System	4/25/13	4,250			4,250	7 MO S/L	1,923	607
154	PS-Green House	9/04/12	1,609			1,609	10 MO S/L	208	0
	Sold/Scrapped: 7/01/16								
155	PS-Copier	6/05/14	2,700			2,700	5 MO S/L	1,125	540
156	PS- Building Yale	7/01/06	205,209			205,209	39 MO S/L	52,399	5,262
157	PS-Bathroom remodel	11/30/95	2,288			2,288	15 MO S/L	2,288	0
	Sold/Scrapped: 7/01/16								
158	PS-Office Remodel	2/05/96	763			763	15 MO S/L	763	0
	Sold/Scrapped: 7/01/16								
159	PS-Front Door solid	4/01/97	500			500	15 MO S/L	500	0
	Sold/Scrapped: 7/01/16								
160	PS-Floor Tile	1/01/02	2,083			2,083	15 MO S/L	2,013	0
	Sold/Scrapped: 7/01/16								
161	PS-Carpet Offices	3/01/07	501			501	10 MO S/L	501	0
	Sold/Scrapped: 7/01/16								
162	PS-Carpeting/Tile	3/30/95	1,788			1,788	15 MO S/L	1,788	0
	Sold/Scrapped: 7/01/16								
163	PS-Fully Deep Building Improvement	1/01/92	10,140			10,140	15 MO S/L	10,140	0
164	PS-Door	10/18/11	3,100			3,100	15 MO S/L	964	207
165	PS-Fire Suppression Hood	11/01/11	2,354			2,354	7 MO S/L	1,569	0
	Sold/Scrapped: 7/01/16								
166	PS-Evapratrative Cooles	11/04/11	2,552			2,552	10 MO S/L	1,191	255
167	PS-Gas Meter	11/21/11	995			995	15 MO S/L	304	0
	Sold/Scrapped: 7/01/16								
168	PS-Bathroom Remodel	4/13/12	3,179			3,179	15 MO S/L	901	212
169	PS-New Roof	10/31/13	16,765			16,765	39 MO S/L	1,146	430
170	PS-Grease traps	4/19/14	2,587			2,587	39 MO S/L	144	66
171	PS-Web Site Design	3/27/14	3,100			3,100	5 MO S/L	1,395	620
172	PS-Land	10/23/06	50,000			50,000	0 -- Land	0	0
173	Contruccion in progress-Hope Center	10/15/14	-791,048			-791,048	0 -- Memo	0	0
174	2015 Nissan Versa	7/30/15	11,867			11,867	5 MO S/L	2,176	2,373
175	2015 Nissan Versa	7/30/15	12,567			12,567	5 MO S/L	2,304	2,513
176	Dexter 20lb Washer-Shelter	5/01/16	3,818			3,818	3 MO S/L	212	1,273
177	Dexter 30lb Gas Dryer	5/01/16	2,940			2,940	3 MO S/L	163	980
178	2015 Nissan Quest	4/04/16	26,639			26,639	5 MO S/L	1,332	5,328
179	3 door side by side refrigerator	4/15/16	2,675			2,675	3 MO S/L	186	891
180	Panasonic Phone Syetem-Hope	11/01/15	4,929			4,929	5 MO S/L	657	986
181	Improvements-Hope Center South Wing	11/01/15	102,747			102,747	27 MO S/L	2,491	3,736
182	Kitchen Improvements	12/01/15	347,317			347,317	15 MO S/L	13,507	23,154
183	MIP Accounting Software	6/30/16	42,171			42,171	5 MO S/L	0	8,434
184	2016 Nissan Versa-Titanium VIN 6568	9/23/16	15,101			15,101	5 MO S/L	0	2,517
185	2016 Nissan Versa-Graph Blue VIN 5152	9/23/16	10,589			10,589	5 MO S/L	0	1,765
186	2017 Nissan Versa- Titanium VIN 7636	6/08/17	13,261			13,261	5 MO S/L	0	221
187	2017 Nissan Versa- Cayenne VIN 1713	6/08/17	12,334			12,334	5 MO S/L	0	206
188	MIP Accounting System	1/01/17	44,001			44,001	5 MO S/L	0	4,400
189	Hope Cafe POS System	1/01/17	4,023			4,023	5 MO S/L	0	402
190	5 Ton Combo Water Heater Unit	11/19/16	5,183			5,183	15 MO S/L	0	230
191	Water Heater Replacement	12/10/16	6,215			6,215	15 MO S/L	0	242
192	Water Heater Yale	1/23/17	2,618			2,618	15 MO S/L	0	87
193	Parking Lot @ 1120 and 2nd Street	4/18/17	26,737			26,737	27 MO S/L	0	243
194	Shelter Fence	4/21/17	24,630			24,630	20 MO S/L	0	308

