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DLN: 93493014011283

# Form 990

Department of the Treasury

## 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

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements **Inspection** Internal Revenue Service A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 D Employer identification number B Check if applicable SHARED HOPE INTERNATIONAL Address change 91-1938635 Doing Business As E Telephone number Name change (360)693-8110 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 2,280,859 Terminated Amended return City or town, state or country, and ZIP  $+\ 4$ VANCOUVER, WA 98665 Application pending Name and address of principal officer H(a) Is this a group return for LINDA A SMITH affiliates? PO BOX 65337 VANCOUVER, WA 98665 H(b) Are all affiliates included? If "No," attach a list (see instructions) **▽** 501(c)(3) **□** 501(c) ( ) **◄** (insert no ) Tax-exempt status √ 4947(a)(1) or 
√ 527 H(c) Group exemption number 🕨 Website: ► www.sharedhope.org K Form of organization Corporation Trust Association Other L Year of formation 1998 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities SHARED HOPE INTERNATIONAL EXISTS TO RESCUE AND RESTORE WOMEN AND CHILDREN IN CRISIS WE ARE LEADERS IN A WORLDWIDE EFFORT TO PREVENT AND ERADICATE SEX TRAFFICKING AND SLAVERY THROUGH EDUCATION AND PUBLIC AWARENESS Activities & Governance 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) . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 6 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 32 6 Total number of volunteers (estimate if necessary) . . . . 6 125 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 . . . **7b Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . . . 1,985,273 2,253,367 Program service revenue (Part VIII, line 2g) . . . . . . 4,179 22,545 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,927 1,210 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 1,992,379 2,277,122 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 536,205 568,123 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 839,570 935,853 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) ► 168,262 b 756,943 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 738,330 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,114,105 2,260,919 19 Revenue less expenses Subtract line 18 from line 12 . -121,726 16,203 Net Assets or Fund Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . . . . . . 700,259 692,632 Total liabilities (Part X, line 26) . . . . . 21 140,733 116,903 22 Net assets or fund balances Subtract line 21 from line 20 . . 559,526 575,729 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. 2013-01-14 Signature of officer Date Sign

Form 990	(2011)
Part III	State

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Par		of Program Servule O contains a res		<b>lishments</b> Jestion in this Part III		৮
1	Briefly describe the o	rganızatıon's mıssıc	n			
WO R					ND CHILDREN IN CRISIS W AVERY THROUGH EDUCAT	
2	Did the organization u the prior Form 990 or				which were not listed on	┌ Yes ┌ No
	If "Yes," describe thes	se new services on S	Schedule O			
3	Did the organization c	<b>J</b> ,	•	_	nducts, any program	┌ Yes ┌ No
	If "Yes," describe thes	se changes on Sche	dule O			
4	expenses Section 50	1(c)(3) and 501(c)	(4) organizations	and section 4947(a)	ree largest program services (1) trusts are required to rep th program service reported	
4a	(Code	) (Expenses \$	1,065,385	including grants of \$	) (Revenue \$	)
	SEE FEDERAL SUPPLEMEN	NTAL INFORMATION				
4b	(Code	) (Expenses \$	343,680	including grants of \$	299,568 ) (Revenue \$	)
	SEE FEDERAL SUPPLEMEN	NTAL INFORMATION				
4c	(Code	) (Expenses \$	286,523	ıncludıng grants of \$	268,555 ) (Revenue \$	)
	SEE FEDERAL SUPPLEMEN	, , ,	,		, , ,	,
			_			
4d	Other program service	•	•			
	(Expenses \$	151,275 ır	cluding grants o	of \$	) (Revenue \$	)
4e	Total program servic	e expenses <b>⊦</b> \$	1,846,86	3		

art IV	Checklis	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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 $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II and IV	15	Yes	
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 U S? If "Yes," complete Schedule F, Part III and IV.	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	Checklist of Required Schedules (continued)			
21	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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	105	
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
Sa	year?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		
	account)?	- <del>1</del> a		No
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		No_
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
·	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d   0			
	<del></del>			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
f	contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	/1		
y	required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		N o
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 business holdings at any time during the year?	8		Νo
				110
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		N o
_	•	9a 9b		No No
10	Did the organization make a distribution to a donor, donor advisor, or related person?	90		N o
10	Section 501(c)(7) organizations. Enter  Intration food and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
_	sources against amounts due or received from them )			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		INU
D	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by			
-	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
4.4-		4.4-		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No No

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
h	Enter the number of voting members included in line 1a, above, who are			
_	Independent         1         1         1         1         1         6			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5		Νo
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	NI-
10-	Did the eventuation have local charters branches or affiliates?	10a	162	No No
	Did the organization have local chapters, branches, or affiliates?	10a		INO
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			
	the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure	100		INO
17	List the States with which a copy of this Form 990 is required to be filed►WV, WI, VA, UT, TN, SC, RI, PA, O	R,OK	, O H . I	NM .
	.,			′

