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Form **990**

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)

OMB No. 1545-0047

2011

Cepartment of the Treasury Internal Revenue Service

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

Open to Public Inspection

		2011 calendar year, or tax year beginning ,	2011, and endi	ng	, 20								
	Check if applicable	C Name of organization SowHope.org		D Employer ic	lentification number								
E T	Address c	Doing Business As SowHope		14-19468	49								
П۰	Name cha	nge Number and street (or P O box if mail is not delivered to street address)	Room/Suite	E Telephone nu	umber								
	nıtıal retu	P.O. Box 234		(616)433	-1575								
П	rerminate			G Gross									
H	Amended	D = 1. C 1 NT 40041		receipts \$	204,258								
\vdash	Applicatio		H(a) Is this a c	group return for affiliate									
П,	фриссио	See attachment #1] ' '	filiates included?	Yes No								
7.7	Tay-eye	mpt status. X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527	⊣ ``	attach a list (see instru									
		: ► WWW.sowhope.org	┥	emption number	Sionsy								
				0000	te of legal domicile MI								
			ear of formation	ZUUU IVI Sia	te of legal domicile MI								
, • [a	art Summary 1 Briefly describe the organization's mission or most significant activities.												
	L'		bing mal	1222	d., a a + i a n								
Ą	1,0												
ACT-V	<u>g an</u>	d economic opportunities.											
į, į	2 3 4 5												
ĭ	E 2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of			S								
Ţį	N 3	Number of voting members of the governing body (Part VI, line 1a) $ \ldots \ldots$			9								
I I I	A 4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9								
S	Ç 5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	1								
8.	6 6	Total number of volunteers (estimate if necessary)		6	35								
ಡ್ಡ	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a									
2012	Ь	Net unrelated business taxable income from Form 990 Film 34 LIVED		7b	0								
~				Prior Year	Current Year								
JUL 18	8	Contributions and grants (Part VIII, line 1h)	ပ္တု 🗀	122,083	204,163								
`, ⊻	9	Program service revenue (Part VIII, line 2g) $\frac{\varphi}{\varphi}$ JUL. 1.2. 2012	<u>ق ا</u>										
コ だ	10	Investment income (Part VIII, column (A), lines 3, 44, and 7d)	HS:OSC	61	95								
آ آ	11												
മ്	12	Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c, 16crand 11p). 1 1.T Total revenue add lines 8 through 11 (must equal Part VIII, column (A) line 12	, i	122,144	204,258								
<u>m</u> —	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,810	101,940								
ANNED JUL	14	Benefits paid to or for members (Part IX, column (A), line 4)		4,872	101, 540								
₹ 5	17			43,060	59,391								
EXPENSE OF THE PROPERTY OF THE	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		43,000	39,391								
KS E	Ioa	Professional fundraising fees (Part IX, column (A), line 11e)											
<u>s</u>	1.0	Total fundraising expenses (Part IX, column (D), line 25) 6, 12		# 1 Jah	<u> </u>								
S E S	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		23,893	26,195								
_	- 1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· · · ·	107,635	187,526								
	19	Revenue less expenses. Subtract line 18 from line 12	··	14,509	16,732								
E O	B 20			g of Current Year	End of Year								
Α	20	Total assets (Part X, line 16)		84,765	178,892								
∯ SOEF FUZ	21 22 22	Total liabilities (Part X, line 26)		18,383	95,777								
\$ D	S 22	Net assets or fund balances. Subtract line 21 from line 20	i	66,382	83,115								
₽,a	ițtili:	Signature Block											
		s of perjury, I declare that I have examined this return, including accompanying schedules and statements, ar nplete Declaration of preparer (other than officer) is based on all information of which preparer has any know		knowledge and belief, it	is true,								
	ci, and cc	inplete Declaration of preparer (office than officer) is based on an information of which preparer has any know											
		Nary Douley From			6/12/2012								
Sig	-	Signature of officer			Date								
He	re	Mary Dailey Brown Pres	sident										
		Type or print name and title											
			ate	Check X If	PTIN								
Pai			5-13-201	2 self-employed	I								
	pare	Time to the state of the contract of the state of	ervice F	ırm's EIN ▶									
Us	e Onl	Firm's address ▶ 1500 Kelly Lane		Phone no									
		Lowell MI 49331	(616) 682-0	0540								
May	the IR	6 discuss this return with the preparer shown above? (see instructions)			X Yes No								
		vork Reduction Act Notice, see the separate instructions.		<u> </u>	Form 990 (2011)								

Form	990 (2011) SowHope.org 14-1946849	Page 2
Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1		·
	To inspire women around the world by promoting wellness, educatio	n,
	and economic opportunities.	
2	_	67
	the prior Form 990 or 990-EZ?	XI 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	E Z
	services? Yes	XI NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 43,104 including grants of \$ 23,727) (Revenue \$)
	See attachment #2	·
	/o \/n	
40	(Code) (Expenses \$ 38,624 including grants of \$ 22,673) (Revenue \$	
		