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
195	Hope Cafe Construction	4/23/17	5,845				5,845	15 MO S/L	0	97
196	Roof Replacement at Dismas	6/27/17	13,113				13,113	20 MO S/L	0	55
197	Hope Center Admin Improvements-Wayne Br	6/30/17	4,986				4,986	15 MO S/L	0	0
198	Fully Depreciated Assets	7/01/98	5,987				5,987	5 MO S/L	5,987	0
	Total Other Depreciation		<u>3,940,336</u>				<u>3,940,336</u>		<u>1,533,644</u>	<u>159,215</u>
	Total ACRS and Other Depreciation		<u>3,940,336</u>				<u>3,940,336</u>		<u>1,533,644</u>	<u>159,215</u>
	Grand Totals		3,940,336				3,940,336		1,533,644	159,215
	Less: Dispositions and Transfers		219,756				219,756		211,963	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>3,720,580</u>				<u>3,720,580</u>		<u>1,321,681</u>	<u>159,215</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
Other Depreciation:												
1	Fully Depreciated Assets	7/01/98	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
2	Walk-in Freezer	8/10/98	0					0	0	HY	0	0
3	15 Passenger Bus	2/28/03	0					0	0	HY	0	0
4	MAS 90 System	6/25/03	0					0	0	HY	0	0
5	Office Furniture	8/28/03	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
6	Office Furniture-CFO	10/21/03	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
7	Ice Machine	1/30/04	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
8	Office Furniture-HR	2/24/04	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
9	Office Furniture-Staff Acct	2/24/04	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
10	11 Passenger Van	7/01/04	0					0	0	HY	0	0
11	Computer	9/01/04	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
12	Office Furniture	9/01/04	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
13	4 Computers	9/29/04	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
14	Laptop Computer AM	1/18/05	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
15	Office Furniture	3/23/05	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
16	3 File Cabinets	3/31/05	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
18	Desk & Credenza AM	7/12/05	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
19	Computer Admin	7/18/05	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
20	HP Laser Jet 2420	9/14/05	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
21	Computers-Admin	9/26/05	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
22	Computers-Admin	9/26/05	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
23	Shredder-Admin	10/03/05	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
24	Computer ED	2/15/08	0					0	0	HY	0	0
25	Computer-Develop	2/15/06	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
26	Laptop Computer Billing	2/15/06	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
27	Desk-BH-Admin Asst	2/17/06	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
28	Dishwasher-Shelter	3/27/06	0					0	0	HY	0	0
29	Computer-BH	4/05/06	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
30	Comm Dryer-Shelter	5/31/06	0					0	0	HY	0	0
31	Desk-Housing	6/30/06	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
32	Telephone System	7/01/06	0					0	0	HY	0	0
33	Laptop-Brandon	8/01/06	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
34	Telephone System	10/31/07	0					0	0	HY	0	0
35	Laptop-Nicole	6/25/08	0					0	0	HY	0	0
	Sold/Scrapped: 7/01/16											
36	Honda-FIT	6/27/08	0					0	0	HY	0	0
	Sold/Scrapped: 9/23/16											
37	Honda-FIT	6/27/08	0					0	0	HY	0	0
	Sold/Scrapped: 6/08/17											
38	Ford-Focus	7/27/08	0					0	0	HY	0	0
	Sold/Scrapped: 6/08/17											
39	Telephone System	7/27/08	0					0	0	HY	0	0
40	Double Convection Oven	1/21/09	0					0	0	HY	0	0
41	Refrigerator	1/21/09	0					0	0	HY	0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
93	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	4/14/05	0				0	0	HY	0	0
94	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	10/10/07	0				0	0	HY	0	0
95	Office Equipment- Dismas Sold/Scrapped: 7/01/16	6/11/08	0				0	0	HY	0	0
96	Telephone System- Dismas	3/31/09	0				0	0	HY	0	0
97	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	9/23/09	0				0	0	HY	0	0
98	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	9/30/09	0				0	0	HY	0	0
99	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	4/30/10	0				0	0	HY	0	0
100	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	6/15/10	0				0	0	HY	0	0
101	computer Server- Dismas Sold/Scrapped: 7/01/16	8/04/10	0				0	0	HY	0	0
102	Software- Dismas	8/06/10	0				0	0	HY	0	0
103	Computer Equipment- Dismas Sold/Scrapped: 7/01/16	12/15/10	0				0	0	HY	0	0
104	701 Candelaria NE	3/05/94	0				0	0	HY	0	0
105	701 Candelaria NE	9/30/04	0				0	0	HY	0	0
106	Restucco- Dismas	2/14/02	0				0	0	HY	0	0
107	Fencing- Dismas Sold/Scrapped: 7/01/16	1/06/98	0				0	0	HY	0	0
108	Fencing- Dismas Sold/Scrapped: 7/01/16	9/30/98	0				0	0	HY	0	0
109	Fencing- Dismas Sold/Scrapped: 7/01/16	2/12/99	0				0	0	HY	0	0
110	Fencing- Dismas Sold/Scrapped: 7/01/16	3/16/99	0				0	0	HY	0	0
111	Shed- Dismas	8/31/02	0				0	0	HY	0	0
112	Improvements- Dismas	5/22/07	0				0	0	HY	0	0
113	Landscaping- Dismas	5/27/10	0				0	0	HY	0	0
114	Alarm System- Dismas	4/15/10	0				0	0	HY	0	0
115	Alarm System- Dismas	6/30/10	0				0	0	HY	0	0