- List the States with which a copy of this Form 990 is required to be filed WV, WI, VA, UT, TN, SC, RI, PA, OR, OK, OH, NM, NJ, NH, ND, NC, MN, MI, MD, MA, KY, KS, IL, GA, FL, CT, CO, CA, AZ, AR, AL, AK
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website V Upon request

    Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of
- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
  SHEILA AVERY
  2906 E EVERGREEN BLVD

VANCOUVER, WA 98661 (360) 693-8110

# 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees 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, or 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

(A) Name and Title	(B) Average		- 11	->						
	hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director		Former		MISC)	related organizations			
(1) VERNON SMITH Director	1 00	Х						0	0	0
(2) DR FERNANDO D PROANO Director	1 00	х						0	0	0
(3) DAVID AUSTEN Sec/Treasurer	1 00	Х		Х				0	0	0
(4) PASTOR RONALD L HART Director	1 00	х						6,136	0	0
(5) SUE HOTELLING Director	1 00	х						0	0	0
(6) MARJIE AUSTEN Director	1 00	х						0	0	0
(7) LES PETTIT Director	1 00	х						0	0	0
(8) LINDA A SMITH Pres/Exec Dir	46 00	Х		Х				80,685	0	0

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

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n on son er ai	e bo ıs b nd a	x, oth		Repo compe fror organiz	D) ortable ensation in the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima imount o compens from t	ited f other sation the on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relati organiza	I .
1b	Sub-Total							<u> </u>						
С	Total from continuation sheets t	to Part VII, Sec	tion A					<b>&gt;</b>						
2	Total (add lines 1b and 1c) .  Total number of individuals (included and 100,000 of monotoble an					ted	above	) who	receive	86,821 d more tha	an			
	\$100,000 of reportable compens	sation from the (	organiz	ation										
3	Did the organization list any <b>form</b> on line 1a? <i>If</i> "Yes," complete Sch								r highest	compens	ated employee	3	Yes	No No
4	For any individual listed on line 1 organization and related organization individual											4		No
5	Did any person listed on line 1a services rendered to the organize										or individual for •	5		No
	ction B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax years.	the organizatio ear									ng with			
	Nam	( <b>A)</b> ne and business add	dress							Desc	(B) ription of services		(C Comper	
												1		
	Fotal number of independent conti \$100,000 of compensation from t			ot lır	nıted	l to	those	liste	d above)	who recei	ved more than			

Paru V	<u> </u>	Statement of Revenue					
	T .			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
등등	ь	Membership dues 1b					
ಕಾರಿ		<u> </u>					
_કેસ્	C	Fundraising events 1c					
類 등	d	Related organizations 1d					
ĭ.≣	l e	Government grants (contributions) 1e					
뜻	-	- <u>-</u>	2.252.267		!		
쓸 늚	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above —	2,253,367				
<u>≨</u> ≨	g	Noncash contributions included in					
들은		lines 1a-1f \$ 4,786					
ਫ਼ੵਞ	h	Total. Add lines 1a-1f	▶	2,253,367			
U 10		1014117144111100 24 27 1 1 1 1	· ·				
<u>an</u>		В	usiness Code				
Ĭ	2a	Domestic Public Education	611710	22,545	22,545		
	ь						
æ							
<u>3</u>	С						
<u>.</u> ₽	d		T				
Q.	e						
i E		All other program commercial					
Program Serwce Revenue	f	All other program service revenue					
Δ	g	Total. Add lines 2a-2f	>-	22,545			
	3	Investment income (including dividends,	-	,			
				1,319			1,319
		and other similar amounts)		0			1,517
	4	Income from investment of tax-exempt bond proce	eeds				
	5	Royalties	•	0			
		(ı) Real	(II) Personal				
	6a	Gross rents					
	Ь	Less rental					
		expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	🕨	0			
		(ı) Securities	(II) Other				
	7a	Gross amount 3,628	(ii) o tiloi				
	′ ′ ′ ′	from sales of					
		assets other than inventory					
	ь	Less cost or 3,737					
	-	other basis and					
	_ ا	sales expenses Gain or (loss) -109					
	C	` '		100			100
	d	Net gain or (loss)	▶	-109			-109
	8a	Gross income from fundraising					
÷		events (not including					
<del>-</del>		\$ of contributions reported on line 1c)					
<u>&gt;</u>		See Part IV, line 18					
Œ		a					
Other Revenue	Ь						
둦			nto 🛌	0			
•	C	Net income or (loss) from fundraising eve	iits "	U			
	9a	Gross income from gaming activities					
		See Part IV, line 19					
	١.	a					
	b	Less direct expenses b					
	C	Net income or (loss) from gaming activities	es P	0			
	10a	Gross sales of inventory, less returns and allowances .					
	h						
	b	Less cost of goods sold <b>b</b>	orv <b>-</b>	0			
	С	Net income or (loss) from sales of invento	.,	u u			
		Miscellaneous Revenue B	usiness Code				
	11a						
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0			
			•	ŭ,			
	12	<b>Total revenue.</b> See Instructions	. ▶	2,277,122	22,545		1,210
	1			۷,۷۱۱,۱۷۷	ZZ,J+3		1,210

