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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

**2009****Open to Public  
Inspection****A For the 2009 calendar year, or tax year beginning**

, and ending

**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pendingPlease  
use IRS  
label or  
print or  
type. See  
Specific  
Instruc-  
tions**C** Name of organization

HOPE worldwide, LTD

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

353 West Lancaster Avenue

Room/suite

200

City or town, state or country, and ZIP + 4

Wayne

PA

19087

**D** Employer identification number

04-3129839

**E** Telephone number

610-254-8800

**G** Gross receipts \$

20,820,680

**F** Name and address of principal officer:

Randolph S. Jordan 353 West Lancaster Avenue, Suite 200, Wayne, PA

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☒ Yes ☐ No

If "No," attach a list (see instructions)

**I** Tax-exempt status: ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ www.hopewww.org**H(c)** Group exemption number ▶**K** Form of organization☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation

1991

**M** State of legal domicile

PA

**Part I Summary**

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities: To change lives by empowering the compassion and commitment of dedicated staff and volunteers to deliver sustainable, high impact, community-based services to the poor and needy.**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) . . . . . **3** 13**4** Number of independent voting members of the governing body (Part VI, line 1b) . . . . . **4** 10**5** Total number of employees (Part V, line 2a) . . . . . **5** 345**6** Total number of volunteers (estimate if necessary) . . . . . **6** 18,717**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . **7a** 0**b** Net unrelated business taxable income from Form 990-T, line 34 . . . . . **7b** 0

Revenue

**8** Contributions and grants (Part VIII, line 1h) . . . . . **Prior Year** 39,195,299 **Current Year** 19,793,626**9** Program service revenue (Part VIII, line 2g) . . . . . 685,005 937,389**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 60,149 36,785**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . -29,729 -36,202**12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 39,910,724 20,731,598

Expenses

**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 32,594,572 14,007,203**14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 4,754,704 4,179,517**16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 25,800 17,275**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 878,457**17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . . 2,576,452 1,998,754**18** Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 39,951,528 20,202,749**19** Revenue less expenses. Subtract line 18 from line 12 . . . . . -40,804 528,849

Net Assets or Fund Balances

**20** Total assets (Part X, line 16) . . . . . **Beginning of Current Year** 5,068,018 **End of Year** 5,364,458**21** Total liabilities (Part X, line 26) . . . . . 2,207,219 1,900,644**22** Net assets or fund balances. Subtract line 21 from line 20 . . . . . 2,860,799 3,463,814**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

Date

Randolph S. Jordan

Chief Executive Officer

Type or print name and title

8/2/2010

**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990 (2009)

6-17-2015

SCANNED NOV 01 2010

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

HOPE worldwide is an international charity that changes lives by harnessing the compassion and commitment of dedicated staff and volunteers to deliver sustainable, high impact, community-based services to the poor and needy. Our vision is to bring hope and change the lives of the world's most poor, sick and suffering.

**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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 12,428,001 including grants of \$ 11,757,305 ) (Revenue \$ 12,418,800 )

Health - We improve the health of critically underserved communities through health education and the delivery of high quality, compassionate healthcare

**4b** (Code: ) (Expenses \$ 1,979,164 including grants of \$ 685,152 ) (Revenue \$ 1,444,799 )

Education - We empower disadvantaged adults and youth to become productive members of society through basic educational assistance, vocational and technology training, mentoring, teaching, arts and sports programs.

**4c** (Code: ) (Expenses \$ 1,297,968 including grants of \$ 858,163 ) (Revenue \$ 900,852 )

Children - We give children hope for a productive and fulfilling future by providing healthcare, education, opportunities for development, mentoring, counseling, foster care, and adoption.