116	Land- Dismas	3/15/94	0				0	0	HY	0	0
117	Land- Dismas	9/30/04	0				0	0	HY	0	0
118	Kia Sedona 2012	9/15/13	18,981				18,981	5	MO S/L	10,756	3,796
119	Roof - 1115 3rd St	11/18/13	7,310				7,310	20	MO S/L	944	366
120	Telephone System	4/01/14	0				0	0	HY	0	0
121	Server - HC LBLDG	4/01/14	0				0	0	HY	0	0
122	Medisoft Upgrade	4/15/14	0				0	0	HY	0	0
123	Construction in Progress	6/30/14	0				0	0	HY	0	0
124	1115 3rd St Improvements	6/30/14	0				0	0	HY	0	0
125	Coffee Kiosk	9/11/14	3,506				3,506	5	MO S/L	1,227	701
126	AM Telephone	10/30/14	3,638				3,638	5	MO S/L	1,213	727
127	Hope Center	10/15/14	986,214				986,214	27	MO S/L	61,570	35,862
128	PS-Greenhouse Sold/Scrapped: 7/01/16	1/01/03	0				0	0	HY	0	0
129	PS-Folding chairs Sold/Scrapped: 7/01/16	2/12/99	0				0	0	HY	0	0
130	PS-Kitchen Equipment	8/02/02	0				0	0	HY	0	0
131	PS-Walk in Fridge Outside	10/09/02	0				0	0	HY	0	0
132	PS-Kitchen Equipment Sold/Scrapped: 7/01/16	6/24/03	0				0	0	HY	0	0
133	PS-Copier Sold/Scrapped: 7/01/16	3/01/03	0				0	0	HY	0	0
134	PS-2 Prep Carts Sold/Scrapped: 7/01/16	9/25/03	0				0	0	HY	0	0
135	PS- Stove	5/12/04	0				0	0	HY	0	0
136	PS-Ice Maker Sold/Scrapped: 7/01/16	7/08/04	0				0	0	HY	0	0
137	PS-4 Cube Chairs Sold/Scrapped: 7/01/16	2/03/06	0				0	0	HY	0	0
138	PS- Mobile Bookcase Sold/Scrapped: 7/01/16	2/06/06	0				0	0	HY	0	0
139	PS-Computer Printer Sold/Scrapped: 7/01/16	3/01/07	0				0	0	HY	0	0
140	PS-2 Door Refrigerator Sold/Scrapped: 7/01/16	1/29/08	0				0	0	HY	0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
141	PS-Fully dep Furniture/Fixture	7/02/86	0				0	0	HY	0	0
142	PS-Fully Dep Furniture/Fixture	6/01/93	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
143	PS-Fully Dep Furniture/Fixtures	1/01/96	0				0	0	HY	0	0
144	PS-Fully Dep Furniture/Fixture	3/19/99	0				0	0	HY	0	0
145	PS-Adjusting Entry	7/01/09	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
146	PS-Frost Free Hose Bib	12/14/11	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
147	PS-Steam Table	2/21/12	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
148	PS-Kitchen Sink Spray Nozzle	3/29/12	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
149	PS-5 High Chairs & Trays	2/14/12	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
150	PS-Folding Tables & Chairs	1/30/12	0				0	0	HY	0	0
151	PS-Serving Trays	2/06/12	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
152	Brazer Pans and Covers	3/30/12	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
153	PS-Fire System	4/25/13	0				0	0	HY	0	0
154	PS-Green House	9/04/12	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
155	PS-Copier	6/05/14	0				0	0	HY	0	0
156	PS- Building Yale	7/01/06	0				0	0	HY	0	0
157	PS-Bathroom remodel	11/30/95	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
158	PS-Office Remodel	2/05/96	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
159	PS-Front Door solid	4/01/97	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
160	PS-Floor Tile	1/01/02	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
161	PS-Carpet Offices	3/01/07	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
162	PS-Carpeting/Tile	3/30/95	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
163	PS-Fully Deep Building Improvement	1/01/92	0				0	0	HY	0	0
164	PS-Door	10/18/11	0				0	0	HY	0	0
165	PS-Fire Suppression Hood	11/01/11	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
166	PS-Evapratve Cooles	11/04/11	0				0	0	HY	0	0
167	PS-Gas Meter	11/21/11	0				0	0	HY	0	0
	Sold/Scrapped: 7/01/16										
168	PS-Bathroom Remodel	4/13/12	0				0	0	HY	0	0
169	PS-New Roof	10/31/13	0				0	0	HY	0	0
170	PS-Grease traps	4/19/14	0				0	0	HY	0	0
171	PS-Web Site Design	3/27/14	0				0	0	HY	0	0
172	PS-Land	10/23/06	0				0	0	HY	0	0
173	Contruccion in progress-Hope Center	10/15/14	0				0	0	HY	0	0
174	2015 Nissan Versa	7/30/15	11,867				11,867	5	MO S/L	2,176	2,373
175	2015 Nissan Versa	7/30/15	12,567				12,567	5	MO S/L	2,304	2,513
176	Dexter 20lb Washer-Shelter	5/01/16	3,818				3,818	3	MO S/L	212	1,273
177	Dexter 30lb Gas Dryer	5/01/16	2,940				2,940	3	MO S/L	163	980
178	2015 Nissan Quest	4/04/16	26,639				26,639	5	MO S/L	1,332	5,328
179	3 door side by side refrigerator	4/15/16	2,675				2,675	3	MO S/L	186	891
180	Panasonic Phone Syetem-Hope	11/01/15	4,929				4,929	5	MO S/L	657	986
181	Improvements-Hope Center South Wing	11/01/15	102,747				102,747	27	MO S/L	2,491	3,736
182	Kitchen Improvements	12/01/15	347,317				347,317	15	MO S/L	13,507	23,154
183	MIP Accounting Software	6/30/16	42,171				42,171	5	MO S/L	0	8,434
184	2016 Nissan Versa-Titanium VIN 6568	9/23/16	0				0	0	HY	0	0
185	2016 Nissan Versa-Graph Blue VIN 5152	9/23/16	0				0	0	HY	0	0
186	2017 Nissan Versa- Titanium VIN 7636	6/08/17	0				0	0	HY	0	0
187	2017 Nissan Versa- Cayenne VIN 1713	6/08/17	0				0	0	HY	0	0
188	MIP Accounting System	1/01/17	0				0	0	HY	0	0
189	Hope Cafe POS System	1/01/17	0				0	0	HY	0	0
190	5 Ton Combo Water Heater Unit	11/19/16	0				0	0	HY	0	0
191	Water Heater Replacement	12/10/16	0				0	0	HY	0	0
192	Water Heater Yale	1/23/17	0				0	0	HY	0	0
193	Parking Lot @ 1120 and 2nd Street	4/18/17	0				0	0	HY	0	0
194	Shelter Fence	4/21/17	0				0	0	HY	0	0