# 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)

	heck if Schedule O contains a response to any question in this Part IX	<del></del>	(B)	)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	268,555	268,555		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	299,568	299,568		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	86,821	73,798	6,077	6,946
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			
7	Other salaries and wages	704,864	582,188	97,682	24,994
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	144,168	119,449	18,911	5,808
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	36,341	34,951	1,390	
13	Office expenses	33,022	29,507	946	2,569
14	Information technology	20,479	16,894	2,873	712
15	Royalties	0			_
16	Occupancy	81,430	67,429	11,451	2,550
17	Travel	114,973	99,258	10,285	5,430
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	24,088	15,582	8,506	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,208	12,615	2,114	479
23	Insurance	11,245	9,316	1,572	357
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
а	Postage and Shipping	44,951	15,677	772	28,502
b	CONTRACT LABOR	48,658	35,144	13,476	38
С	PROFESSIONAL SERVICES	94,785	20,440	39,243	35,102
d	Printing and Publications	103,810	54,236	2,567	47,007
e					
f	All other expenses	127,953	92,256	27,929	7,768
25	Total functional expenses. Add lines 1 through 24f	2,260,919	1,846,863	245,794	168,262
26	Joint costs. Check here ► ✓ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				· · ·
	combined educational campaign and fundraising solicitation	194,011	70,008		124,003 rm <b>990</b> (2011)

Form 990 (2011) Page **11** Part X **Balance Sheet** (A) (B) Beginning of year End of year 250 250 1 453,299 447.204 2 2 3 122,055 3 123,810 0 4 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . 5 0 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 6 0 Schedule L . . . . . . 1,900 900 7 41.176 43.705 11,115 18.067 9 Prepaid expenses and deferred charges . . . . 159.546 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 136,503 b Less accumulated depreciation . . . . 36,019 10c 23,043 11 0 11 0 12 12 Investments—other securities See Part IV, line 11 . . . . . . 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 35,445 15 34,653 15 700,259 16 16 692,632 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 59,137 32,374 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 81,596 25 84,529 D . . . . . 26 140,733 26 116,903 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 234,530 27 Unrestricted net assets . . . . 293,043 324,996 28 282.686 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 559.526 33 575.729 34 Total liabilities and net assets/fund balances . . . . . 700.259 692,632 34

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2.2	77 1 2
2	Total expenses (must equal Part IX, column (A), line 25)	2	=,=,=.		260,91
3	Revenue less expenses Subtract line 2 from line 1	3		,	16,20
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	559,52
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		5	575,72
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is	·	20	165	
u	on a separate basis, consolidated basis, or both	ssueu			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		No

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As Filed Data -

DLN: 93493014011283

OMB No 1545-0047

2011

Open to Public Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization SHARED HOPE INTERNATIONAL

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

**Public Charity Status and Public Support** 

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

Employer identification number

91-1938635

D-	T	Dono	on for D.	.blic Charity Cta	•••• / A II o w		na must sam	nloto this	191-1938			
	rt I			ublic Charity Sta te foundation becaus		_		•	<u> </u>	iristructioi	15	
1	r gain			ion of churches, or a								
2	<u>'</u>		•	d in <b>section 170(b)(1</b>			•	D)(±)(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	•			
_	<u>'</u>							170/b)/:	1)(A)(:::)			
3	<u> </u>			pperative hospital se						(4)(4)(!!!)	F t t	
4	1			h organization opera ity, and state	tea in conjur	iction with	a nospitai des	scribed in <b>s</b> a	ection 170(b)	(1)(A)(III)	. Enter the	
5	Γ	_	•	perated for the benefi	_	e or univer	sity owned or	operated by	' a governmeı	ntal unıt de	scribed in	
	_			<b>(A)(iv).</b> (Complete P								
6		A feder	al, state, o	r local government o	r governmen	tal unit des	scribed in <b>sect</b>	ion 170(b)	(1)(A)(v).			
7	<u>  -                                   </u>	describ	ed ın	at normally receives (A)(vi) (Complete P		al part of it	s support fron	n a governn	nental unit or	from the ge	eneral publ	IC
8	Г			t described in <b>sectio</b>		<b>A)(vi)</b> (C	omplete Part I	Ι)				
9	<u></u>			at normally receives					ributions, me	mbership fe	ees, and or	oss
_	•	_		vities related to its e	• •		• •		•	•		
				oss investment inco								5
		• • •	_	ganızatıon after June				·		. cuxymom	businesse	_
0	$\overline{}$			ganized and operated								
1	<u>'</u>	_		ganized and operated						to carry ou	ıt the nurn	oses of
	_	the box <b>a</b> [	that descr Type I	ly supported organize the type of support by Type I	oorting organ I <b>c</b>	Type I	d complete lin II - Functiona	es 11e thro Illy integrat	ugh 11h ed	<b>d</b>	pe III - O	ther
e f g	,	other the section of the ocheck the Since A	nan foundat 509(a)(2) rganızatıon hıs box ugust 17,	received a written d	her than one etermination	or more p	ublicly suppor	ted organiz	ations descri pe II or Type	bed in sect	ion 509(a	(1) or
			g persons? rson who d	Irectly or Indirectly c	ontrols eith	er alone o	r together with	nersons de	escribed in (ii	١	Yes	No
				governing body of th			_	pa.55.15 a.			1g(i)	110
		, ,	•	er of a person descri			124 (1011				1g(ii)	+
			-	lled entity of a perso			) above?				lg(iii)	+
h				ng information about							.g(/	
(i) Name of supported organization		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e ion in ted in erning	(v)  Did you notify the organization in col (i) of your support?  (vi)  Is the organization in col (i) organization in the U S ?			he ition in ganized	(vii) A mount of support?	
				instructions))	Yes	No	Yes	No	Yes	No		
				,,				1				
							1	1				
						1	+	+				
								+				
							+	+				
ota	1							+				
				1		•			1	1		