		
4c	(Code) (Expenses \$ 92,821 including grants of \$ 55,540) (Revenue \$)
Δd	Other program services (Describe in Schedule O.)	
Tu	(Expenses \$ including grants of \$) (Revenue \$)	
4 0	Total program service expenses ► 174,549	

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," Χ complete Schedule A 1 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete 6 Χ Schedule D, Part I 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х 8 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 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Χ permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V....... 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule 11a Χ b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Χ 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX..... 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X, X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.... 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, & program service activities outside the United States, or aggregate foreign investments 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization Χ or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 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, Parts III and IV Χ 16 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 (see instructions)...... X 17 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..... Χ 18 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 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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Checklist of Required Schedules (continued)

Part IV

٠,			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			37
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22		v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			v
.	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	0.4-		37
	Schedule K. If "No," go to line 25	24a		X
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a			37
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"]]		3.5
	complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	ا 🗻 ا		v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of			v
~~	any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			3.7
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			37
_	Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	20-		v
20	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		$\frac{X}{X}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		v
31	conservation contributions? If ``Yes," complete Schedule M	30		<u>X</u>
31		31	: 1	Х
32	Part I	31		
32		32		Х
33	Schedule N, Part II	32		
55	sections 301.7701-2 and 301.7701-3? If ``Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
•	III, IV, and V, line 1	34	ł	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		- 550		-21
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	- 555		
	organization? If "Yes," complete Schedule R, Part V, line 2	36	j	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	İ	Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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ran				г
	Check if Schedule O contains a response to any question in this Part V	••••		Щ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			l
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0]		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			1
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			l
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1		.]	ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	`
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Г
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		\neg	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If ``Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	- 1	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-+	<u> </u>
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	-50	$\overline{}$	$\vdash \vdash$
6a	solicit any contributions that were not tax deductible?	ا ـ ء ا		v
	•	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ا م ا		ĺ
_	gifts were not tax deductible?	6b	\longrightarrow	 -
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	ļ	
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	i i		
	required to file Form 8282?	7c	\longrightarrow	X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ĺ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			1
	business holdings at any time during the year?	8		L .
9	Sponsoring organizations maintaining donor advised funds.	l I		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations.Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	ļ	
11	Section 501(c)(12) organizations.Enter:	1		
а	Gross income from members or shareholders	1 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	1	l	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? N/A	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		j	
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	\dashv	
•	Note. See the instructions for additional information the organization must report on Schedule O.		-	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		j	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\dashv	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $0, \dots, N/A$	14a	\dashv	Λ
b	in the state of the first tensor for the second of the first A . The state of A is the second of the second o			

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organization: ▶ See attachment #3

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to Part VI line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, b or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Χ 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Χ organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./A 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors or trustees, and key employees required to disclose annually interests that could give nse to conflicts? 12b Χ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c X 13 13 X 14 14 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? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 16a Χ with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? N/A 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > MI 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the

Form	agn	(2011)

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Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the orga (A) Name and Title	(B) Average hours per Week (T.S.) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	(describe hours for related organiza- tions in Schedule O)	DUR USE VET DE	- COA	OFF-CER	K E M P L O Y E E	EMPLOYEE COMPESSATED	⊩OR ≥ ⊞R	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Mary Dailey Brown President	50.00			Х		х		55 , 088	0	0
Diana Sharp Board Chair Ruth Posthumus	4.00	Х						o	0	0
Ruth Posthumus Board Vice Chair David Crawford Board & Corporate	2.00	х						0	0	o
Treasurer Wes Miller	3.00	Х		Х				0	o	o
Board Secretary Dr Robert Cunningham	2.00	Х		Х				0	0	o
Board Member David Kelson	1.00	Х						o	О	o
Board Member David Kelson	1.00	Х						o	o	o
Board Member Alfred Longtin	2.00	X			!			o	o I	o
Board Member Melissa Miller	2.00	Х					į	0	o	o
Board Member	2.00	X						0	0	0
		:								

Name and title Average Name Average Name Name		l)	mployees(continued	est Compensated E	High	ees, and	nploye	ey En	ees, K	s, Trust	, Director:	Section A. Officers	Part VII		
Compensation Comp	(F) Estimated amount of		Reportable	Reportable Reportable			(do not check more than one box, unless person is both an					Name and title			
1b Sub-total c Total from continuation sheets to Part VII, Section A. d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a² if "Yes," complete Schedule J for such individual 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 urrelated organization or individual 4 For any individual listed on line 1a receive or accrue compensation from any urrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any urrelated organization or individual 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation from the organization's (including but not limited to those listed above) who received more than \$100,000 of Compensation from the organization's fire the calendar year ending with or within the organization's tax year. (B) Description of services Compensation from the organization of the calendar to those listed above) who received more than \$100,000 of Compensation from the organization's tax year.	other compensation from the rganization and related rganizations	comp fro orga and	organizations	the organization	O R M E	H C E M P H P E N S E T E	K E E M Y P L			T R R R C T O C	(describe hours for related organiza- tions in Schedule				
c Total from continuation sheets to Part VII, Section A.											57				
d Total (add lines 1b and 1c)			0	55088	>	L	<u> </u>		<u> </u>			-total	1b Sul		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation the organization ▶ Ye		0		F. C. C. C.	. ▶					-					
from the organization Ye	mpensation	le comp	<u> ∪</u> \$100,000 of reportab												
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 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		·	· · · · · · · · · · · · · · · · · · ·	- 								•			
on line 1a? If ``Yes," complete Schedule J for such individual 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 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If ``Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation of services Compensation of the calendar year ending with or year.	Yes 1		tad amplayaa	e highost somnonost			.			Saar din	formar all	ha arganization hat anno	2 Did		
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	3 }	3		-		-						-			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person															
services rendered to the organization? If "Yes," complete Schedule J for such person	4 >	4								-		_	_		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	5 2	5													
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than															
(A) Name and business address Description of services Compensati										•	_	•			
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than			n the organization's t		r yea	calenda	for the	ation	mpens	eport co		pensation from the organ	con		
			ervices	• •						address		Name and			
								<u> </u>							
															
