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DLN: 93493266005033

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public

A F	or the	2012 ca	lendar year, or tax year beginnin	g 01-01-2012 , 2012, and ending 12	-31-2012		
B Ch	neck if a	applicable	C Name of organization WORLD HOPE INTERNATIONAL INC	-		D Employer	identification number
✓ Ad	dress c	change				35-1985	5485
∏ Na	me cha	ange	Doing Business As				
∏ In	ıtıal retu	urn		nail is not delivered to street address) Room/	suite	E Telephone	number
Te	rmınate	ed	1330 Braddock Place Suite 301			(703)92	
☐ An	nended	l return	City or town, state or country, and a Alexandria, VA 22314	ZIP + 4		(/03/52	.5 5414
Г Aр	plicatio	n pending	Alexandria, VA 22314			G Gross rece	ipts \$ 7,201,868
			F Name and address of prin	ncipal officer	I	this a group re	
			Dr Thomas Armiger 1330 Braddock Place		aff	filiates?	Γ Yes Γ No
			Suite 301 Alexandria, VA 22314		H(b) Ar	e all affiliates ii	ncluded?
▼ T:		mpt status	<u> </u>	Insert no)	If	"No," attach a l	list (see instructions)
		·		Insert no) 4947(a)(1) or 527	H(c) G	roup exemption	number ►
			w worldhope org		<u> </u>		
			Corporation Trust Association	n Other ▶	L Year o	f formation 1996	M State of legal domicile IN
Pa	rt I		nmary describe the organization's mission				
Governance		education	e poverty, suffering and injustice on and economic development in	elief and development organization w World Hope accomplishes its missio tiatives in a holistic community deve	n through he lopment app	alth, anti-traffic roach	cking, clean water wells,
	1	Cneckt	nis box 🞮 if the organization di	scontinued its operations or disposed	or more tha	n 25% of its ne	t assets
Activities &	3	Number	of voting members of the govern	ing body (Part VI, line 1a)		L	3 17
Ě	4	Number	of independent voting members	of the governing body (Part VI, line $f 1$	b)		4 17
ទ្ធ	1			calendar year 2012 (Part V, line 2a)			5 30
	1		·	ecessary)			6 108
				art VIII, column (C), line 12 rom Form 990-T, line 34		<u> </u>	7a 0 7b 0
	+ -	- NCC UIII	eracea basiness taxable income i	101111 5 T T T T T T T T T T T T T T T T T		rior Year	Current Year
	8	Contr	abutions and grants (Part VIII, li	ne 1h)	. —	8,256,839	+
3	9			ne 2g)		119,380	110,763
Ravenue	10	Inves	tment income (Part VIII, columr	n (A), lines 3, 4, and 7d)		-56,869	-26,668
ш	11		, , , , , , , , , , , , , , , , , , , ,	lines 5, 6d, 8c, 9c, 10c, and 11e)		3,187,47	7 396,521
	12			(must equal Part VIII, column (A), li	ne	11,506,82	6,657,371
	13	Grant	s and similar amounts paid (Part	IX, column (A), lines 1-3)		955,42	7 524,629
	14	Benef	fits paid to or for members (Part I	X, column (A), line 4)		(0
82	15	Salar 5-10		ee benefits (Part IX, column (A), lines	;	3,769,988	1,913,765
Expenses	16a		•	column (A), line 11e)			54,442
ŝ	Ь		undraising expenses (Part IX, column (D				
ш	17			lines 11a-11d, 11f-24e)		6,407,476	3,723,515
	18	Total	expenses Add lines 13-17 (mu	st equal Part IX, column (A), line 25)		11,132,89	6,216,351
	19	Reve	nue less expenses Subtract line	18 from line 12		373,936	5 441,020
Not Assets or Fund Balances					Beginn	ning of Current Year	End of Year
See!	20	Total	assets (Part X, line 16)			4,765,65	1 4,658,139
R E	21		liabilities (Part X, line 26)			1,846,60	
	22		ssets or fund balances Subtract	line 21 from line 20		2,919,04!	2,880,405
	rt II		nature Block				
my k	nowle arer h	edge and las any k		amined this return, including accompanplete Declaration of preparer (other			
			e or print name and title Print/Type preparer's name	Preparer's signature	Date (Charle C DT	TIN
Pai	Ч		гину гуре ріерагет s нагле	ricpaici s signature		Check if PT self-employed	TIA
	u pare		Firm's name 🕨			Fım's EIN 🟲	
	one On		Firm's address 🕨		1	Phone no	
,		<u>y</u> [1		