instructions

Support Schedule for Organizations Described in IRC 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.)

_	ection A. Public Support	e organization i	rails to qualify t	inder the tests	listed below, ple	ease complete	: Part III.)
	endar year (or fiscal year beginning	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 2011	(f) Total
_	in)	(4) 2007	(2) 2000	(6) 2003	(4) 2010	(6) 2011	(1) 10001
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	2,225,73	8 2,104,124	1,877,771	1,985,272	2,253,367	7 10,446,272
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						0
	paid to or expended on its behalf						
3	The value of services or facilities						
,	furnished by a governmental unit						0
	to the organization without charge						
4	Total. Add lines 1 through 3	2,225,73	8 2,104,124	1,877,771	1,985,272	2,253,367	10,446,272
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						289,985
	on line 1 that exceeds 2% of the						205,505
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5						10,156,287
s	from line 4 ection B. Total Support						
	endar year (or fiscal year	(-) 2007	<b>(b)</b> 2000	(-) 2000	(4) 2010	(-) 2011	(6) Total
	beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	(f) Total
7	A mounts from line 4	2,225,738	2,104,124	1,877,771	1,985,272	2,253,367	10,446,272
8	Gross income from interest,						
	dividends, payments received on	5,755	6,424	4,157	3,069	1,319	20,724
	securities loans, rents, royalties and income from similar	3,733	0,424	4,137	3,009	1,315	20,724
	sources						
9	Net income from unrelated						
	business activities, whether or						0
	not the business is regularly						
	carried on						
10	Other income (Explain in Part IV ) Do not include gain or loss	7,392		-251	4,179	22,436	33,756
	from the sale of capital assets	.,332		231	1,213	22,130	33,730
11	Total support (Add lines 7						10,500,752
	through 10)						10,300,732
12	Gross receipts from related activiti	es, etc (See inst	tructions )			12	
13	First Five Years If the Form 990 is	for the organizati	on's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3) orgar	- <del>-</del> '
	check this box and <b>stop here</b>						<b>►</b> I
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public Support Percentage for 201			11 column (f))		14	96 720 %
15	Public Support Percentage for 201	O Schedule A , Pa	rt II, line 14			15	99 620 %
16a	33 1/3% support test—2011. 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						
b	<b>33 1/3% support test—2010.</b> If the	_			a, and line 15 is 3	33 1/3% or more	·
17=	box and stop here. The organization 10%-facts-and-circumstances test				ne 13 162 or 164	and line 14	<b>►</b>
L/a	is 10% or more, and if the organiza						า
	in Part IV how the organization mee						
	organization			_			<b>▶</b> ┌
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organiza						elv.
	Explain in Part IV how the organiza supported organization	tion meets the "f	acis and circums	tances test the	organization qual	mes as a public	:iy <b>►</b> [¯
18	Private Foundation If the organizat	ion did not check	a box on line 13	. 16a. 16b. 17a oi	r 17b. check this	box and see	FI

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

#### **Facts And Circumstances Test**

Part II, Line 10--REVENUE FROM EVENTS THAT COMBINE FUNDRAISING WITH AN EDUCATIONAL CAMPAIGN, SALE OF DONATED STOCK, OR GAIN/LOSS ON DISPOSAL OF PROPERTY

#### Explanation

Schedule A (Form 990 or 990-EZ) 2011

#### **Additional Data**

**Software ID:** 11000144

**Software Version:** 2011v1.5

**EIN:** 91-1938635

Name: SHARED HOPE INTERNATIONAL

#### Form 990, Special Condition Description:

#### **Special Condition Description**

DLN: 93493014011283

OMB No 1545-0047

## SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the	e organization
SHARED HOPE	INTERNATIONAL

Employer identification number

91-1938635

Par	I-A Complete if the organization is exempt under section 501(c) or is a section	n 527	organization.
1	Provide a description of the organization's direct and indirect political campaign activities on behalf of o in opposition to candidates for public office in Part IV	r	
2	Political expenditures	<b>&gt;</b>	\$

Part I-B	Complete if the organization is exempt under section $501(c)(3)$ .

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?