\$100,000 of compensation from the organization			ed more than	above) who receive	e listed	l to those	limited	ıt not	-	-					

Page 9

<u> </u>		Statement of Rever	iue					
Ţ					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
G O	1a	Federated campaigns		1a				
G O C I T O F H		Membership dues		1b	7			
OFH NTE TSR	ءَ ا	Fundraising events		1c	╡		1	
T 5 "	ہ ا				-			
i R	"	Related organizations	<u> </u>	1d	-		}	}
R G R M I L	e	Government grants (contril	putions)	1e	4			
T S R	f	All other contributions, gifts						
OA	1	similar amounts not include	ed above L	1f 204,163	_			
OAAMS	9	Noncesh contributions included in li		\$				
5 - j	h	Total. Add lines 1a-1f	<u></u>	<u></u>	204,163		l	l
P				Business Code	•			
R O S	2a							
ĞĒ	b							
RRR	c			_				
GE RRR AVE	d							
"CE	e			_				
ËN		All other program service r	evenue					
U E						·		
<u>-</u> -	3	Investment income (includi				-		
	"				1	0.5		
		other similar amounts)			95	95		
	4	Income from investment of	•	•			·	
	5	Royalties						
			(i) Real	(ii) Personal	_	İ	İ	
		Gross Rents				1		
	b	Less ⁻ rental expenses						
	С	Rental income or (loss)			_	<u> </u>	İ	
	d	Net rental income or (loss)		<u>.</u>				
		0	(i) Secunties	(II) Other				
	/a	Gross amount from sales of assets other than						
		inventory						
	ь	Less: cost or other basis			7			
		and sales expenses						
0	l c	Gain or (loss)		· · · · · · · · · · · · · · · · · · ·	7			
T)	Net gain or (loss)			1			
H		Gross income from fundral				· · · · · · · · · · · · · · · · · · ·		
R	"	events (not including \$	5g					
•••		of contributions reported or	lino 1c)	-				
R		See Part IV, line 18				ļ		
Ε	١.			a b	\dashv	}		
V		Less: direct expenses			4	{		}
E N	ı	Net income or (loss) from for	•	ts ▶				
Ü	ya	Gross income from gaming		-				
Ĕ	١.	Part IV, line 19		a	4			
	i .	Less: direct expenses		b	_	ļ		
	ľ	Net income or (loss) from g		··· <u>····</u>			<u></u>	
	10a	Gross sales of inventory, le	ess		1			
		returns and allowances		a	_]			
	b	Less: cost of goods sold		b				
	С	Net income or (loss) from s	ales of inventory	/ .				
		Miscellaneous Rev	venue	Business Code				
	11a				7			
	ь							
	С				1			
		All other revenue			 			
		Total. Add lines 11a-11d						
	1	Total revenue See instruc			204 258	95		

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).

	t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
, 8b	, 9b, and 10b of Part VIII.	. Oldi Oxponoso	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	1			
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,		İ		
	organizations, and individuals outside the	1		}	
	United States. See Part IV, lines 15 and 16	101,940	101,940		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	55,088	50,681	4,407	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			ļ	
8	Pension plan accruals and contributions (include section				
_	401(k) and 403(b) employer contributions)				
9	Other employee benefits	89	53	36	
0	Payroll taxes	4,214	3,877	337	
1	Fees for services (non-employees):				
a	Management				
þ	Legal				
C	Accounting				
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses	5,576	5,018	558	
\$ -	Information technology	361	297	64	
5	Royalties				
6 7	Occupancy				
	Travel	12,658	11,314	1,344	
В	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	6,120			6,120
) 1	Interest				
1 2	Payments to affiliates		-	 	
2 3	•			-	
5 \$	Insurance			·	
*	(List miscellaneous expenses in line 24e. If line 24e		1	1	
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on Schedule O.)				
а	Merchant Service Fees	1,176	1,176	 	 ,
a b	Miscellaneous	1,176	78	111	
C	Wire Transfer Fees	115	115	111	
d	TILC IIIIIDICI ICED	113	113	 -	
e	All other expenses		 	 	
e 5	Total functional expenses. Add lines 1 through 24e	107 526	174 540	6 057	6,120
<u>-</u>	Joint costs. Complete this line only if the organization	187,526	174,549	6,857	0,120
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