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
195	Hope Cafe Construction	4/23/17	0				0	0 HY	0	0
196	Roof Replacement at Dismas	6/27/17	0				0	0 HY	0	0
197	Hope Center Admin Improvements-Wayne Br	6/30/17	0				0	0 HY	0	0
198	Fully Depreciated Assets	7/01/98	0				0	0 HY	0	0
	Total Other Depreciation		<u>1,577,319</u>				<u>1,577,319</u>		<u>98,738</u>	<u>91,120</u>
	Total ACRS and Other Depreciation		<u>1,577,319</u>				<u>1,577,319</u>		<u>98,738</u>	<u>91,120</u>
	Grand Totals		1,577,319				1,577,319		98,738	91,120
	Less: Dispositions and Transfers		0				0		0	0
	Net Grand Totals		<u>1,577,319</u>				<u>1,577,319</u>		<u>98,738</u>	<u>91,120</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
2	Walk-in Freezer	8/10/98	8,696	0	0
3	15 Passenger Bus	2/28/03	30,000	0	0
4	MAS 90 System	6/25/03	10,614	0	0
10	11 Passenger Van	7/01/04	27,099	0	0
24	Computer ED	2/15/08	788	0	0
28	Dishwasher-Shelter	3/27/06	3,669	0	0
30	Comm Dryer-Shelter	5/31/06	3,213	0	0
32	Telephone System	7/01/06	4,886	0	0
34	Telephone System	10/31/07	22,727	0	0
39	Telephone System	7/27/08	6,855	0	0
40	Double Convection Oven	1/21/09	5,731	573	0
42	Ford-Focus	2/03/09	14,988	0	0
43	Ford-Focus	4/17/09	15,398	0	0
44	Building	6/01/86	404,298	0	0
45	Leasehold Imp	8/01/87	3,796	0	0
46	Additions	6/01/88	19,519	0	0
48	Building 1115 3rd st	6/01/95	132,000	4,800	0
49	Roofing	10/01/95	4,020	147	0
50	Roofing	10/01/95	10,000	364	0
51	Improvements	7/06/96	19,738	718	0
52	Improvements	7/06/96	10,176	370	0
56	Improvements	3/18/97	2,900	105	0
57	Awning	4/11/97	2,698	98	0
59	Fence	7/09/97	2,950	107	0
65	Roof Shelter	12/31/07	80,715	4,035	0
66	Boiler Shelter	12/31/07	6,499	433	0
67	Plumbing-Shelter	10/31/08	58,473	2,924	0
68	Wrought Iron	12/31/08	3,300	165	0
70	MediSoft Billing	5/25/05	5,806	0	0
71	Land	6/01/86	73,951	0	0
73	Heating and cooling upgrade	5/01/11	17,490	2,082	0
75	Ice Maker	10/22/09	3,198	0	0
77	Donor Perfect Software	9/15/09	7,795	0	0
78	Coffee Shop Cabinets	8/19/11	2,980	0	0
79	Coffee Shop Espresso Machiene	8/01/11	3,640	0	0
80	Toyota Tacoma- ACT	6/01/12	18,996	0	0
81	Shelter Improvements	12/20/11	136,960	9,130	0
82	Dishwasher- Shelter	6/01/13	4,121	756	0
83	Shade Structure	8/20/12	8,935	0	0
84	Software Server	5/01/13	6,247	1,042	0
88	Kitchen Cabinets- Dismas	9/05/01	5,128	0	0
96	Telephone System- Dismas	3/31/09	2,652	0	0
102	Software- Dismas	8/06/10	3,644	0	0
104	701 Candelaria NE	3/05/94	143,307	5,211	0
105	701 Candelaria NE	9/30/04	106,642	3,878	0
106	Restucco- Dismas	2/14/02	4,206	153	0
111	Shed- Dismas	8/31/02	2,500	25	0
112	Improvements- Dismas	5/22/07	7,800	284	0
113	Landscaping- Dismas	5/27/10	3,272	218	0
114	Alarm System- Dismas	4/15/10	2,754	0	0
115	Alarm System- Dismas	6/30/10	3,794	0	0
116	Land- Dismas	3/15/94	15,900	0	0
117	Land- Dismas	9/30/04	26,528	0	0
118	Kia Sedona 2012	9/15/13	18,981	3,796	3,796