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

☐ Yes ☐ No

orm	990 (2012)						Page 2
Part		of Program Se dule O contains a re			tIII		٦
1	Briefly describe the o	organization's missi	on				
	urpose of WHI include ding anti-trafficking, cl					g-term social tran	sformation projects,
2	Did the organization i	ındertake any sıgnı	ficant program se	ervices during the	year which were not	listed on	
	the prior Form 990 or If "Yes," describe the		Schedule O				┌ Yes ┌ No
3	Did the organization of services?	cease conducting, o	or make significar		it conducts, any pro	gram • • • •	✓ Yes
	If "Yes," describe the	se changes on Sch	edule O				
4	Describe the organization some expenses Section 50 the total expenses, a	1(c)(3) and 501(c)(4) organizations	s are required to re			
4a	(Code) (Expenses \$	1,268,637	ıncludıng grants of \$	25,600) (Revenue \$	0)
	these children were place Persons (TIP) Recovery	ed into continued care f Center 22 survivors we on issues related to traf	acılıtıes or safely reini re admitted and prov ficking and referred t	tegrated into their con vided immediate safe to the TIP Recovery Co	nmunities In Sierra Leon shelter and evaluation 5 enter 15 victims were co	e, WHI launched the o 8 Village Parent Group Innected to legal assis	holistic aftercare 104 of country's first Trafficking in os (approximately 27,000 tance and their court cases communities
4b	(Code) (Expenses \$	817,073	ıncludıng grants of \$	397.029) (Revenue \$	14,294)
	Education 220 students, special needs received quand Bosnia pay tuition with children under the age of nutritional support under	uality education through hich is reported as prog f 5 were screened for m	n participation in WHI ram revenue 2,141	Bosnia's Learning to L children received educ	earn program. The stude ational supplies and reso	ents attending training airces through Hope fo	s and classes in Azerbaijan or Children Over 50,000
4c	(Code) (Expenses \$	766,591	ıncludıng grants of \$	5 0) (Revenue \$	64,000)
		drilled 86 wells (40 in l dition, WHI built 72 latri WHI provided training t ilorinated 265 wells in S	nes in Sierra Leone a o community membe ierra Leone There w	nd Zambia, giving app ers in well and latrine r ere zero cholera-relate	proximately 1,080 people maintenance In response	access to safe sanita to one of the worst	
	(Code) (Expenses \$	481,753	ıncludıng grants of \$	102.000) (Revenue \$	32,470)
	Economic Development juice processing compan asset generation Adelph	WHI helped facilitate the Cattle Development AC program engaged 1 ans were distributed and gs for income generations.	ne sale of 1 8 million Project in Mozambiqu 09 Cambodian wome 12 poultry houses w	pounds of mangos from the expanded to include the include the in savings groups, series constructed in 12	m small hold farmers in 273 active cattle groups strengthening social capa villages in Sierra Leone,	Sierra Leone to Africa and more than 1,200 city by helping wome increasing egg produc	Felix Juice, an international cattle for the rural poor as nadvocate and provide for tion for better nutrition and
	(Code Health, volunteer and ot to support the mission T				orns and the expense re		0) nteers to various countries am initiatives
	(Code) (Expenses \$	281,198	ıncludıng grants of \$) (Revenue \$	0)
	Public awareness initiativ opportunity, dignity and	es to bring attention to	•	,		,	•
	0.11	(D	-1-1-1-6.				
4d	Other program servi (Expenses \$		chedule O) ncluding grants c	of\$	102,000)(Revenue	\$	32,470)
4e	Total program service	ce expenses 🕨	4,922,380				