SowHope.org 14-1946849 Form 990 (2011) **Balance Sheet** Part X (A) (B) Beginning of year End of year 84,765 1 65,950 Cash - non-interest-bearing 2 112,942 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations ASSETS 6 of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D...... 10a 10b 10c 11 Investments – publicly traded securities 11 12 13 Investments – program-related. See Part IV, line 11 13 14 **14** Intangible assets 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 84,765 16 178,892 153 17 617 18 Grants payable 16,960 18 89,250 19 **19** Deferred revenue 20 20 Tax-exempt bond liabilities A B 21 Escrow or custodial account liability. Complete Part IV of Schedule D....... 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties 23 Ε 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 1,270 5,910 26 Total liabilities. Add lines 17 through 25 18,383 26 95,777 Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27

FUND NET ASSETS В ALANCE O R

AVL

28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here > X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds

31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances

30 31 66,382 32 83,115 66,382 33 83,115 84,765 34 178,892

28

29

Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>	· · · · · ·		\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		204,	258	
2	Total expenses (must equal Part IX, column (A), line 25)	2		187,		
3	Revenue less expenses. Subtract line 2 from line 1	3			732	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			382	
5	Other changes in net assets or fund balances (explain in Schedule O)	5				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					_
	column (B))	6		83,	115	
Pai	t XII Financial Statements and Reporting	·		<u></u>		
	Check if Schedule O contains a response to any question in this Part XII					П
					Yes	N
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain	_				
	in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \dots			2a		X
	Were the organization's financial statements audited by an independent accountant?			2b		X
C	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	audit, review, or compilation of its financial statements and selection of an independent accountant? \dots		.N./A	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss	sued on	1			
	a separate basis, consolidated basis, or both:					1
	Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					İ
	the Single Audit Act and OMB Circular A-133?	<i>.</i>		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .		.Ņ./A	3b		
Α	11 99012 TWF 990 Copyright Forms (Software Only) - 2011 TW			Form !	990	(20

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Employer identification number Name of the organization 14-1946849 SowHope.org 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.) 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). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 c Type III-Functionally integrated b | Type it d | Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (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? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (vi) is the (i) Name of supported (ii) EIN (vii) Amount of (iV) is the organization (V) Did you notify the (iii) Type of organization organization in col (i) organization (described on lines 1-9 ın col (İ)lısted ın your organization in col support organized in the above or IRC section governing document? of your support? US? (see instructions)) Yes Yes Yes No

Total

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

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

Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b)2008	(c)2009	(d)2010	(e) 2011	(f)Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any ``unusual grants.")	78,811	197,110	108,721	122,083	204,000	710,725
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	10000000					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	78,811	197,110	108,721	122,083	204,000	710,725
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>				710,725
Sec	tion B. Total Support		<u></u>	 			
Cald	endar year (or fiscal year beginning in)	(a) 2007	(b)2008	(c)2009	(d)2010	(e)2011	(f) Total
7	Amounts from line 4	78,811	197,110	108,721	122,083	204,000	710,725
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	239	1,001	231	61	95	1,627
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						712,352
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the org organization, check this box and stop here	janization's firs	t, second, third, t	ourth, or fifth tax	year as a sectio	n 501(c)(3)	▶ [
Sec	tion C. Computation of Public Supp	port Percen	tage				
14	Public support percentage for 2011 (line 6, co		•			14	99.77 %
15	Public support percentage from 2010 Schedu	le A, Part II, Im	e 14			15	99.73 %
16a	33 1/3 % support test – 2011. If the organization qualifies as						
b	33 1/3 % support test 2010. If the organization qualified box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test – 2011. more, and if the organization meets the ``facts organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization meets the ``facts-and-circumstance organization organ	s-and-circumsta	ances" test, chec	k this box and	stop here.Expla	ain in Part IV ho	w the
b	10%-facts-and-circumstances test 2010. more, and if the organization meets the "facts	s-and-circumsta	ances" test, chec	k this box and	stop here.Expla	sin in Part IV ho	w the
	organization meets the "facts-and-circumstan	ices" test The	omanization dua	umes as a nublic	MA DAMANUE VE	コロフラびへの	P
18	Private foundation. If the organization did no		•	•			F-

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2011

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

▶ Attach to Form 990. ▶ See separate instructions. **Employer identification number**