119	Roof - 1115 3rd St	11/18/13	7,310	365	365
120	Telephone System	4/01/14	5,618	1,124	0
121	Server - HC LBLDG	4/01/14	4,000	800	0
122	Medisoft Upgrade	4/15/14	4,373	182	0
123	Construction in Progress	6/30/14	791,048	0	0
124	1115 3rd St Improvements	6/30/14	40,371	2,692	0
125	Coffee Kiosk	9/11/14	3,506	702	702
126	AM Telephone	10/30/14	3,638	728	728
127	Hope Center	10/15/14	986,214	35,862	35,862
130	PS-Kitchen Equipment	8/02/02	3,565	0	0
131	PS-Walk in Fridge Outside	10/09/02	18,000	0	0
135	PS- Stove	5/12/04	2,968	0	0
141	PS-Fully dep Furniture/Fixture	7/02/86	7,422	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
143	PS-Fully Dep Furniture/Fixtures	1/01/96	13,387	0	0
144	PS-Fully Dep Furniture/Fixture	3/19/99	6,519	0	0
150	PS-Folding Tables & Chairs	1/30/12	4,841	692	0
153	PS-Fire System	4/25/13	4,250	607	0
155	PS-Copier	6/05/14	2,700	540	0
156	PS- Building Yale	7/01/06	205,209	5,261	0
163	PS-Fully Deep Building Improvement	1/01/92	10,140	0	0
164	PS-Door	10/18/11	3,100	207	0
166	PS-Evaprative Cooles	11/04/11	2,552	255	0
168	PS-Bathroom Remodel	4/13/12	3,179	212	0
169	PS-New Roof	10/31/13	16,765	430	0
170	PS-Grease traps	4/19/14	2,587	66	0
171	PS-Web Site Design	3/27/14	3,100	620	0
172	PS-Land	10/23/06	50,000	0	0
173	Construction in progress-Hope Center	10/15/14	-791,048	0	0
174	2015 Nissan Versa	7/30/15	11,867	2,373	2,373
175	2015 Nissan Versa	7/30/15	12,567	2,514	2,514
176	Dexter 20lb Washer-Shelter	5/01/16	3,818	1,272	1,272
177	Dexter 30lb Gas Dryer	5/01/16	2,940	980	980
178	2015 Nissan Quest	4/04/16	26,639	5,328	5,328
179	3 door side by side refrigerator	4/15/16	2,675	892	892
180	Panasonic Phone Syetem-Hope	11/01/15	4,929	986	986
181	Improvements-Hope Center South Wing	11/01/15	102,747	3,736	3,736
182	Kitchen Improvements	12/01/15	347,317	23,155	23,155
183	MIP Accounting Software	6/30/16	42,171	8,434	8,434
184	2016 Nissan Versa-Titanium VIN 6568	9/23/16	15,101	3,020	0
185	2016 Nissan Versa-Graph Blue VIN 5152	9/23/16	10,589	2,118	0
186	2017 Nissan Versa- Titanium VIN 7636	6/08/17	13,261	2,652	0
187	2017 Nissan Versa- Cayenne VIN 1713	6/08/17	12,334	2,466	0
188	MIP Accounting System	1/01/17	44,001	8,800	0
189	Hope Cafe POS System	1/01/17	4,023	805	0
190	5 Ton Combo Water Heater Unit	11/19/16	5,183	346	0
191	Water Heater Replacement	12/10/16	6,215	414	0
192	Water Heater Yale	1/23/17	2,618	175	0
193	Parking Lot @ 1120 and 2nd Street	4/18/17	26,737	972	0
194	Shelter Fence	4/21/17	24,630	1,231	0
195	Hope Cafe Construction	4/23/17	5,845	390	0
196	Roof Replacement at Dismas	6/27/17	13,113	655	0
197	Hope Center Admin Improvements-Wayne Brooks	6/30/17	4,986	332	0
198	Fully Depreciated Assets	7/01/98	5,987	0	0
	Total Other Depreciation		<u>3,720,580</u>	<u>166,805</u>	<u>91,123</u>
	Total ACRS and Other Depreciation		<u>3,720,580</u>	<u>166,805</u>	<u>91,123</u>
	Grand Totals		<u>3,720,580</u>	<u>166,805</u>	<u>91,123</u>