Part IV	Checklist o	f Rec	uired	Sche	dules

			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	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		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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? <i>If</i> "Yes," complete Schedule D, Part V	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, line 10? 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	Yes	
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		No
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 and XII	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 and XII 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	Yes	
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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	17	Yes	
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		Νo
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "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	Yes	
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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
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 11b and 19?	38	Yes	

ar	t V	Statements Regarding Other IRS Filings and Tax Compliance				. F
		Check if Schedule O contains a response to any question in this Part V	····	寸	Yes	ر. No
La	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	. 1	\dashv		
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			
c	Did the	e organization comply with backup withholding rules for reportable payments to vendors and reportable				
	gamın	g (gambling) winnings to prize winners?	1	.c	Yes	
2a	Tax St	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	30			
h		east one is reported on line 2a, did the organization file all required federal employment tax returns?	-			
,		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2	b	Yes	
a	Did the	e organization have unrelated business gross income of \$1,000 or more during the year?	3	a		No
)	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3	b		
a		y time during the calendar year, did the organization have an interest in, or a signature or other authority				
		a financial account in a foreign country (such as a bank account, securities account, or other financial int)?	4	a	Yes	
,		s," enter the name of the foreign country ►AJ, BK, CB, HA, LI, MZ, SL, ZA				
		estructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	_			
a	Was th	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	a		No
)	Dıd an	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	ь		N
:	If "Yes	s," to line 5a or 5b, did the organization file Form 8886-T?		T		
	<u>.</u>		-	c		
a		the organization have annual gross receipts that are normally greater than \$100,000, and did the ization solicit	6	a		No
)	_	s," did the organization include with every solicitation an express statement that such contributions or gif	ts 🗀	ヿ		
		not tax deductible?	6	b		
	_	izations that may receive deductible contributions under section 170(c).				
	servic	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ses provided to the payor?	7	a		N ·
		s," did the organization notify the donor of the value of the goods or services provided?		b		
		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required rm 8282?		_{'c}		N
		s," indicate the number of Forms 8282 filed during the year	` ´	+		
		your in it is a serious of the serio				
:		e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_	_		N.
		e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_	e •		N ·
		organization, during the year, pay premiums, directly of manectly, on a personal benefit contract.	<u> </u>	-		IN
,		ed?		g		
1		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7	h		
		oring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did				
		ipporting organization, or a donor advised fund maintained by a sponsoring organization, have excess ess holdings at any time during the year?				
			_ [<u>'</u>		
	•	oring organizations maintaining donor advised funds.		_		
		e organization make any taxable distributions under section 4966?	<u> </u>	a		
		e organization make a distribution to a donor, donor advisor, or related person?	9	b		
		tion fees and capital contributions included on Part VIII, line 12 10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club				
		on 501(c)(12) organizations. Enter				
		Income from members or shareholders				
		income from other sources (Do not net amounts due or paid to other sources				
		st amounts due or received from them)				
3	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	2a │		
•		s," enter the amount of tax-exempt interest received or accrued during the		\top		
	•	on 501(c)(29) qualified nonprofit health insurance issuers.				
		organization licensed to issue qualified health plans in more than one state?		,		
	Note.	See the instructions for additional information the organization must report on Schedule O	13)d		
)		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans				
•		the organization is incensed to issue qualified fleatin plans				
		e organization receive any payments for indoor tanning services during the tax year?	_ 14	 دا	 	No
		e organization receive any payments for indoor tanning services during the tax year?	12	\rightarrow		INC
,	ıı res	s. Has it med a commized to report these payments? IT INO. Drovide an explanation in Schedule O	1 14	+L)		

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

Check if Schedule O contains a response to any question in this Part VI															. ~
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----

	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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		No
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		No
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Reveni	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed AK, AZ, CA, CO, FL, GA, IL, MD, MN, MS, NC, NH, NJ, OK, OR, PA, TN, UT, VA, WI, WV
- 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
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►World Hope International Inc 1330 Braddock Place Suite 301 Alexandria, VA (703)923-9414

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII $\,\cdot\,\,$. $\,\cdot\,\,$.