Volunteer hours

If "Yes," describe in Part IV

# Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Yes

Yes

√ No

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

P	art II-A	Complete if the organization under section 501(h)).	is exempt under section 501(c)(3	3) and fi	led Form 5768	(election
	Check Check	expenses, and share of excess lobb	n affiliated group (and list in Part IV each af ying expenditures) « A and "limited control" provisions apply	filiated gr	oup member's name	, address, EIN
		Limits on Lobbying E (The term "expenditures" means an	•		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lo	bbying expenditures to influence public o	pinion (grass roots lobbying)			
b	Total lo	bbying expenditures to influence a legisla	ative body (direct lobbying)		13,435	
c	Total lo	bbying expenditures (add lines 1a and 1b	<b>)</b>		13,435	
d	O ther e	xempt purpose expenditures			2,247,484	
е	Total ex	empt purpose expenditures (add lines 1	and 1d)		2,260,919	
f	Lobbyın columns	obbying nontaxable amount Enter the amount from the following table in both columns			263,046	
	If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	1		
	Not over	\$500,000	20% of the amount on line 1e	1		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ┌ No

65,762

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total	
2a	Lobbying non-taxable amount			265,429	263,046	528,475	
ь	Lobbying ceiling amount (150% of line 2a, column(e))					792,713	
_c	Total lobbying expenditures			43,374	13,435	56,809	
_d	Grassroots non-taxable amount			66,357	65,762	132,119	
е 	Grassroots ceiling amount (150% of line 2d, column (e))					198,179	
f	Grassroots lobbying expenditures			1,558	la C (Farma 000 a	1,558	

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(a)		(	b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493014011283

OMB No 1545-0047

Open to Public

**SCHEDULE D** (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

ntema	al Revenue Service	Form 990. ► See separate instructions.	Inspection			
	me of the organization ARED HOPE INTERNATIONAL		Employer identification number			
311/	ARED HOPE INTERNATIONAL		91-1938635			
Pa	art I Organizations Maintaining Donor A		unds or Accounts. Complete if the			
	organization answered "Yes" to Form 9	990, Part IV, line 6.  (a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(a) Donor advised lunds	(b) Funds and other accounts			
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 adv	Usors in writing that the assets held in don	or advised			
_	funds are the organization's property, subject to the	5	Yes No			
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit					
Pa	rt II Conservation Easements. Complete	e if the organization answered "Yes" to	o Form 990, Part IV, line 7.			
2	Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	tion or pleasure)  Preservation of an Preservation of a c	certified historic structure			
	easement on the last day of the tax year	[	Held at the End of the Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	:s	2b			
С	Number of conservation easements on a certified h	ıstorıc structure ıncluded ın (a)	2c			
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d			
3	Number of conservation easements modified, trans	ء ferred, released, extinguished, or terminate	d by the organization during			
	the taxable year 🗠					
4	Number of states where property subject to conserv	vation easement is located 🗠				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of violations, and			
6	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation easem	ents during the year 🛌			
7	Amount of expenses incurred in monitoring, inspect	ting, and enforcing conservation easements	s during the year			
-	<b>▶</b> \$					
8	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	2(d) above satisfy the requirements of sec	tion 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					
Pai	rt III Organizations Maintaining Collecti Complete if the organization answered	ons of Art, Historical Treasures,	or Other Similar Assets.			
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	S 116, not to report in its revenue stateme d for public exhibition, education or researc	ch in furtherance of public service,			
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$			
	(ii) Assets included in Form 990, Part X		<b>►</b> \$			
2	If the organization received or held works of art, his following amounts required to be reported under SF		' -			
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$			

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	torio	cal Tre	easur	es, or O	the	r Similar A	<u>sset</u>	<b>S</b> (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	_		-		se of its colled	ction		
а	Public exhibition		d	Г	Loan o	rexch	ange progr	ams				
b	Scholarly research		е	$\sqcap$	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	further	the o	rganızatıor	's ex	empt purpose	ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								ılar	<b>┌</b> ʏ	'es	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	organiz	ation			es" to Form	990,		·
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	force	ontribut	ions o	r other ass	ets r	not	<b>┌</b> ¥	'es	┌ No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the	follow	ıng ta	ble		_					
							L		Α	mour	nt	
C	Beginning balance							1c				
d	Additions during the year						L	1d				
e	Distributions during the year						L	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?				_			Y	'es	┌ No
b	If "Yes," explain the arrangement in Part XI\	/										
	t V Endowment Funds. Complete		n ans	were	d "Yes	" to F	orm 990,	Par	t IV, line 10			
		(a)Current Year	(b)	Prior Y		(c)Two	Years Back	<del>+ · ·</del>	Three Years Back	(e)	Four Ye	ars Back
1a	Beginning of year balance	99,709			86,068		80,69	3				
b	Contributions											
С	Investment earnings or losses	-1,809			15,528		7,22	3				
d	Grants or scholarships											
е	Other expenditures for facilities											
_	and programs	2,087			1,887		1,84			+-		
f	Administrative expenses	95,813			99,709		86,06			+-		
g	End of year balance	,			99,709		00,00	<u> </u>		<u> </u>		
2	Provide the estimated percentage of the year	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment F 75 000 %											
c	Term endowment ► 25 000 %											
3a	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	re held	and ac	dministere	d for	the	г		
	organization by (i) unrelated organizations								2-	1(i)	Yes	No No
	-			•				•			Yes	110
b	(ii) related organizations			ched	ule R?			• •	· · · -	3b	Yes	
4	Describe in Part XIV the intended uses of th	•						-	· · · <u> </u>			
Par	VI Land, Buildings, and Equipme					0.						
					) Cost or		(b)Cost or	other	(c) Accumulat	ted		
	Description of property				sis (invest		basis (oth		depreciation		( <b>d</b> ) Bo	ok value
<b>1</b> a	and									$\neg$		
	Buildings									$\dashv$		
	easehold improvements						4	7,220	45	5,846		1,374
	Equipment						1	8,435		3,435		-, -, -
	Other						<u> </u>	3,891		2,222		21,669
	. Add lines 1a-1e (Column (d) should equal Fo	orm 990. Part X. colur	nn (B)	. line	10(c))			3,091		,		23,043
	The second of th	2227. 4.67., 20141.	(5)	,	\ -/•/	•	· · ·	-	Schedule	D (F	orm 90	
									Juliane	- 1. 1		, <b>-</b>