**SCHEDULE G
(Form 990 or
990-EZ)****Fundraising Other Events****2016**For calendar year 2016, or tax year beginning **07/01/16**, and ending **06/30/17**

Name

Employer Identification Number

St. Martins Hospitality Center**85-0338552**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u>Catalog of Hope</u> (event type)	_____	_____	
			(event type)	(event type)	
Revenue	1 Gross receipts	10,240			10,240
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	10,240			10,240
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

Net Operating Loss Carryover Worksheet

Form **990-T****2016**For calendar year 2016, or tax year beginning **07/01/16**, ending **06/30/17**

Name

St. Martins Hospitality Center

Employer Identification Number

85-0338552

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	
19th 06/29/98					
18th 06/29/99					
17th 06/30/00					
16th 06/30/01					
15th 06/30/02					
14th 06/30/03					
13th 06/30/04					
12th 06/30/05					
11th 06/30/06					
10th 06/30/07					
9th 06/30/08					
8th 06/30/09					
7th 06/30/10					
6th 06/30/11					
5th 06/30/12					
4th 06/30/13	-88,000		88,000		88,000
3rd 06/30/14	-98,860		98,860		98,860
2nd 06/30/15	-116,269		116,269		116,269
1st 06/30/16	-94,782		94,782		94,782
NOL carryover available to current year			397,911		
Current year	-137,401				137,401
NOL carryover available to next year					535,312

Form **990****Two Year Comparison Report****2015 & 2016**For calendar year 2016, or tax year beginning **07/01/16**, ending **06/30/17**

Name

Taxpayer Identification Number

St. Martins Hospitality Center**85-0338552**

		2015	2016	Differences
Revenue	1. Contributions, gifts, grants	1. 1,353,096	933,319	-419,777
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 5,058,867	4,959,385	-99,482
	4. Program service revenue	4. 2,307,501	2,333,118	25,617
	5. Investment income	5. 11,151	3,121	-8,030
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.	-7,793	-7,793
	8. Net income or (loss) from fundraising events	8. 218,913	98,370	-120,543
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 8,949,528	8,319,520	-630,008
Expenses	13. Grants and similar amounts paid	13. 2,240,993		-2,240,993
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.	129,597	129,597
	16. Salaries, other compensation, and employee benefits	16. 4,288,814	4,533,184	244,370
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 448,116	640,555	192,439
	19. Occupancy, rent, utilities, and maintenance	19. 152,599	175,343	22,744
	20. Depreciation and Depletion	20. 125,895	159,215	33,320
	21. Other expenses	21. 538,955	2,707,599	2,168,644
	22. Total expenses. Add lines 13 through 21	22. 7,795,372	8,345,493	550,121
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 1,154,156	-25,973	-1,180,129
Other Information	24. Total exempt revenue	24. 8,949,528	8,319,520	-630,008
	25. Total unrelated revenue	25. 83,775	95,043	11,268
	26. Total excludable revenue	26. 2,234,877	2,233,403	-1,474
	27. Total assets	27. 4,565,857	4,499,648	-66,209
	28. Total liabilities	28. 1,079,160	1,025,387	-53,773
	29. Retained earnings	29. 3,486,697	3,474,261	-12,436
	30. Number of voting members of governing body	30. 12	13	
	31. Number of independent voting members of governing body	31. 12	13	
	32. Number of employees	32. 187	197	
	33. Number of volunteers	33. 2000	2000	

Form **990T**

Two Year Comparison Report

2015 & 2016

For calendar year 2016, or tax year beginning **07/01/16**, ending **06/30/17**

Name

Taxpayer Identification Number

St. Martins Hospitality Center

85-0338552

		2015	2016	Differences	
Revenue	1. Gross profit/loss on business activities	1. 83,775	95,043	11,268	
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	83,775	95,043	11,268
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13. 82,677	123,418	40,741	
	14. Repairs and maintenance	14. 4,350	2,633	-1,717	
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17. 5,679		-5,679	
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22. 85,851	106,393	20,542	
	23. Total deductions. Add lines 12 through 22	23.	178,557	232,444	53,887
	24. Taxable income before NOL. Subtract line 23 from 11	24.	-94,782	-137,401	-42,619
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.			
	27. Unrelated business taxable income.	27.	-94,782	-137,401	-42,619
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes	38.				
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.			
	45. Overpayment applied to next year	45.			
46. Penalties	46.				
47. Total due/(Refund)	47.				