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

(Expenses \$ 1,364,221 including grants of \$ 716,404 ) (Revenue \$ 1,235,452 )

**4e** Total program service expenses ▶ 17,069,354

**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)? If "Yes," complete Schedule A . . . . .	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	4	X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• 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? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20	X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b> X	
<b>23</b> 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>	<b>23</b> X	
<b>24a</b> 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 25 . . . . .</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	X
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	X
<b>32</b> 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>	<b>32</b>	X
<b>33</b> 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>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b> X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	X
<b>37</b> 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>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<b>1a</b> 52	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> X	
<b>2a</b>	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 . . . . .	<b>2a</b> 345	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	<b>2b</b> X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>	X
<b>4a</b>	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)? . . . . .	<b>4a</b> X	
<b>b</b>	If "Yes," enter the name of the foreign country: ► See Attached Statement See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>	X
<b>6a</b>	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? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	X
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	<b>7a</b> X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b> X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b> X	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b> 3	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

**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.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body . . . . .	1a	13
b Enter the number of voting members that are independent . . . . .	1b	10
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	X
6 Does the organization have members or stockholders? . . . . .	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? . . . . .	8a	X
b Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9a	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? . . . . .	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	X
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	X
13 Does the organization have a written whistleblower policy? . . . . .	13	X
14 Does the organization have a written document retention and destruction policy? . . . . .	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. . . . .	15a	X
b Other officers or key employees of the organization . . . . .	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .		
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? . . . . .	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ► See Attached Statement

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Frank Perez - Chief Administration Officer 610-254-8800  
353 West Lancaster Ave., Suite 200, Wayne, PA 19087

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Andy Blocker Director, Chairman	2.	X		X				0	0	0
Dinesh George Director	2.	X						0	0	0
Frank Kim Director, Vice-Chair	2.	X		X				0	0	0
Jenny Nash Director	2.	X						0	0	0
Jenny Tate Director	2.	X						0	0	0
Lynne Green Director	2.	X						0	0	0
Gregg Marutzky Director	2.	X						0	0	0
Wendy Richard Director	2.	X						0	0	0
Jeff Jones Director	2	X						0	0	0
Charlie Stolper Treasurer/Director	2.	X		X				0	0	0
Randy Jordan CEO / President/ Secretary	40.	X		X	X			82,231	0	45,327
Robert Gempel Director	2.	X					X	0	0	0
Patricia Gempel Director	2.	X					X	0	0	0
Kevin O'Brien Hospital Director	40.				X			35,701	0	15,364
Gary Jacques VP of Global Programs	40.				X	X		151,879	0	33,164
Mark Ottenweller Director of Global Programs	40.				X			110,776	0	23,761



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Mark Templer Country Director	40.				X			114,247	0	15,035
Antonio Boyd VP of US Programs	40.				X			92,685	0	6,426
Marc Aguirre Country Director	40				X			132,541	0	12,572
David Chaney VP of US Operations	40.				X			48,846	0	7,976
David Blenko Director of Development	40.				X			90,055	0	18,622
Daniel Liu Hospital Director	40.				X			14,581	0	26,754
Frank Perez Chief Accounting Officer	40				X			90,133	0	19,151
Walter Kotkowski VP of Procurement	40.				X			75,573	0	10,492
<b>1b Total</b>								1,039,248	0	234,644

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 55,352			
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 160,850			
	<b>d</b> Related organizations . . . . .	<b>1d</b> 1,150,361			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 1,173,594			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 17,253,469			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	10,577,086			
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .	19,793,626			
<b>Program Service Revenue</b>	<b>2a</b> Sihanouk Hospital Management . . . . .	Business Code 495,635			
	<b>b</b> HOPE worldwide Volunteer Corps . . . . .	125,671			
	<b>c</b> HOPE worldwide Youth Corps . . . . .	150,369			
	<b>d</b> Team Works Academy - Afterschool Program . . . . .	122,261			
	<b>e</b> Global Summit . . . . .	15,875			
	<b>f</b> All other program service revenue . . . . .	27,578			
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .	937,389			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	37,342			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	0			
	<b>5</b> Royalties . . . . .	0			
	<b>6a</b> Gross Rents . . . . .	(i) Real (ii) Personal			
	<b>b</b> Less: rental expenses . . . . .				
	<b>c</b> Rental income or (loss) . . . . .	0 0			
	<b>d</b> Net rental income or (loss) . . . . .	0			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities (ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	7,560 186			
	<b>c</b> Gain or (loss) . . . . .	7,763 540			
	<b>d</b> Net gain or (loss) . . . . .	-203 -354			
	<b>8a</b> Gross income from fundraising events (not including \$ 154,748 of contributions reported on line 1c). See Part IV, line 18 . . . . .	a 44,577			
	<b>b</b> Less: direct expenses . . . . .	b 80,779			
	<b>c</b> Net income or (loss) from fundraising events . . . . .	-36,202			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	a 0			
	<b>b</b> Less: direct expenses . . . . .	b 0			
	<b>c</b> Net income or (loss) from gaming activities . . . . .	0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	a 0				
<b>b</b> Less: cost of goods sold . . . . .	b 0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .	0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11a</b> . . . . .	0				
<b>b</b> . . . . .	0				
<b>c</b> . . . . .	0				
<b>d</b> All other revenue . . . . .	0				
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .	0				
<b>12</b> <b>Total revenue.</b> See instructions . . . . .	20,731,598	0	0	0	