		4-1	9468	349				_
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or AccountsCom	ıplete i	if					
	the organization answered "Yes" to Form 990, Part IV, line 6							
	(a) Donor advised funds	(b)Fi	unds a	nd other	acco	unts		_
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?				∏ Ye	96	П	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us			••	י. י	,,,	П	
·	for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose cor		-					
	impermissible private benefit?		-		∏Υe	.	П	No
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,							<u></u>
1	Purpose(s) of conservation easements held by the organization (check all that apply)							
•	Preservation of land for public use (e.g., recreation or education)	of an h	ietorio	ally imn	ortant	land	2502	
	Protection of natural habitat Preservation						aicc	2
	Preservation of open space	oi a ce	i uncu	HISTORIC	Siluci	uie		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	2 0000	oniotic	ND.				
-	easement on the last day of the tax year	a Wils	ei vauc	<i>/</i> 11				
	easement on the last day of the lax year	Т	11-14					—
_	Total number of concentation concents	2a	neiu	et the End	or trie	ax rea	ar .	—
a h	Total account most rated by conservation easements	2b						—
	Total acreage restricted by conservation easements	2c				—–		—
ن	Number of conservation easements on a certified historic structure included in (a)	20						—
a	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic	أيما						
•	structure listed in the National Register.	2d	-4m d		- t-u			—
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	iyanız	alion u	unny un	e lax			
4	Number of states where property subject to concentration occurrent is located.							
-	Number of states where property subject to conservation easement is located	lotiona	and					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of vio			ſ	7 v.		П	NI.
e	enforcement of the conservation easements it holds?			·	Ye	15	Ш	NO
6 7								-
8	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h).			<u> </u>				
•)(4)(D)	(1)	Ī	7 v.		П	Na
•	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense s	 tatama	ont on	· [Ye	13	Ш	No
9								
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	s wat t	uesciil	63				
Par	the organization's accounting for conservation easements. It III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Asset							—
<u> </u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	.						
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme	nt and	haland	o choo	work	e of		—
	art, historical treasures, or other similar assets held for public exhibition, education, or research in further							
	in Part XIV, the text of the footnote to its financial statements that describes these items.		•		•	,		
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement as	nd hal	ance si	heet wo	rks of	art		
_	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of pu	ıblic se	rvice, p	rovide	u.t.,		
	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		S					_
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g		•					_
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	,, PI	J.140 1					
а	Revenues included in Form 990, Part VIII, line 1		. \$					
	Assets included in Form 990, Part X		• \$					_
~		• •	- 4					

Sche	edule D (Form 990) 2011					Page 2
Pai	rt III Organizations Maintain	ing Collections o	f Art, Historical T	reasures, or Other Sim	illar Assets(continued)	
3	Using the organization's acquisition tems (check all that apply):	on, accession, and	other records, ch	eck any of the following	that are a significant use o	of its collection
а	Public exhibition			d Loan or exchange	programs	
b	Scholarly research			e Other	. 5	
С	Preservation for future genera	ations		LJ		
4	Provide a description of the organ		ns and explain hov	v they further the organiz	zation's exempt purpose ir	1
	Part XIV.					
5	During the year, did the organizat	tion solicit or receiv	e donations of art	, historical treasures, or	other similar	
	assets to be sold to raise funds ra	ther than to be ma	untained as part o	f the organization's colle	ction?	Yes No
Pai	rt IV Escrow and Custodial A	Arrangements.Co	mplete if the orgai	nization answered "Yes	' to Form 990,	
	Part IV, line 9, or reported	d an amount on Fo	rm 990, Part X, lir	ne 21.		
1a b	Is the organization an agent, trust included on Form 990, Part X? . If "Yes," explain the arrangement					Yes No
					A	mount
C	Beginning balance				1c	
đ	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an ar		υ, Part X, line 21?	• • • • • • • • • • • • • • • • • • • •		. Yes No
b Dai	rt V Endowment Funds. Con			'Wastas Form 000 Dank	N/ line 10	
rai	<u> </u>	·	1			(e) Four years back
1a	Beginning of year balance	(a) Current year	(b)Prior yea	(C) I WO years ba	CK (d) Thee years back	(e) rour years back
b	Contributions					
c	Net investment earnings,		 	····		
•	gains, and losses					
d	Grants or scholarships					
9	Other expenditures for					
	facilities and programs					
f	Administrative expenses					
g	End of year balance		· ·			
2	Provide the estimated percentage	of the current year	r end balance (lin	e 1g, column (a)) held as	s:	<u> </u>
а	Board designated or quasi-endow		%			
b	Permanent endowment >	%	<u></u>			
C	Temporarily restricted endowmen	it ▶	%			
	The percentages in lines 2a, 2b, a	and 2c should equa	al 100%.			
3a	Are there endowment funds not in	the possession of	f the organization	that are held and admini	stered for the	
	organization by·					Yes No
	(i) unrelated organizations					3a(i)
	•					3a(ii)
þ	If "Yes" to 3a(ii), are the related of	organizations listed	l as required on So	chedule R?		. 3b
_	Describe in Part XIV the intended				<u>.</u>	
Pai	rt VI Land, Buildings, and					
	Description of property	' '	st or other basis	(b) Cost or other	(c) Accumulated	(d)Book value
	No. of the second secon	`	investment)	basis (other)	depreciation	
1a	Land					