Part VII Investments—Other Securities. See F  (a) Description of security or category			d of valuation
(including name of security)	( <b>b)</b> Book value		year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990. Part X. line 1	<u>.                                    </u>	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Description	tion		(b) Book value
(1) Website development			31,183
(2) VISA CLEARING ACCOUNT			132
(3) OTHER ASSETS HELD FOR RESALE (4) DEPOSITS			500 2,838
(4) DEF 03113			2,030
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15			34,653
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED PTO	57,884		
ACCRUED PAYROLL TAXES	26,645		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	84,529		
	01,020		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,277,122
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,260,919
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	16,203
4	Net unrealized gains (losses) on investments	4	-9,330
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	5,434
9	Total adjustments (net) Add lines 4 - 8	9	-3,896
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,307
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	
1	Total revenue, gains, and other support per audited financial statements	1	2,461,317
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	184,195
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,277,122
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 . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	2,277,122
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	2,449,010
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)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	188,091
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,260,919
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	2,260,919
Par	t XIV Supplemental Information		

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

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 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

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	The Organization is exempt from Federal and State income tax under Section 501(c)(3) of the Internal Revenue Code In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A)(vi) and has been classified as an Organization that is not a private foundation under Section 509(a)(2) Accordingly, no provision for income taxes has been included in the consolidated financial statements The Organization recognizes the tax benefit from uncertain tax positions only if it is more likely than not that the tax positions will be sustained on examination by the tax authorities, based on the technical merits of the position. The tax benefit is measured based on the largest benefit that has a greater than fifty percent likelihood of being realized upon ultimate settlement Effective with the year ended June 30, 2011, the Organization elected the expenditure test under section 501(h) as an alternative method for measuring lobbying activity. The election provides a specific dollar amount the organization can spend on lobbying during the year without the burden of proving the amount is not substantial. Management believes the Organizations lobbying activities are within limits allowed by relevant tax law The Organizations Federal Form 990 (Return of Organization Exempt from Income Tax) for the years ended June 30, 2009, 2010, and 2011 are subject to examination by the IRS, generally for three years after they were filed. No penalties and interest were assessed on tax filings for the years ended June 30, 2012 and 2011.
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	SHF Expenses \$2087
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Shared Hope Foundation Revenue \$7521
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	TO PROVIDE FOR THE HOUSING, EDUCATION, AND MEDICAL NEEDS OF YOUNG WOMEN RESCUED FROM HUMAN TRAFFICKING
Part IV, Line 1b	Part IV, Line 1b Why is organization an agent, trustee, custodian or other intermediary for contrib	SHARED HOPE FOUNDATION IS AN ASSOCIATED ORGANIZATION MANAGING THE ENDOWMENT FUND FOR SHARED HOPE INTERNATIONAL

DLN: 93493014011283

OMB No 1545-0047

## **SCHEDULE F** (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Open to Public Inspection

Department of the Treasury Internal Revenue Service

3a Sub-total

to Part I

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

Name of the organization

**Employer identification number** 

					91-1938635	
Pa	"Yes" to Form 990, Pa			he United States. (	Complete if the organiz	ation answered
1	<b>For grantmakers.</b> Does the dassistance, the grantees' eligible grants or assistance?	gibility for the	grants or assi	stance, and the select	tion criteria used to awa	
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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/investments in region
	CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESCUE AND RESTORATION OF HUMAN TRAFFICKING VICTIMS	91,317
	SOUTH ASIA	0	0		RESCUE AND RESTORATION OF HUMAN TRAFFICKING VICTIMS	182,093
	EAST ASIA AND THE PACIFIC	0	0		RESCUE AND RESTORATION OF HUMAN TRAFFICKING VICTIMS	70,267