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	10,500	10,500		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	13,522	13,522		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	13,983,181	13,983,181		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,002,971	564,368	387,824	50,779
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7 Other salaries and wages . . . . .	2,626,245	1,411,007	741,790	473,448
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	295,775	168,187	95,684	31,904
10 Payroll taxes . . . . .	254,526	144,048	75,970	34,508
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	34,095		34,095	
c Accounting . . . . .	40,958	325	40,633	
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17	17,275			17,275
f Investment management fees . . . . .	0			
g Other . . . . .	280,375	197,541	79,458	3,376
12 Advertising and promotion . . . . .	36,975	8,021	3,775	25,179
13 Office expenses . . . . .	235,983	68,854	86,195	80,934
14 Information technology . . . . .	116,378	3,530	34,865	77,983
15 Royalties . . . . .	0			
16 Occupancy . . . . .	287,157	15,415	265,735	6,007
17 Travel . . . . .	423,220	277,665	85,970	59,585
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	21,946	6,605	7,467	7,874
20 Interest . . . . .	204		204	
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	20,843	2,763	18,080	0
23 Insurance . . . . .	67,308	7,072	57,600	2,636
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Grants to HWW Subsidiaries . . . . .	201,980	17,471	184,509	
b Other Program Costs . . . . .	156,913	156,913		
c Other Special Event Expenses . . . . .	489			489
d Bank Charges . . . . .	44,701	4,867	34,480	5,354
e Employee Relocation . . . . .	0			
f All other expenses Miscellaneous . . . . .	29,229	7,499	20,604	1,126
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>20,202,749</b>	<b>17,069,354</b>	<b>2,254,938</b>	<b>878,457</b>
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	1,608,728	1	2,085,083
	2 Savings and temporary cash investments . . . . .	614,777	2	633,352
	3 Pledges and grants receivable, net . . . . .	32,888	3	86,715
	4 Accounts receivable, net . . . . .	70,796	4	168,961
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	6	
	7 Notes and loans receivable, net . . . . .	0	7	0
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	1,225,834	9	955,042
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 530,679		
	b Less: accumulated depreciation . . . . .	10b 496,666	10c 35,362	34,013
	11 Investments—publicly traded securities . . . . .	899,743	11	999,316
	12 Investments—other securities. See Part IV, line 11 . . . . .	0	12	0
	13 Investments—program-related. See Part IV, line 11 . . . . .	537,732	13	401,976
	14 Intangible assets . . . . .	0	14	0
	15 Other assets. See Part IV, line 11 . . . . .	42,158	15	0
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,068,018	16	5,364,458	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	208,585	17	141,841
	18 Grants payable . . . . .	0	18	
	19 Deferred revenue . . . . .	1,997,837	19	1,758,803
	20 Tax-exempt bond liabilities . . . . .	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0
	25 Other liabilities. Complete Part X of Schedule D . . . . .	797	25	0
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,207,219	26	1,900,644
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	404,503	27	898,461
	28 Temporarily restricted net assets . . . . .	889,254	28	997,214
	29 Permanently restricted net assets . . . . .	1,567,042	29	1,568,139
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	0	32	0
33 <b>Total net assets or fund balances . . . . .</b>	2,860,799	33	3,463,814	
34 <b>Total liabilities and net assets/fund balances . . . . .</b>	5,068,018	34	5,364,458	

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	X	
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> 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	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: . . . . . <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

HOPE worldwide, LTD

Employer identification number

04-3129839

**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 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	11,255,368	8,454,978	8,003,247	10,155,656	9,267,926	47,137,175
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	11,255,368	8,454,978	8,003,247	10,155,656	9,267,926	47,137,175
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) . . . . .						1,626,426
6 <b>Public support.</b> Subtract line 5 from line 4.						45,510,749

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	11,255,368	8,454,978	8,003,247	10,155,656	9,267,926	47,137,175
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	72,350	32,590	54,626	60,376	37,342	257,284
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	-9,407	15,383	21,134	-29,729	-36,202	-38,821
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						47,355,638
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	3,792,691
13 <b>First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	96.10%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	98.28%
16a <b>33 1/3% support test-2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
b <b>33 1/3% support test-2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test-2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test-2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						0
<b>2</b> 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 . . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .		0				0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</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 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	0	0	0			0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0		0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		



**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II Line 10 Special Events Net Income

Area with horizontal dashed lines for supplemental information.