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter-0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot rect	not box h ar or/tr	n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Evvy Hay Campbell	1	V		х				0	0	
Chair	0	X						0	0	C
(2) Norwood Davis	1	х		х				0	0	(
Vice Chair (term expired 9/30/2012)	0			L^				<u> </u>	U	
(3) Mike Chambers	1	x		х				0	0	(
Vice Chair (from 10/1/2012)	0			L^	$oxed{oxed}$					
(4) Kevin Batman	1	x		x				0	0	(
Treasurer	0			Ĺ				Ů	Ü	
(5) Bobbie Strand	1	l x		×				0	0	(
Secretary	0	^		Ĺ				ŭ	Ŭ	
(6) Jo Anne Lyon	1	×						0	0	(
Director (Founder and Former CEO)	0				<u> </u>				_	
(7) Steve Brown	1	×						0	0	(
Director	0									
(8) Daniel Chamberlain	1	x						0	0	(
Director (O) Palent Clude	0			_	_					
(9) Robert Clyde	1	х						0	0	(
Director (10) Stanbania Cilmar	0	-								
(10) Stephanie Gilmer	1	х						0	0	(
Director (11) David Blanchard	0			\vdash	⊢		\vdash			
, ,	1	×						О	0	(
Director (12) John Lyon	0			\vdash	\vdash					
		х						0	0	(
Director (13) Thomas E Phillippe Sr	0									
		x			1			0	0	(
Director (14) Jeri Sape	0			\vdash	\vdash					
Director		х			1			0	0	(
(15) Dennis Jackson	0				\vdash					
Director	0	х						0	0	(
(16) Gary St John	1				\vdash					
Director (Former Interim CF0)	0	×						0	0	•
(17) Connie Ott	1				t					
Director	0	Х						0	0	(
	U	<u> </u>						I		Form 990 (2012

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot	not bo: h ar	checl k, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estim amount o compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz	ated
(18) Dr Thomas Armiger	50			х				108,978	0		57,237
CEO	0							,			
(19) Gayle Rietmulder	50			х				118,680	0		11,002
CFO (20) Scott Lange	0 50										
CDO (terminated January 2013)	0			х				40,633	0		1,328
ebo (terrimated Junuary 2013)											
4. 2. 2. 1						<u> </u>					
1b Sub-Total			•	•							
c Total from continuation sheets to Part			•	•		<u>.</u> -		268,291	0		69,567
d Total (add lines 1b and 1c) 2 Total number of individuals (including b	ut not limited to	· thosa	licto	.d əl	hove	- -	roc		9		03,307
\$100,000 of reportable compensation				eu ai	DOVE	e) Wilo	rec	erved more than			
										Yes	No
3 Did the organization list any former offi on line 1a? If "Yes," complete Schedule J			e, key	em -	ıplo -	yee, o	r hig	jhest compensate			N.
4 For any individual listed on line 1a, is the			• omno	· ·nca	tion	and o	.+ho.	r componention fro	<u>3</u>		No_
organization and related organizations									on the		
ındıvıdual			•	•	•	•	•		• • • 4	Yes	
5 Did any person listed on line 1a receive									idividual for		
services rendered to the organization?	If "Yes," comple	te Sche	dule.] for	suc	th pers	on		5		No
Section B. Independent Contracto	rc										
1 Complete this table for your five highes		ındepe	nden	ıt co	ntra	ctors	that	t received more th	an \$100,000 of		
compensation from the organization Re										tax year	
	(A) usiness address								(B) on of services	(C Compen	
Towngate LLC PO Box 84-5028 Boston MA 02284								landlord		·	351,578
- Table with a first transfer of	Annual Control					1					
2 Total number of independent contractors \$100,000 of compensation from the orga		iot lim	ited t	o th	iose	iisted	abo	ove) wno received	more than		