Equipment

Schedule D (Form 990) 2011 SowHope.or		19 Page 3
Part VII. Investments - Other Securities. See Form	n 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c)Method of valuation:
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		<u> </u>
(E)		
(F)		
(G)		
(H)		
<u>(I)</u>		
Total. (Column (b) must equal Form 990, Part X, cot (B) line 12)	000 0 134 11 10	<u> </u>
Part VIII Investments – Program Related. See For		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Description of investment type	(b)Book value	(c)Method of valuation:
(4)		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4) (E)		
(5)	<u></u>	
<u>(6)</u>		
(7)		
(8)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, line 15	<u></u>	<u> </u>
	scription	(b) Book value
(1)	odipuon	(2)200.10.00
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)	
Part X Other Liabilities. See Form 990, Part X, line	25.	
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Federal & State Taxes Withheld	5,910	
(3)		
(4)		
(5)		_
(6)		_
(7)		_
(8)		
(9)		_
(10)		
(11)		_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,910	

2. FIN 48 (ASC 740) 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 (ASC 740).

TWF 990

JVA

che	dule D (Form 990) 2011 SowHope.org 14-1946849		Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior penod adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Par	T XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	}	
b	Other (Describe in Part XIV.) 4b		
С	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		

Part XIV Supplemental Information

c Add lines 4a and 4b

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.

4c

JVA

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)......

SCHEDULE F

(Form 990)

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

2011

Open to Public Inspection

Department of the Treasury internal Revenue Service **Employer identification number** Name of the organization 14-1946849 SowHope.org General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part I Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award X Yes No the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in (e) If activity listed in (d) is (f) Total (a) Region (b) Number of (c) Number of employees, agents, and independent contractors region (by type) (e.g., fundraising, program services, expenditures for a program service, offices in the describe specific type of and investments region investments, grants to service(s) in region in region recipients located in the region) ın region None

- **b** Total from continuation sheets to Part I......
- c Totals (edd lines 3a and 3b)

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

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 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 (i) Method of valuation (book, FMV, appraisal, other) FMV FMV FMV FMV FMV FMV FMV (h) Description of non-cash assistance (g) Amount of assistance non-cash (f) Manner of disbursement Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt cash Check Cash 7,420 5,700 30,000 5,990 24,549 11,903 9,250 (e) Amount of cash grant (d) Purpose of Education SDI, Goma, Av. DuEducation ducation Wellness rojects Wellness Sconomic Economic Wellness conomic rojects Projects Sconomic received more than \$5,000. Check this box if no one recipient received more than \$5,000 amaritain, Ituriproject PO Project roject Milk Vitaroject grant by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter kd, Mipur 7, Dhaka 30x 58, Nyamarwa, 221, Bangladesh istrict, Litho, furara Quartier, ssoc Feminines sabba-Aheebwa, yapala, Ituri lateau State, lox 2264, Jos, erchantship, lope For Life Cenya, PO Box istrict, DRC akuru, Kenya 6529-201000, ivine Women ssoc de Bon Coinonia, 32 Jganda, East ollege #18, (c) Region igeria Africa Part II can be duplicated if additional space is needed (b) IRS code section and EIN (if applicable) 3 Enter total number of other organizations or entitles NA 11 990F2 (a) Name of organization Part II

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Schedule F (Form 990) 2011

Part III

Schedule F (Form 990) 2011 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region Part III can be duplicated if additional space is needed. Copynght Forms (Software Only) - 2011 TW (a) Type of grant or assistance TWF 990 11 990F3

may be Recei U.S. Co. 3 Did the the ore qualification (see the theory of	e organization have an ownership interest in a foreign partnership during the tax year? If "Yes," ganization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain in Partnerships. (see Instructions for Form 8865) e organization have any operations in or related to any boycotting countries during the tax year? If "the organization may be required to file Form 5713, International Boycott Report (see Instructions in 5713)	Yes	⊠ No
may be Recei U.S. Co. 3 Did the one Certai was to qualificate the one Certain the one Certain the one Certain the one Certain the one Certain the Cert	ganization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain	Yes	⊠ No
may be Recei U.S. Co. 3 Did the the one Certain 4 Was to qualifite Information.			
may b Recei U.S. 0 3 Did th the or	he organization a direct or indirect shareholder of a passive foreign investment company or a led electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, nation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. instructions for Form 8621)	Yes	X No
may b Recei	e organization have an ownership interest in a foreign corporation during the tax year? If "Yes," ganization may be required to file Form 5471, Information Return of U.S. Persons With Respect To in Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
	te organization have an interest in a foreign trust during the tax year? If ``Yes," the organization be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and pt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Dwner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
the or	the organization a U.S. transferor of property to a foreign corporation during the tax year? If ``Yes," ganization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign pration (see Instructions for Form 926)	Yes	⊠ No

Part V

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I, Line 2 Organizations Procedures for Monitoring Use of Funds

Projects are funded by SowHope using the following procedure. SowHope utilizes a funding strategy that is summed up as "Local leaders using local solutions to solve local problems". We receive requests for proposal on an invitational basis from local leaders who already have a reputation for sacrificially helping women. Once a local leader has been funded they become a SowHope partner. A three page application including: contact information, a description of past outcomes which have helped women, a request for funding for a project helping women in one of our three program areas (Wellness, Education, or Economic) that is time-limited, measurable, and outcome based is required. Applications are received either through email, USPS, or by hand delivery The applications are processed by the SowHope Program Committee which reviews each application using a rubric. Applications are scored and placed on a priority list and are funded once funding has been secured. There are two funding cycles per year. An application is either funded during the next cycle, put on hold to be considered for the next funding cycle, or deactivated. If the project is not funded within one of two consecutive funding cycles, it is considered deactivated and must be resubmitted for consideration.