343,677

343,677

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	RESCUE AND RESTORATION OF HUMAN TRAFFICKING VICTIMS		CASH WIRE PAYMENT			
			SOUTH ASIA	RESCUE AND RESTORATION OF HUMAN TRAFFICKING VICTIMS		CASH WIRE PAYMENT			
			SOUTH ASIA	RESCUE AND RESTORATION OF HUMAN TRAFFICKING VICTIMS		CASH WIRE PAYMENT			
			EAST ASIA &PACI	RESCUE AND RESTORATION OF HUMAN TRAFFICKING VICTIMS		CASH WIRE PAYMENT			
			CENTRAL AMERICA			CASH WIRE PAYMENT			
			CENTRAL AMERICA	<del> </del>		CASH WIRE PAYMENT			
									<u> </u>
2	Enter total nu tax-exempt b	mber of recipions y the IRS, or f	ent organizations lis or which the grante	ted above that are re e or counsel has pro	ecognized as charit vided a section 501	cies by the foreign o L(c)(3) equivalency	country, recognized letter	as . ►	6
3	Enter total nu	mber of other	organizations or en	tities				. ▶	

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
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						1	dula E (Earre 000) 2011

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	[ত	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	া	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	া	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ন	Νo

Schedule F (Form 990) 2011

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

<u>information.</u>		
Identifier	ReturnReference	Explanation
Grantmaker's Description of How Grants are Used in Foreign Country		THE ORGANIZATION REQUIRES ALL PARTNERS TO SUBMIT QUARTERLY REPORTS IN ACCORDANCE WITH SHARED HOPE INTERNATIONAL'S PRESCRIBED FORMAT QUARTERLY REPORTS ARE REQUIRED FOR EACH PROGRAM ALONG WITH A BUDGET THE PARTNERS' QUARTERLY REPORTS ALIGN TO THE SPECIFIC GRANT PROGRAM/PROJECT REQUIREMENTS OF SHARED HOPE INTERNATIONAL IN ADDITION, SITE VISITS ARE MADE TO MONITOR THE GRANTEES' PROJECTS
		Schedule F (Form 990) 2011

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493014011283

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
SHARED HOPE INTERNATIONAL

Employer identification number

91-1938635 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation grant cash non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) (1) VERONICAS VOICEPO 20-3902846 46,430 BOX 172472 KANSAS CITY, MO 66117 (2) TURNAROUND INC401 52-1159135 30,000 0 WASHINGTON AVE STE 300 TOWSON, MD 21204 (3) THE GENESIS PROJECT 0 26-0330950 67,000 SEATTLEPO BOX 6449 KENT, WA 98064 0 (4) ON EAGLES WINGS 59-3628171 102,000 MINISTRIESPO BOX 9737 ASHEVILLE, NC 28815 (5) COURTNEYS HOUSEPO 0 26-3883832 8,125 BOX 12054 WASHINGTON, DC 20005 (6) COURAGE TO BE YOU 20-3126288 15,000 0 INC3031 STANDFORD RANCH RD 2-433 ROCKLIN, CA 95765

Schedule I (Form 990) 2011

Part III Grants and Other Assista Use Schedule I-1 (Form 990			. Complete if the organ	ızatıon answered "Yes" to	Form 990, Part IV, line 22.
(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Suppleme	ental Informa	<b>tion.</b> Complete this j	part to provide the info	rmation required in Part	t I, line 2, and any other a	addıtıonal ınformatıon.	
Identifier	Identifier Return Reference Explanation						
Grantmaker's Description of How Grants are Used	· · ·						

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

► Attach to Form 990 or 990-EZ.