		Check if Schedule O contains a resp	onse to any question i	(A) Total revenue	(B) Related or	(C) Unrelated business	(D) Revenue excluded from
					exempt function revenue	revenue	tax under sections 512,513,or 514
u 2	1a	Federated campaigns 1	a 0				
cributions, Gins, Grants Other Similar Amounts	b	Membership dues 1	b 0				
5 6	c	Fundraising events 1	.c ⁰				
conninuations, cins, and Other Similar A	d	Related organizations 1	d 0				
E E	e	Government grants (contributions) 1	e 394,875				
is	f	All other contributions, gifts, grants, and	 .f 5,781,880	i			
탈	•	similar amounts not included above		ļ	ļ		
5	g	Noncash contributions included in lines 1a-1f \$	396,233				
and	h	Total. Add lines 1a-1f		6,176,755			
			Business Code				
nue	2a	Tuition	900099	14,294	14,294	0	(
<u>용</u>	b	Microfinance revenue	900099	32,469	32,469	0	(
92	С	Other Program Income	900099	64,000	64,000	0	(
<u>.</u>	d						
Program Serwice Revenue	e						
5	f	All other program service revenue		0	0	0	(
4	g	Total. Add lines 2a-2f		110,763			
	3	Investment income (including divide and other similar amounts)		28,154	o	0	28,154
	4	Income from investment of tax-exempt bon	<u> </u>	0	0	0	(
	5	Royalties	🕨	0	0	0	(
	_	(ı) Real	(II) Personal				
	6a	Gross rents 30,728 Less rental 0	0				
	b	expenses Rental income 30,728	0				
	С	or (loss)					
	d	Net rental income or (loss)	(II) Other	30,728	0	0	30,728
	7a	Gross amount from sales of assets other	(II) O thei				
	b	than inventory Less cost or other basis and 544,497	0				
	c	sales expenses Gain or (loss) -54,822	0				
	d	Net gain or (loss)		-54,822	o	o	-54,822
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18					
	b		a 0 0				
5	c	Net income or (loss) from fundraising	g events 🛌	0		0	(
	9a	Gross income from gaming activities See Part IV, line 19	_				
	ь		b 0				
	c	Net income or (loss) from gaming ac		0	0	0	(
1	10a	Gross sales of inventory, less returns and allowances .	0				
	b	Less cost of goods sold b	0				
		Net income or (loss) from sales of in		o	0	0	(
		Miscellaneous Revenue	Business Code				
1	11a	Gain on Restructuring of Debt	900099	317,500	0	0	317,500
	b	O ther Revenue	900099	48,293	0	0	48,29
	c						
	d	All other revenue		0	0	0	(
	е	Total. Add lines 11a-11d	🟲	365,793			
1	12	Total revenue. See Instructions .		6,657,371	110,763	0	369,853

Form	990 (2012)				Page 10
Part					
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All			lete column (A)	
	Check if Schedule O contains a response to any question in this Pa		(B)		
	ot include amounts reported on lines 6b, o, 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	102,000	102,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	422,629	422,629		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	311,306	63,615	220,246	27,445
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	1,374,348	1,046,334	183,374	144,640
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,394	10,984	3,783	1,627
9	Other employee benefits	148,011	113,561	27,650	6,800
10	Payroll taxes	63,706	30,626	22,550	10,530
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	7,792	2,628	5,164	0
С	Accounting	91,133	0	91,133	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	54,442			54,442
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	177,615		13,992	6,957
12	Schedule O)	,	,	· · ·	
12	Advertising and promotion	113,626	50,766	809	62,051
13	Office expenses	285,419	159,031	31,235	95,153
14	Information technology	194,847	139,505	36,710	18,632
15	Royalties	0	0	0	0
16	Occupancy	539,044	430,610	75,835	32,599
17 18	Payments of travel or entertainment expenses for any federal,	129,525	84,409	12,082	33,034
10	state, or local public officials	10.252	14.750	0	420
19	Conferences, conventions, and meetings	19,352	14,750	4,182	420
20	Interest	11,547	0	11,547	0
21	Payments to affiliates	299,400	0	0	13.540
22	Depreciation, depletion, and amortization	288,400	246,689	29,171	12,540
23 24	Insurance	19,754	10,780	7,263	1,711
а	Health, Volunteer and Other Initiatives	688,934	688,934	0	0
b	Economic Development, Wells, Education	787,979	787,979	0	0
С	Anti-Trafficking	333,417	333,417	0	0
d	Miscellaneous	35,131	26,467	8,301	363
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,216,351	4,922,380	785,027	508,944
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	-,3,532	.,		

