



Commonwealth of
Pennsylvania
Department of State

Bureau of Charitable Organizations
207 North Office Building
Harrisburg, Pennsylvania 17120
Telephone: (717) 783-1720
(800) 732-0999 (within PA only)
Fax: (717) 783-6014
Website: www.dos.state.pa.us/charities

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|-----------------------|-------|
| For Official Use Only | |
| Approved: | _____ |
| RF: | _____ |
| AF: | _____ |
| LF: | _____ |
| Fee Received: | _____ |

Charitable Organization Registration Statement – Form BCO-10

Check if registering voluntarily
(See note under "important information")

Certificate Number: 35351
(Renewals Only)

Fiscal Year Ended: 03 / 31 / 2016

Employer Identification Number (EIN): 02-0798770

1. Legal name of organization: Bridge of Hope Centre County

Check if name change Previous name: _____

2. All other names used to solicit contributions: _____

3. Contact person: Joe Soloski

Contact's E-mail: jpsoloski@hotmail.com

Physical address of organization: (Required) 1315 S. Atherton St., Ste. 108

Mailing address: (If different than physical) PO Box 433

City: State College

City: State College

State: PA Zip code: 16801

State: PA Zip code: 16804

County: Centre

800 number: _____

Phone number: 814-237-4673

Fax number: _____

E-mail (If different that Contact's E-mail): execdirbohcc@gmail.com

Website: www.centre.bridgeofhopeinc.org

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

see attached listing

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization: (See footnote #2 of instructions. Volunteer registrants do not respond.)

- 162.7(a)(1) 162.7(a)(2)
162.7(a)(3) 162.7(a)(4) Not Applicable

6. List type of organization (e.g. corporation, association, etc.): Non Profit Corporation
Where established: State College, PA Date established: ****** Feb. 26, 2007
*** (Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)*

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes No (Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. / /

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents:
 / /

9. If organization solicited Pennsylvania residents and received *gross** contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. / /
**Includes contributions received both within and outside Pennsylvania*

10. Has organization been granted IRS tax-exempt status? Yes No (If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501 (c) (3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No (If "Yes" attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes No
(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

Train and use church based mentoring groups to end homelessness in Centre County for single mothers and children.

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
Funds are solicited using event fundraisers, direct mailing and annual public appeal.

14. Is organization registered to solicit contributions in any other state or municipality? Yes No (If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited: (Attach separate sheet if necessary. Refer to "Definitions" for definition of a professional solicitor)

We do not use professional solicitors.

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet if necessary. Refer to "Definitions" for definition of a fundraising counsel)

None

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

None

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?
 Yes No Not Applicable (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations:
 (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

 (Legal name of parent organization)

 (Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

 See attached listing

25. Names and addresses for: *(Attach separate sheet if necessary)*

A. Individual(s) in charge of solicitation activities:

Terry Padden - Fundraising and development

Sherry Gensemer - Board Chair

B. Individual(s) with final responsibility for the custody of contributions:

Joe Soloski - Treasurer

C. Individual(s) with final responsibility for final distribution of contributions:

Sue Patterson - Executive Director

D. Individual(s) responsible for custody of financial records:

Joe Soloski - Treasurer

Sherry Gensemer - Board Chair

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No

C. Any supplier or vendor providing goods or services? Yes No


27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

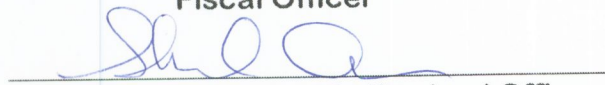
I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.



Signature of Chief Fiscal Officer

Date 2/14/17

Joseph J. Soloski
Type or Print Name and Title of Chief
Fiscal Officer



Signature of Another Authorized Officer

Date 2/14/17

Sherry A Gensamer
Type or Print Name and Title of
Another Authorized Officer

- Checklist
- Original Registration Statement Properly Signed and Dated
 - A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
 - Form BCO-23, if Required
 - Applicable Financial Statements
 - Registration Fee and any Late Filing Fees
 - Additional Filings, if an Initial Registrant

BCO-10 #4

Bridge of Hope Berks County

P.O. Box 1337
Reading, PA 19603

610-568-1250

Bridge of Hope BuxMont

121 E. Chestnut St., Suite 205
Souderton, PA 18964

267-932-8368

Bridge of Hope Harrisburg Area

P.O. Box 15212
Harrisburg, PA 17105-1521

717-635-5957

Bridge of Hope Lancaster & Chester Counties

1516 Olive St.
Coatesville, PA 19320

610-380-1360 or 717-394-7406

Bridge of Hope of York County

235 E. Market St.
York, PA 17403

717-747-YORK (9675)

Bridge of Hope Centre County

FYE 03/31/2016

List of Officers, Directors, Trustees & Key Employees

| Name and Address | Title | Question 26A |
|--|--------------|--------------------------|
| Sherry Gensemer 303 Mary Elizabeth St. Boalsburg, PA 16827 | Chairman | |
| Richard Barbrow 114 Wildot Dr State College, PA 16801 | Director | |
| Sally Best 141 Buckhorn Rd. Port Matilda, PA 16870 | Director | * married to Joe Soloski |
| Terry Padden 785 Cornwall Rd. State College, PA 16803 | Director | |
| John Schaffer 843 Willard St. State College, PA 16803 | Director | |
| Joe Soloski 141 Buckhorn Rd. Port Matilda, PA 16870 | Director | * married to Sally Best |
| Meredith Wideman 1009 Walnut St. State College, PA 16801 | Director | |
| Sue Patterson 805 Decatur St. Philipsburg, PA 16866 | Key Employee | |