When a project is accepted for funding a Memorandum of Understanding outlining the objectives, the predicted outcomes, and funding of the project is agreed upon and signed by SowHope and the partner. Once the MOU is signed, SowHope either hand-delivers (for rural projects where no banks exist), wires the money, or sends a check to the partner to fund the project. A report is sent by the partner to SowHope by email or phone about half-way through the project to detail how the project is progressing. SowHope evaluates the projects on site at, or near, the end of the project. This is done by the President and board members/donors going to the field sites and interviewing the partners and beneficiaries to see how the project was implemented compared to the MOU and how it impacted the women.

Schedule J (Form 990) 2011

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	(C) Retirement	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base	(ii) Bonus & incentive	(iii) Other	and other deferred	benefits	(a)-(ı)(a)	
		compensation	compensation	reportable	compensation			deferred in
				compensation				prior Form 990
Mary Dailey Brown		55,088					55,088	40,000
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JVA 11 990J2 TWF 990	Copynght Forms	Copynght Forms (Software Only) - 2011 TW					Schedule	Schedule J (Form 990) 2011

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization SowHope.org

Employer identification number

14-1946849

Part IV Line 11b PROCEDURE FOR REVIEWING THIS FORM 990

A draft of the Form 990 was prepared by the SowHope staff and members of the Finance Team. The draft form was emailed to every Board member for their review one week prior to the 2nd Quarter Board Meeting, which was held on May 5, 2012. A time for group review was on the meeting agenda and the Board approved the final form as submitted.

Part VI, Line 12c PROCEDURE FOR REGULARLY AND CONSTANTLY MONITOR AND ENFORCE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

Every Director, when they are elected to the Board, reads and signs a form explaining the Conflict of Interest policy and requiring them to disclose any conflicts of interest. Officers and key employees are also required to read and sign the Conflict of Interest policy form. To date there has not been a conflict of interest at SowHope.

Part VI, Line 19 PROCEDURE FOR MAKING DOCUMENTS AVAILABLE

Documents are made available upon request.

990 PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Pa	age 1, Line F		
Open to Public			
Inspection For calendar year 2011, or t	ax period beginning	, and ending	·
Name of Organization			Employer Identification Number
SowHope.org	<u></u>		14-1946849
990, Page 1, Line F			
Principal officer name		Mary Dailey Bro	
Street Address		PO Box 234	
U.S. Address:			
Zip code 49341 or Foreign Address	City Rockford	Sta	te <u>MI</u>
City			
Province or State			
Country			·····
Postal code			

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment	2:	Form	99	0 Pa	age	2,	Part	III									
Open to Public				-													
Inspection		lendar ye	ear 201	11, or ta	x peri	od be	ginnıng				, and	ending				Alm	
Name of Organization															er Iden 9468	tification Nu	mber
SowHope.or Part III - Statemen		aram Sa	rvice	Accor	nlieh	nentr							114	_ T 2	/ 4 0 0	7 7 7	
Code:	LOIPIU		enses:			3,10		including	Grants	of:	2	3,7	27	Rev	venue:		
		LAP	C113C3.	<u> </u>	- 10	7 - 1		t Purpos				<u> </u>			01100.	<u>' </u>	
Wellness p	rogr	ams	to	serv	ze t	he						al	nee	eds	of	women	whose
health is	atír	risk,	4,	583	won	nen	impa	cted	thr	ough	mat	ern	al	hea	alth	ncare,	AIDS
care and p	reve	entio	n,	and	abu	ıse	coun	seli	ng.	-							

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ttachmen	t 2:	Form	n 990	Page 2	, Par	rt III				
pen to Public										
spection		alendar y	ear 2011, c	r tax period	beginnin	g		, and ending	1 =	
me of Organiza									Employe	r Identification Number
owHope.o		S	ondoo Acc	omplichmo	nto.				<u>14-19</u>	46849
xde:	BIIL OI PI		enses:		624	includin	g Grants of:	22,67	3 Rev	enue [.]
			Je11363.	30,			e Achieveme		<u> </u>	enue
ducation	proc	grams	that	teach	lite	eracv.	offer	vocationa	l and	technical
raining	for	678 w	vomen			,				