Part X Balance Sheet

	rt X	Check if Schedule O contains a response to any question in this	s Part X	<u></u>	•	· · · · · · · · · · · ·		
				(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing		768,989	1	450,606		
	2	Savings and temporary cash investments		317,051	2	1,551,645		
	3	Pledges and grants receivable, net		49,244	3	110,105		
	4	Accounts receivable, net		38,269	4	32,545		
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	O	5	0			
Assets	6	Loans and other receivables from other disqualified persons (at $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary errorganizations (see instructions) Complete Part II of Schedule 1	0		0			
Š	7	Notes and loans receivable, net		315,347	7	219,519		
ķ	8	Inventories for sale or use		0 10,047	8	0		
	9	Prepaid expenses and deferred charges		49,669		35,489		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1			30, 100		
	Ь	Less accumulated depreciation						
	11	Investments—publicly traded securities		1,427,592 16,796		1,300		
	12	Investments—other securities See Part IV, line 11	0	12	0			
	13	Investments—program-related See Part IV, line 11	1,705,282	13	1,184,360			
	14	Intangible assets		, ,	14	0		
	15	Other assets See Part IV, line 11		77,412		62,831		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		4,765,651	16	4,658,139		
	17	Accounts payable and accrued expenses		364,908		137,862		
	18	Grants payable	0	18	0			
	19	Deferred revenue	0	19	635,000			
	20	Tax-exempt bond liabilities		0	20	0		
	21	Escrow or custodial account liability Complete Part IV of Sche		0	21			
lities	22	Loans and other payables to current and former officers, directively employees, highest compensated employees, and disquality	ors, trustees,					
Liabiliti		persons Complete Part II of Schedule L		1,350,000	22	887,300		
ä	23	Secured mortgages and notes payable to unrelated third partie			23	0		
	24	Unsecured notes and loans payable to unrelated third parties			24	0		
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Pa	ted third parties,					
		D		131,698	25	117,572		
	26	Total liabilities. Add lines 17 through 25		1,846,606	26	1,777,734		
ce s		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ and complete					
G G	27	Unrestricted net assets		1,325,550	27	1,539,267		
<u>ස</u>	28	Temporarily restricted net assets	1,483,495	28	854,863			
둳	29	Permanently restricted net assets		110,000	29	486,275		
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ► ┌ and					
0	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
Ass	32	Retained earnings, endowment, accumulated income, or other f			32			
Šet	33	Total net assets or fund balances		2,919,045	33	2,880,405		
Z	34	Total liabilities and net assets/fund balances		4,765,651	34	4,658,139		
	1		<u> </u>	1 .,, 55,551	- '	.,,		

Pai	Reconcilliation of Net Assets				
	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		6,6	557,371
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,2	216,351
3	Revenue less expenses Subtract line 2 from line 1	3		4	141,020
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		2,9	919,045
5	Net unrealized gains (losses) on investments	5		- 2	264,157
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 2	215,503
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,8	380,405
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. F
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rea separate basis, consolidated basis, or both	viewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both	eparate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overs audit, review, or compilation of its financial statements and selection of an independent accountant?	ight of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, expla Schedule O	ın ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	n the	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ne required	3b		