DLN: 93493014011283 OMB No 1545-0047

Inspection

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization SHARED HOPE INTERNATIONAL			Employer identification number 91-1938635
			771 1730033
ldentifier	Return Reference	Explanation	
	FORM, 990 PART XI - FINANCIAL STATEMENT	SHARED HOPE INTERNATIONAL'S FINANCIAL STATEMENTS ARE PART OF FINANCIAL STATEMENTS OF SHARED HOPE INTERNATIONAL AND SHARE INSTRUCTIONS INDICATE THAT UNDER THESE CIRCUMSTANCES PART XISHOULD BE "NO" AND NO RECONCILIATION IS REQUIRED ON SCHEDULE IS RESPONSIBLE FOR THE AUDIT PROCESS AND SELECTING THE AUDITI	RED HOPE FOUNDATION FORM 990 I ANSWERS REGARDING THE AUDIT D THE BOARD'S FINANCE COMMITTEE
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	FINANCIAL INFORMATION IS AVAILABLE AT SHARED HOPE'S WEBSITE A OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQU	
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The board of directors reviews compensation reports and approves wag officers	e increases for key employees and
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Conflict of interest policy is verbal. Board of directors report potential con recuse themselves when necessary	flicts to the executive director and
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Form 990 is reviewed and approved by the Board's finance committe	e prior to filing
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	David and Marjie Austin have a family relationship Vern Smith has a family non-voting member	relationship with Linda Smith but is a
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 SEE FEDERAL SUPPLEMENTAL INFORMATION OTHER PROGRAM SERVICINFORMATION	
		understands that victims are not invisible, just misidentified By educating engaging key players, and focusing on demand deterrence, SHI is general child sex trafficking SHIs national awareness initiative was carried acros educational, grassroots, policy and media-centered events to maximze in collaborated with local organizations and city leaders to spread when collaborated with local organizations and city leaders to spread when collaborated with local organizations and city leaders to spread wareness and provide education on of and sex slavery and the impact of buyer demand around the world in: awareness events, SHI provided materials to supporters and friends to communities. Ambassadors of Hope and Defenders USA programs were develop knowledgeable spokespersons who could function as extension broader segment of the public to increase understanding about sex traffic applicable to many different agencies and organizations that may come in sex trafficking. Trainings are customized for specific roles involved in the victims of sex trafficking including members of the community as well as tenforcement, juvenile justice, and social services After announcing their Challenge in December 2011 which graded states on their laws that impauration intitative was incorporated into public education and training in ordifor just laws and how to advocate for them FORM 990, PART III, LINE 4B-I ACCOMPLISHMENTSINTERNATIONAL PARTINERS—Shared Hope International partice intitative was incorporated and trains of sex usial slavery. Recognizing victims through the commercial sex industry, SHI has formed lasting partition countries to fund programs that offer holistic, long-term care to women and fefers a survivor-informed model of care that focuses on counseling, emproach with residential facilities, medical and mental health care, educate development programs. Villages of Hope are safe communities that offer victims of sexual slavery and exploitation of urresidents receive leaders? Jamaica HIV Clinics—Shared Hope International partne	ating the change needed to put a stop to as the United States incorporating visual, apact in each location SHI staff that "Kids are not for sale" in their in awareness activities about the sex portinued to develop a wide variety of domestic minor sex trafficking, the issue addition to hosting and participating in asse awareness in their own expanded significantly in FY 2012 to so of Shared Hope staff, reaching a cking SHI offered a variety of trainings contact with victims of domestic minor identification, rescue and restoration of those in professions such as law esults of the Protected Innocence of the issue of child sex trafficking, this er to expand know ledge about the need PROGRAM SERVICE ional (SHI) has worked around the world the intense trauma experienced by erships with local organizations in four and children Each of these programs powerment and healing Villages of urtners, addressing both immediate and oration services include a holistic ation, job training and economic refuge and restoration to rescued or Homes of Hope in Fiji, Nepal, India, and ation in India to run both a stationary and is provide contact to hundreds of women ourseling and life-saving medications to village and restoration to rescued or Homes of Hope in Fiji, Nepal, India, and ation in India to run both a stationary and is provide contact to hundreds of women ourseling and life-saving medications to village and restoration to rescued of the city, reaching those tional Program - The Women's ses around the world that provide show that providing victims with the vether isk of re-victimization found in hip development and financial maica, Fiji and Nepal Training programs deleather-making FORM 990, PART III, Shared Hope International (SHI) each for at-risk and trafficked women orovide resource hot lines, clothing, food, are for them to escape a life of brutality, in That is why SHI has committed to well as love, affection and a safe home MENTSDOMESTIC (WIN) PROGRAM grain practical job experience. Typically, childhock have left

communities from predators. To date, over 2,000 men have taken the pledge INTERNATIONAL PUBLIC EDUCATION -- The Organization provided information to educate the public and to motivate and provide opportunities for taking

action concerning the global problem of the trafficking of women and children for sexual exploitation

DLN: 93493014011283

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

	organization INTERNATIONAL					Empl	oyer ident	ification number			
							938635				
Part I	Identification of Disregarded Entities (Comp	Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)									
	(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-y asset			<b>(f)</b> Direct controlling entity			
(1) TRAFFICKING MARKETS LLC PO BOX 65337 VANCOUVER, WA 98665 20-3248901		HUMAN RIGHTS	WA				SHARED HO	DPE INTERNATIONAL			
Part II	Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		I I	n answered "	Yes" on I	Form 9	1 990, Part	IV, line 34 becau	se it had	l one	
1	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Exempt Code s	(d) (e Exempt Code section Public char (if section S		(f) Direct controlling 501(c)(3)) entity		(g) Section 512(l controlle organizati		
(1) SHARED HOPE FOUNDATION									Yes	No	
PO BOX 65337  VANCOUVER, 141-2084596		FOUNDATION	WA	WA 501(c)(3)		11a - TYPE :		N/A		No	
For Privacy A	Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 5	0135Y				Schedule R (	Form 990	) 2011	

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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  Primary activity  (state of foreign country)		, ·	ect controlling (related unrelated		(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership		

1a 1b	Yes	No
$\vdash$	Yes	No
$\vdash$		
$\vdash$		
1b		No
		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
11		No
1m		No
1n		No
10		No
<b>1</b> p	Yes	
1q		No
1r		No
	1d 1e 1f 1g 1h 1i 1i 1n 1n 1o 1p 1q 1r	1d

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	
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(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1) SHARED HOPE FOUNDATION	р	1,000	
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		Disproprtionate allocation		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011