Form **990****Tax Return History****2016**

Name

St. Martins Hospitality Center

Employer Identification Number

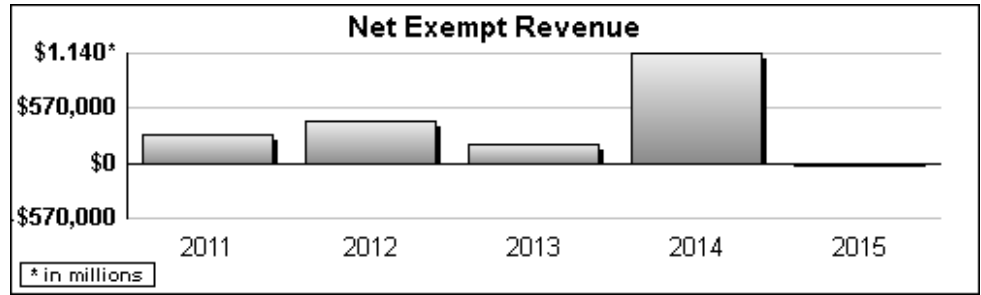
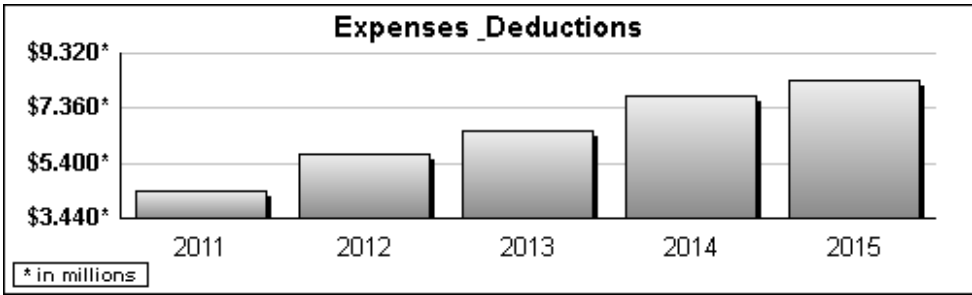
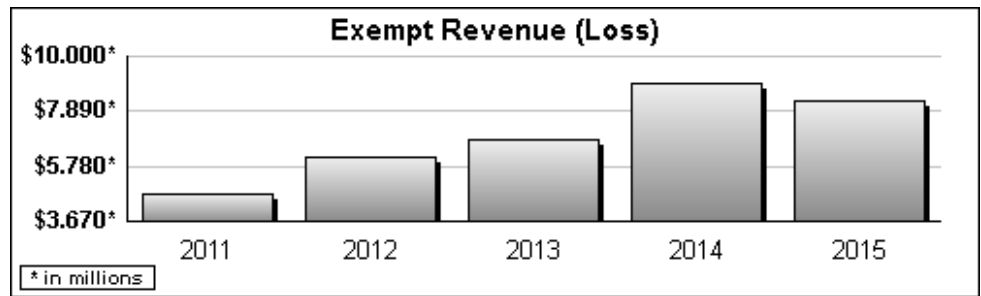
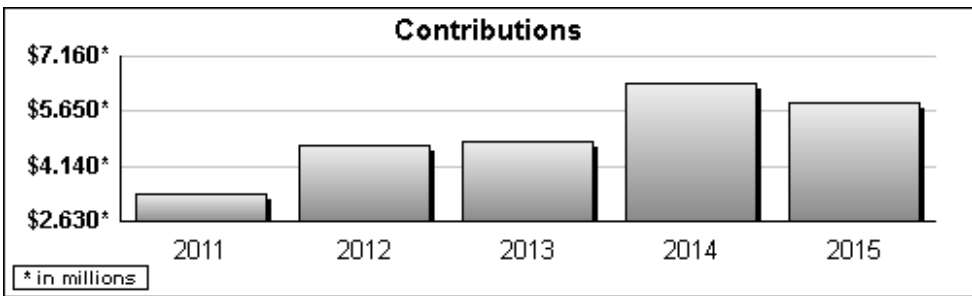
85-0338552

	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants	3,386,897	4,724,072	4,831,856	6,411,963	5,892,704	
Membership dues						
Program service revenue	1,289,121	1,322,072	1,831,748	2,307,501	2,333,118	
Capital gain or loss					-7,793	
Investment income			2,637	11,151	3,121	
Fundraising revenue (income/loss)	57,437	101,186	100,148	218,913	98,370	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	4,733,455	6,147,330	6,766,389	8,949,528	8,319,520	
Grants and similar amounts paid	946,138	922,578	1,704,884	2,240,993		
Benefits paid to or for members						
Compensation of officers, etc.	100,654	116,094	139,653		129,597	
Other compensation	2,747,779	3,080,391	3,696,607	4,288,814	4,533,184	
Professional fees		381,048	377,628	448,116	640,555	
Occupancy costs	105,886	137,823	155,345	152,599	175,343	
Depreciation and depletion	73,474	62,231	96,915	125,895	159,215	
Other expenses	452,780	1,013,767	386,234	538,955	2,707,599	
Total expenses	4,426,711	5,713,932	6,557,266	7,795,372	8,345,493	
Excess or (Deficit)	306,744	433,398	209,123	1,154,156	-25,973	
Total exempt revenue	4,733,455	6,147,330	6,766,389	8,949,528	8,319,520	
Total unrelated revenue	73,820	87,916	86,888	83,775	95,043	
Total excludable revenue	4,659,635	1,234,156	1,747,497	2,234,877	2,233,403	
Total Assets	1,933,360	3,030,505	3,436,643	4,565,857	4,499,648	
Total Liabilities	375,741	1,020,820	1,099,377	1,079,160	1,025,387	
Net Fund Balances	1,557,619	2,009,685	2,337,266	3,486,697	3,474,261	

Form 990T	Tax Return History	2016
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Name St. Martins Hospitality Center	Employer Identification Number 85-0338552
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	2012	2013	2014	2015	2016	2017
Business activity profit/loss	73,820	87,916	86,888	83,775	95,043	
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.	73,820	87,916	86,888	83,775	95,043	
Compensation of officers, ect.						
Other salaries and wages	81,466	91,614	106,854	82,677	123,418	
Repairs and maintenance	881	1,355	2,386	4,350	2,633	
Bad debts						
Interest						
Taxes and licenses	9,900	4,634	10,516	5,679		
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