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As Filed Data -

DLN: 93493266005033

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

Inspection

WORL) HOPE	E INTERNA	TIONAL INC											
D-		D	(D	leli e Chendre				-1-4- 4	35-19854					
	rt I			blic Charity State foundation because						<u>istructions</u>	•			
1				on of churches, or a			-							
2	<u>'</u>			d in section 170(b)(1				ection 170(1))(1)(A)(I).					
3	<u>'</u>			perative hospital se			•	n 170/h\/1\	(A)(iii)					
4	<u>'</u>			h organization opera						1)(A)(iii) F	nter the			
•	,			ty, and state	tea iii conjun	CCIOII WICH a	nospital desi	cribed iii sec		±)(A)(III). ∟	incer the			
5	Γ			erated for the benefi	t of a college	or universit	ty owned or o	perated by a	a government	al unit desc	rıbed ın			
		sect ior	170(b)(1)((A)(iv). (Complete P	art II)									
6	Γ	A feder	al, state, or	local government o	r government	al unit desc	rıbed ın secti	on 170(b)(1	L)(A)(v).					
7	~			at normally receives			support from	a governme	ntal unit or fr	om the gen	eral publi	с		
_	_			on 170(b)(1)(A)(vi).										
8	<u> </u>			described in section					utions mami	harabın faaa				
9	ļ			at normally receives ities related to its e								55		
		•		oss investment inco	•	-		•	` '					
				ganızatıon after June						cax) II o III bu	1511165565			
10	\vdash			ganized and operated										
11	,	_		ganized and operated						o carry out i	the purpo	ses of		
	'			ly supported organiz										
				bes the type of supp										
	_			b Type II c										
е	ı	•	_	ox, I certify that the on managers and ot	_					•	•			
			n 509(a)(2)	on managers and oc	ner than one	or more pub	mery support	eu organizat	lons describe	ed III Section	11 30 3 (a)(1) 01		
f				received a written d	etermınatıon	from the IR	S that it is a	Type I, Type	e II, or Type	III support	ıng organ	ızatıo <u>n,</u>		
			this box	2006 has the suman					. 6 + 1			ı		
g			ng persons?	2006, has the organ	ization accep	oted any gift	or contributi	on from any	ortne					
				rectly or indirectly o	controls, eith	er alone or t	ogether with	persons des	scribed in (ii)		Yes	No		
		and (III) below, the	governing body of th	ne supported	organization	۱۶			11g	(i)			
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11g	(ii)			
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g((iii)			
h		Provide	e the follown	ng information about	the support	ed organızat	ıon(s)							
			1	т	,									
•) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did you		(vi) Is			mount of		
suppo organiz				organization (described on	organızatı col (i) lıs		the organiz		organizati col (i) orga		1	monetary support		
				lines 1- 9 above	your gove		suppor		in the U					
				or IRC section	docume	nt?								
				(see instructions))		1					1			
				ilistructions))	Yes	No	Yes	No	Yes	No				

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		,	teoto notou bere	,	,	
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	13,382,014	12,900,931	11,209,155	8,256,839	6,176,755	51,925,694
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf) C	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge) c	0	0	0	0
4	Total. Add lines 1 through 3	13,382,014	12,900,931	11,209,155	8,256,839	6,176,755	51,925,694
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7,868,118
6	Public support. Subtract line 5						44,057,576
_	from line 4						44,037,376
	ection B. Total Support endar year (or fiscal year	T	1	Т		<u> </u>	
Care	beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	13,382,014	12,900,931	11,209,155	8,256,839	6,176,755	51,925,694
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	71,145	88,885	126,381	129,036	58,882	474,329
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7,284	22,341	34,004	7,280	365,793	436,702
11	Total support (Add lines 7 through 10)						52,836,725
12	Gross receipts from related activit	es, etc (see inst	ructions)			12	2,864,383
13	First five years. If the Form 990 is this box and stop here	<u> </u>	<u> </u>				zatıon, check
	ection C. Computation of Pul						
14	Public support percentage for 2012			11, column (f))		14	83 384 %
15	Public support percentage for 201:	I Schedule A , Pa	rt II, line 14			15	87 38 %
16a	33 1/3% support test—2012. If the				ne 14 is 33 1/3%	or more, check th	
	and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported.						
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part IV how the organization in	—2011. If the org nization meets th	anızatıon dıd not o e "facts-and-cırcı	check a box on lin umstances" test,	e 13, 16a, 16b, o check this box ar	r 17a, and line id stop here.	▶ □
18	supported organization Private foundation. If the organizatinstructions					·	y ▶⊏