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

- Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

HOPE worldwide, LTD

Employer identification number

04-3129839

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	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, and enforcing conservation easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in 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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other .....
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV and complete the following table:
- |   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 1c 0   |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f 0   |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 . . . . .	1,567,042	1,120,029			
b Contributions . . . . .	1,096	547,013			
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .		100,000			
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	1,568,138	1,567,042			

- 2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ ..... %
- b Permanent endowment ▶ ..... 100%
- c Term endowment ▶ ..... %

- 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 . . . . .	3a(i)	X
(ii) related organizations . . . . .	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	3b	

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	0		0
b Buildings . . . . .	0	0	0	0
c Leasehold improvements . . . . .	0	2,000	1,759	241
d Equipment . . . . .	0	446,108	412,866	33,242
e Other . . . . .	0	82,571	82,041	530
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				34,013

**Part VII Investments—Other Securities.** 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
Financial derivatives . . . . .	0	
Closely-held equity interests . . . . .	0	
Other . . . . .	0	
. . . . .	0	
. . . . .	0	
. . . . .	0	
. . . . .	0	
. . . . .	0	
. . . . .	0	
. . . . .	0	
. . . . .	0	
. . . . .	0	
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Core Cash and Money Funds	373,281	F
Unexpended Grant funds held in Investment a/c	28,695	F
. . . . .	0	
. . . . .	0	
. . . . .	0	
. . . . .	0	
. . . . .	0	
. . . . .	0	
. . . . .	0	
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	401,976	

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
. . . . .	0
. . . . .	0
. . . . .	0
. . . . .	0
. . . . .	0
. . . . .	0
. . . . .	0
. . . . .	0
. . . . .	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	0
Intercompany Payables	0
. . . . .	0
. . . . .	0
. . . . .	0
. . . . .	0
. . . . .	0
. . . . .	0
. . . . .	0
. . . . .	0
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

**2. FIN 48 Footnote.** In Part XIV, 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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,731,598
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,202,749
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	528,849
4	Net unrealized gains (losses) on investments	4	74,164
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	74,164
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	603,013

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	20,875,778
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	74,164
b	Donated services and use of facilities	2b	32,073
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	37,943
e	Add lines 2a through 2d	2e	144,180
3	Subtract line 2e from line 1	3	20,731,598
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,731,598

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	20,272,764
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	32,073
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	37,943
e	Add lines 2a through 2d	2e	70,016
3	Subtract line 2e from line 1	3	20,202,748
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	20,202,748

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V Line 4 Net cumm positive earnings of perm endow amts are to be used as follows:

Earnings from \$876,838 for agency programs ; Earnings from \$ 27,414 for orphans and other

disadvantaged children in Eastern Europe and Balkan States ; Earnings from \$28,117 for

medical programs of the Sihanouk Hospital ; Earnings from \$635,769 for use in Cambodian

programs

Part X FIN 48 Footnote : U.S. GAAP requires entities to evaluate, measure, recognize and

disclose any uncertain income tax positions taken on their income tax returns. Management

**Part XIV** Supplemental Information *(continued)*

has evaluated the impact of this standard ( which became effective in 2009) on its

financials statements and believes that there are no uncertain tax positions and the

effects of adopting this standard are not material to the agency's financial position or

statements and change in net assets.

Part XII Line 2d Expenses moved to revenue - for special events reporting.

Part XIII Line 2d Expenses moved to revenue - for special events reporting.