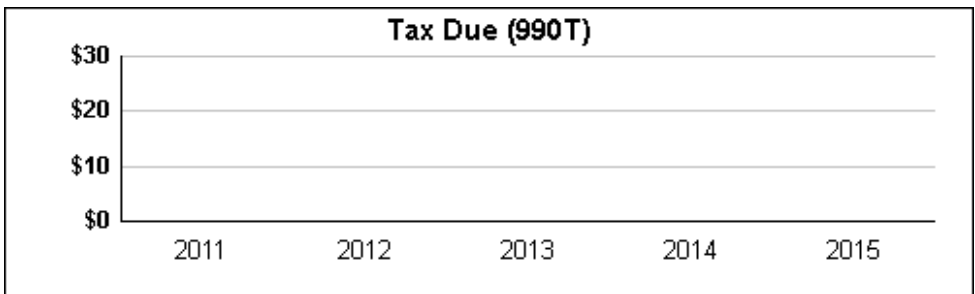
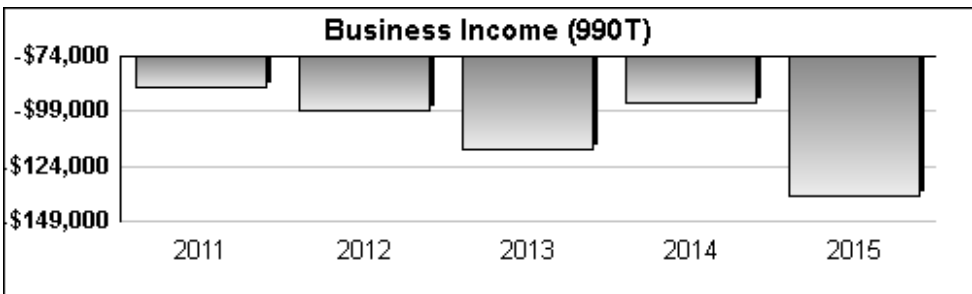
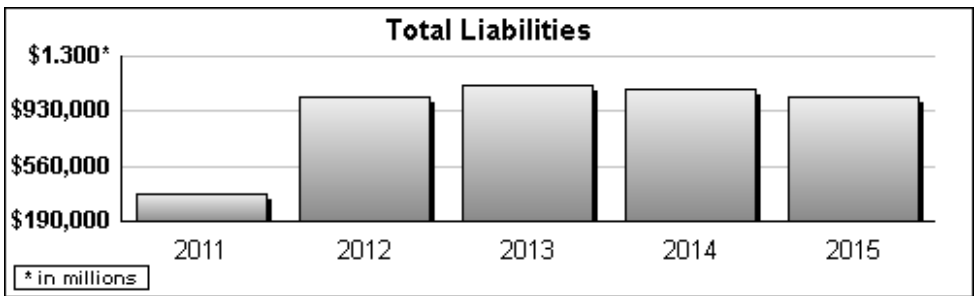
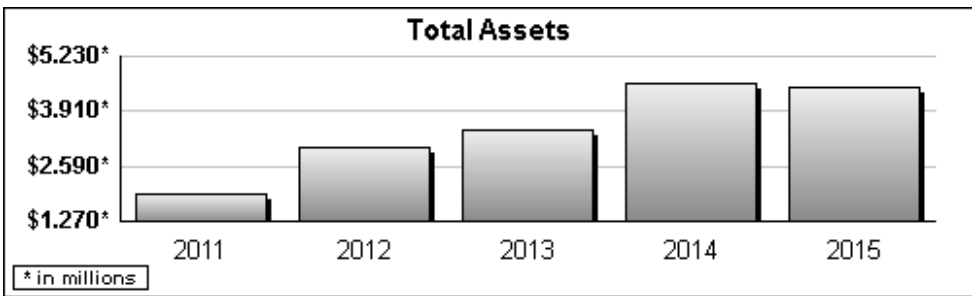


Form 990T	Tax Return History	2016
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Name St. Martins Hospitality Center	Employer Identification Number 85-0338552
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	2012	2013	2014	2015	2016	2017
Other deductions	69,573	89,173	83,401	85,851	106,393	
Net operating loss deduction						
Specific deduction						
Income after expense and deductions	-88,000	-98,860	-116,269	-94,782	-137,401	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest	\$ 3,121					
Total	<u>\$ 3,121</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Professional Fees	\$ 639,250	\$ 520,912	\$ 102,456	\$ 15,882
Stone Soup fundraising	1,775			1,775
Concert fundraising	-470			-470
Total	\$ 640,555	\$ 520,912	\$ 102,456	\$ 17,187

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Misc.	\$ 12,222	\$ 3,260	\$ 8,561	\$ 401
Dues & Subscriptions	11,239	7,155	744	3,340
Community Relations	6,287	5,043	1,196	48
Total	\$ 29,748	\$ 15,458	\$ 10,501	\$ 3,789

Federal Statements

Schedule A, Part II, Line 9(e)

Description	Amount
Coffee Shop	\$ 95,043
Less: Deductions	<u>-233,444</u>
Total	\$ <u><u>-138,401</u></u>

Federal Statements**Stone Soup****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Fundraising Expense	\$ <u>21,191</u>
Total	\$ <u><u>21,191</u></u>

Federal Statements**Concert****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Fundraising	\$ <u>123,758</u>
Total	\$ <u><u>123,758</u></u>

Federal Statements**Form 990-T - Other Deductions Not Taken Elsewhere**

<u>Description</u>	<u>Amount</u>
Benefits	\$
Assistance to Beneficiaries	45
Professional Services	1,449
Rents & Leases	12,450
Communications	2,281
Insurance	1,257
Operating Supplies	74,217
Program Supplies	114
Equipment- Non Capital	6,755
Other Operating Expenses	5,747
Advertising	1,545
Misc	
Transportation	533
Conferences & Meetings	
Postage	
Total	<u>\$ 106,393</u>