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment	2:	Forr	n 990	Page	2,	Part	III							
Open to Public														
Inspection		alendar y	ear 2011,	or tax pe	eriod be	ginning				, and end			· · ·	
Name of Organization													entification Number	er
SowHope.or					h						1⊥ 4	-1946	0849	
Part III - Statement Code:	t of Pro		penses:		2,82		ıncluding	Grante of		55	540	Reveni	10.	
Code.		EX	penses.		12,0			Achievem	ents		340	Revent	<u>. </u>	
Economic p	rog	rams	that	rorg	ride					mall	busi	ness	training	for
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990 BOOKS ARE IN CARE OF

Attachment	3:	Form	990	Page	_6,	Part	VI,	Section	С,_	<u>Line</u>	20		
Open to Public													
Inspection	For ca	alendar yea	ar 2011 d	or tax pen	od beg	ginning			, and	ending			
Name of Organization												er Identificatio	n Number
SowHope.or	g										14-19	946849	
Part VI - Line 20						<u>-</u>							
Individual Name					<i></i> .			Mary Dai	iley	, Bro	wn		
or										-			
Business Name:													
		_				· <u> · </u>							
Street Address								PO Box 2	234		~ ·		
													<u>.</u>
U.S. Address:													
Zip code or	49 <u>34</u>	11	_	City I	Roc!	kford				Stat	te <u>MI</u>		
Foreign Address													
City													<u> </u>
Province or	State .			· · ·									
Country						• • • • • • • • • • • • • • • • • • • •							
Postal code											· .		······································
Phone Numb	per .											(616)4	33-1575
Fax Number	• • • • •				• • • • • • • • • • • • • • • • • • •								

Form **8868**

(Rev. January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No. 1545-1709

internal Revenu	ue Service	File a sepa	irate applica	auon foi each return.			
If you an	e filing for an A	utomatic 3-Month Extension, comple	ete only Pai	rt I and check this box			▶ X
If you are	e filing for an A	dditional (Not Automatic) 3-Month E	xtension, c	omplete only Part II (on page 2	of this	form)	
Do not con	nplete Part II u	Inless you have already been granted a	an automatic	3-month extension on a previou	sly file	ed Form 8868	
corporation request an o Associated	required to file extension of tin With Certain P	You can electronically file Form 8868 if Form 990-T), or an additional (not autone to file any of the forms listed in Part lersonal Benefit Contracts, which must let, visit www.irs.gov/efile and click on e-f	omatic) 3-mo l or Part II wi be sent to th	onth extension of time. You can e th the exception of Form 8870, In e IRS in paper format (see instru	lectro nforma	nically file Form 886 ation Return for Tran	8 to Isfers
Part I	Automatic	3-Month Extension of Time.	Only submit	original (no copies needed).			
A corporation Part I only	on required to fi	le Form 990-T and requesting an autor					▶ []
All other cor ax returns	rporations (incl	uding 1120-C filers), partnerships, REM	fICs, and tru			extension of time to tifying number, se	
Гуре ог	Name of exe	mpt organization or other filer, see instr	uctions			oloyer identification number	
orint	SowHope	· ·	actiono		1 _	14-194684	
le by the		et, and room or suite no. If a P.O. box,	see instruction	one	_	cial security number	
lue date for	P.O. Bo		see msuden	0113.	۱ř		(5514)
iling your		post office, state, and ZIP code. For a f	orougn addre	nee ean instructions	Щ.		
eturn See Instructions	1 7	d MI 49341	oreign addre	ess, see instructions.			
		he return that this application is for (file		, , , , , , , , , , , , , , , , , , , ,			
Application	1		Return	Application			Return
s For			Code	Is For			Code
om 990		· · ·	01	Form 990-T (corporation)			07
orm 990-B			02	Form 1041-A			08
om 990-E			01	Form 4720			09
orm 990-P			04	Form 5227			10
	(sec. 401(a) o		05	Form 6069			11
orm 990-T	(trust other tha	an above)	06	Form 8870			12
Telepho	one No. ▶	are of ▶ <u>See attachment</u>		FAX No. ▶	· ——-		n
		s not have an office or place of busines					▶ ∐
	•	eturn, enter the organization's four digit		· · · · · · · · · · · · · · · · · · ·	 .		. If this is
			J.	part of the group, check this box			and attach
~		INs of all members the extension is for		F 000 T)			
until <u>A</u>			•	•	e The	e extension is	
	ax year beginn) and	ending		20	
- [] .	ax year beginn	, 20			'	·	
If the tax	x year entered	in line 1 is for less than 12 months, che	ck reason:	Initial return Final re	turn	Change in accou	inting period
la If this ap	oplication is for	Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter	the tentative tax,			
less any	/ nonrefundable	e credits. See instructions.			3a	\$	0
b If this ap	oplication is for	Form 990-PF, 990-T, 4720, or 6069, ea	nter any refu	ndable credits and			
		s made. Include any prior year overpay			3b	\$	0
c Balance	e due. Subtrac	line 3b from line 3a. Include your payn	nent with this	s form, if required, by using			
EFTPS	(Electronic Fed	leral Tax Payment System). See instru	ctions.		3с	\$	0
Caution. If	you are going t	o make an electronic fund withdrawal w	ith this Form	n 8868, see Form 8453-EO and F	orm 8	879-EO	
	instructions.						