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

HOPE worldwide, LTD

Employer identification number

04-3129839

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	3	18	Prg Mgmt and Services	Health	53,008
Central America and the Caribbean	3	18	Prg Mgmt and Services	Outreach	101,827
East Asia and the Pacific	26	640	Prg Mgmt and Services	Children	97,328
East Asia and the Pacific	26	640	Prg Mgmt and Services	Education	328,681
East Asia and the Pacific	26	640	Prg Mgmt and Services	Health	9,626,581
East Asia and the Pacific	26	640	Prg Mgmt and Services	Outreach	448,902
Europe	2	31	Prg Mgmt and Services	Health	1,100
Europe	2	31	Prg Mgmt and Services	Outreach	24,750
North America	2	12	Prg Mgmt and Services	Health	3,000
Russia and the Newly Independent States	7	18	Prg Mgmt and Services	Children	110,480
South America	3	19	Prg Mgmt and Services	Health	50,864
South America	3	19	Prg Mgmt and Services	Outreach	32,098
South Asia	26	682	Prg Mgmt and Services	Children	350,430
South Asia	26	682	Prg Mgmt and Services	Education	285,879
South Asia	26	682	Prg Mgmt and Services	Employment	5,270
South Asia	26	682	Prg Mgmt and Services	Health	755,768
Sub-Saharan Africa	49	272	Prg Mgmt and Services	Children	404,931
<b>Totals</b>	<b>282</b>	<b>5,726</b>			<b>12,680,897</b>

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

Schedule F (Form 990) 2009

(HTA)

**Part II**

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐

Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Central America and the Caribbean	Education Programs	2,674	Wire Transfer	50,334	Medical Equip	Other
			Central America and the Caribbean	Outreach Programs	4,827	Wire Transfer	97,000	Medical Supplies	Other
			East Asia and the Pacific	Childrens Programs	20,882	Wire Transfer	76,446	Medical Supplies	Other
			East Asia and the Pacific	Education Programs	316,680	Wire Transfer	0		
			East Asia and the Pacific	Health Programs	467,317	Wire Transfer	8,881,879	Medical Supplies	Other
			East Asia and the Pacific	Outreach Programs	531,571	Wire Transfer	0		
			Russia and the Newly Independent South America	Childrens Programs	110,424	Wire Transfer	0		
			South America	Health Programs	50,400	Wire Transfer	0		
			South America	Outreach Programs	31,090	Wire Transfer	0		
			South Asia	Childrens Programs	273,617	Wire Transfer	0		
			South Asia	Education Programs	285,879	Wire Transfer	0		
			South Asia	Employment Programs	5,270	Wire Transfer	0		
			South Asia	Health Programs	676,551	Wire Transfer	0		
			Sub-Saharan Africa	Childrens Programs	376,794	Wire Transfer	0		
			Sub-Saharan Africa	Education Programs	17,638	Wire Transfer	0		
			Sub-Saharan Africa	Health Programs	257,157	Wire Transfer	1,419,437	Medical Supplies	Other

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ☐ 25

**3** Enter total number of other organizations or entities. ☐ 0



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

**Part IV** **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

Part II Line 2 Eligibility for grants or assistance is based on actual funds received by

donors for the respective programs. Program directors and accountants ensure that these

funds are used to fulfill the restriction. All grants were made to HWW Affiliates or

associated international organizations with which we have ongoing relationships.

**Department of the Treasury**  
**Internal Revenue Service**

▶ Attach to Form 990 to list additional information for Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.

▶ See instructions for Schedule F (Form 990).

2009

Employer identification number
04-3129839

Schedule F-1 (Form 990) 2009

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990). Part II, line 1)[illegible]

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization

HOPE worldwide, LTD

Employer identification number

04-3129839

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to 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 ten 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 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			
Brewer Direct	See Schedule O		X	24,054	12,500	11,554
The Stolberg Group	See Schedule O		X	33,640	4,775	28,865
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
<b>Total</b>				57,694	17,275	40,419

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

All States

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Harvest Walk (event type)	(b) Event #2 Golf/Auction (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	66,570	62,635	70,120	199,325
	2 Less: Charitable contributions . . . . .	66,570	25,218	62,960	154,748
	3 Gross income (line 1 minus line 2) . . . . .	0	37,417	7,160	44,577
Direct Expenses	4 Cash prizes . . . . .	0	0	0	0
	5 Noncash prizes . . . . .	0	0	1,796	1,796
	6 Rent/facility costs . . . . .	0	0	5,140	5,140
	7 Food and beverages . . . . .	159	6,711	3,154	10,024
	8 Entertainment . . . . .	0	0	0	0
	9 Other direct expenses . . . . .	16,253	33,932	13,634	63,819
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 80,779)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				-36,202

**Part III Gaming.** Complete if the organization answered "Yes" to 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 . . . . .				0
Direct Expenses	2 Cash prizes . . . . .				0
	3 Noncash prizes . . . . .				0
	4 Rent/facility costs . . . . .				0
	5 Other direct expenses . . . . .				0
	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) . . . . . ▶				( 0)
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				0

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," explain: _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _____	10a	
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
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? . . . . .	12	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► .....		
	Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ► .....		
	Address ► .....		
<b>16</b>	Gaming manager information:		
	Name ► .....		
	Gaming manager compensation ► \$ ..... 0		
	Description of services provided ► .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</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 III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Toy Drive Donation	1	25	0		
Gift Cards for Foster Care Teens at DCF Party	100	5,000	0		
Seahawks Tickets for academy students as incentive	68	0	2,516	Book	Game Tickets
Clothing for Needy Children	10	0	143	Book	Clothing
Purchase new tires for single mom of 3	1	0	222	Book	New Tires
Scholarships for college expenses for foster teens	2	3,000	0		
Food for Needy Family	1	0	61	Book	Food

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I Line 2 Eligibility for grants or assistance is based on actual funds received by donors for the

respective programs. Program directors and accountants ensure that these funds

are used to fulfill the restriction.

**Part II**

**Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)**

[illegible]

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

HOPE worldwide, LTD

Employer identification number

04-3129839

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

<b>Part II</b>	<b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.</b>
----------------	---

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

Name of the organization

HOPE worldwide. LTD

Employer Identification number

04-3129839

**Part I** **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)**

[illegible]

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

Schedule J-1 (Form 990) 2009

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
**HOPE worldwide, LTD**

Employer identification number  
**04-3129839**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		3,048	Fair Market Value
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	3	9,118	Fair Market Value
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 . . . . .	X	14	3,040	Fair Market Value
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	23	10,475,366	Red Book
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>Program Supplie</u> ) . . . . .	X	19	66,482	Fair Market Value
26 Other ► ( <u>Entertainment</u> ) . . . . .	X	57	19,635	Fair Market Value
27 Other ► ( <u>Special Event St</u> ) . . . . .	X	2	200	Fair Market Value
28 Other ► ( <u>Travel</u> ) . . . . .	X	1	197	Fair Market Value

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** 0

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard contributions? . . . . .	X	
32 a 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 did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOPE worldwide, LTD

**Supplemental Information to Form 990**

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

▶ Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Employer identification number

04-3129839

Form 990, Part III, Line 4d: Program Service Expenses: 1,358,951, Grants and allocations: 711,134,

Revenue: 1,226,782 Outreach - We recruit, motivate, train and mobilize volunteers around the world

to deliver critically needed information and services that support ongoing health, education,

development and care programs. Global outreach strives to inspire ongoing volunteer participation

to help meet the physical and emotional needs of disadvantaged children and adults.

Form 990, Part III, Line 4d: Program Service Expenses: 5,270, Grants and allocations: 5,270,

Revenue: 6,545 Employment - We create opportunities for the newly trained and for the

disadvantaged to find sustainable employment to support themselves and their families.

Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue: 2,125

Seniors - We help seniors age with dignity, respect and security by providing them with friendship

and by meeting their personal needs through senior centers and home visits.

Form 990 Part VI Section B Line 11a The Chief Accounting Officer reviews the form 990 and its

related documentation. The CEO reviews it as well - then a draft of the 990 is provided to the audit

committee for their review. The board is aware that a review of the form 990 is required before

submission.

Form 990 Part VI Section B Line 12c Board is trained to observe and abstain in meetings with known

conflicts disclosed.

Form 990 Part VI Section C Line 19 The organization makes its governing documents, conflict of

interest policy, and financial statements available in the organization's Public Inspection File.

Form 990 Part XI Line 2a The organization's financials were audited on a consolidated basis

Form 990 Part VI Section B Line 15b HOPE worldwide uses the "Hay Guide Chart" Method of Job

Evaluation System. Jobs are evaluated using data obtained from job descriptions prepared by the

position's supervisor and the job incumbent (if the position is already filled) or the board. The

resulting job sizing structure provides an internal hierarchy of jobs based on the content. Based on

job sizes and market salary information, the Human Resources Director will establish salary levels

and median salaries for each range. The supervisor may then determine the employee's salary within

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

(HTA)

Schedule O (Form 990) 2009

Name of the organization

Employer identification number

HOPE worldwide, LTD

04-3129839

the prescribed range based on the employee's qualifications and budget restraints.

Form 990 Part V Line 3b The organization does not need to file the form 990-T this year because it

did not have any unrelated business income in 2009. In 2007 the organization sold its building which

was debt financed - and which used to get rented out. Since the building was sold in 2007 - we have

not had UBIT to report as in other years.

Form 990 Part VI Section A Line 2 Robert and Patricia Gempel are spouses

Form 990 Part VI Section A Line 6 There is only one class of members and all have the same rights to

elect the members of the governing body and to approve significant decisions of the governing body.

Form 990

Schedule G Part I Line 2b(ii) Brewer Direct activities include: Advise/consult on direct mail

fundraising and marketing; coordinate campaigns; perform data analysis on public solicitations. The

Stolberg Group activities include : Advise/consult on direct mail fundraising as well as coordinate

the campaigns

HOPE worldwide, LTD

Employer identification number

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

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

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
					0	0			0	
					0	0			0	
					0	0			0	
					0	0			0	
					0	0			0	
					0	0			0	
					0	0			0	
					0	0			0	
					0	0			0	
					0	0			0	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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?

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

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 other organization	(b) Transaction type (a-f)	(c) Amount involved
(1)			0
(2)			0
(3)			0
(4)			0
(5)			0
(6)			0





**Part V, Line 4b (990) - Authority over a Financial Account in a Foreign Country**

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)?	
If "Yes," enter the name of the foreign country	
1	South Africa
2	India
3	
4	
5	
6	
7	
8	
9	
10	



**Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed**

<input type="checkbox"/> Armed Forces the Americas	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> Palau
<input type="checkbox"/> Armed Forces Europe	<input checked="" type="checkbox"/> Massachusetts	<input checked="" type="checkbox"/> Rhode Island
<input checked="" type="checkbox"/> Alaska	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> South Carolina
<input checked="" type="checkbox"/> Alabama	<input type="checkbox"/> Maine	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Marshall Islands	<input checked="" type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Arkansas	<input checked="" type="checkbox"/> Michigan	<input type="checkbox"/> Texas
<input type="checkbox"/> American Samoa	<input checked="" type="checkbox"/> Minnesota	<input checked="" type="checkbox"/> Utah
<input checked="" type="checkbox"/> Arizona	<input type="checkbox"/> Missouri	<input checked="" type="checkbox"/> Virginia
<input checked="" type="checkbox"/> California	<input type="checkbox"/> Commonwealth of the Northern Mariana Islands	<input type="checkbox"/> U.S. Virgin Islands
<input checked="" type="checkbox"/> Colorado	<input checked="" type="checkbox"/> Mississippi	<input type="checkbox"/> Vermont
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Montana	<input checked="" type="checkbox"/> Washington
<input checked="" type="checkbox"/> District of Columbia	<input checked="" type="checkbox"/> North Carolina	<input checked="" type="checkbox"/> Wisconsin
<input type="checkbox"/> Delaware	<input checked="" type="checkbox"/> North Dakota	<input checked="" type="checkbox"/> West Virginia
<input checked="" type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Federated States of Micronesia	<input checked="" type="checkbox"/> New Hampshire	
<input checked="" type="checkbox"/> Georgia	<input checked="" type="checkbox"/> New Jersey	
<input type="checkbox"/> Guam	<input checked="" type="checkbox"/> New Mexico	
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	
<input type="checkbox"/> Iowa	<input checked="" type="checkbox"/> New York	
<input type="checkbox"/> Idaho	<input checked="" type="checkbox"/> Ohio	
<input checked="" type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Oklahoma	
<input type="checkbox"/> Indiana	<input checked="" type="checkbox"/> Oregon	
<input checked="" type="checkbox"/> Kansas	<input checked="" type="checkbox"/> Pennsylvania	
<input checked="" type="checkbox"/> Kentucky	<input type="checkbox"/> Puerto Rico	