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Fo	rm 990 or 990-EZ) 2012 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

Explanation

As reported in the miscellaneous revenue section of Part VIII, the \$365,793 is the combination of the amount reported on 11a, Gain on restructuring of debt, \$317,500 and the amount reported on 11c, other income, \$48,293

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493266005033

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

ame of the organization	·	Emp	loyer ident if icat	ion numbe	r		
ORLD HOPE INTERNATIONAL INC		35-1985485					
organizations Maintaining Donor organization answered "Yes" to Form	•	Funds	or Accounts.				
	(a) Donor advised funds		(b) Funds and o	theraccou	nts		
Total number at end of year							
Aggregate contributions to (during year)							
Aggregate grants from (during year)							
Aggregate value at end of year							
Did the organization inform all donors and donor a funds are the organization's property, subject to t		onor advi	sed	┌ Yes	┌ No		
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				┌ Yes	┌ No		
art II Conservation Easements. Comple	ete if the organization answered "Yes"	to Forn	n 990, Part IV	, lıne 7.			
Purpose(s) of conservation easements held by th Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	ation or education) Preservation of a	a certifie	d historic struct	ure			
easement on the last day of the tax year							
			Held at the	End of the	Year		
Total number of conservation easements Total acreage restricted by conservation easeme		2a					
Total acreage restricted by conservation easeme		2b					
Number of conservation easements on a certified	· •	2c					
Number of conservation easements included in (o historic structure listed in the National Register		2d					
Number of conservation easements modified, trai	nsferred, released, extinguished, or termina	ted by th	ie organization d	luring			
the tax year ►							
Number of states where property subject to cons	ervation easement is located ►						
Does the organization have a written policy regar enforcement of the conservation easements it ho		ndling of	violations, and	☐ Yes	┌ No		
Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easo	ements d	luring the year				
A mount of expenses incurred in monitoring, insper	ecting, and enforcing conservation easemer	nts during	g the year				
Does each conservation easement reported on lii and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)	┌ Yes	┌ No		
In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financi sements	al stater	nents that desc	ribes			
Complete if the organization answere	tions of Art, Historical Treasures ed "Yes" to Form 990, Part IV, line 8.	, or Otl	her Similar <i>A</i>	Assets.			
If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	AS 116 (ASC 958), not to report in its rev assets held for public exhibition, education	n, or rese	arch ın furtheraı				
If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education	e statem	ent and balance		ıc		
(i) Revenues included in Form 990, Part VIII, lir	ne 1		► \$				
(ii) Assets included in Form 990, Part X			► \$				
If the organization received or held works of art, he following amounts required to be reported under S							
Revenues included in Form 990, Part VIII, line 1			► \$				
Assets included in Form 990, Part X			- \$				

Part	Organizations Maintaining Co	<u>llections of Art</u>	t, HIS	itorical li	<u>easu</u>	res, or O	ine	<u>r Similar <i>i</i></u>	<u>Asse</u>	ts (co	ntınued)_
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other reco	rds, cl	neck any of	he foll	owing that a	re a	sıgnıfıcant ı	ıse of	ıts	
а	Public exhibition		d	┌ Loan	or excl	nange progra	ams				
b	Scholarly research		e	┌ Othe	r						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ain ho	w they furthe	er the o	rganızatıon'	s ex	empt purpos	e in		
5	During the year, did the organization solicit o							ıılar	_		_
	assets to be sold to raise funds rather than t		-							Yes	☐ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					ı answered	1 "Y	es" to Forn	1 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for contribu	itions d	or other asse	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing table		_					
									Amou	ınt	
С	Beginning balance					-	1c				
d	Additions during the year						1d				
е	Distributions during the year					-	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	•					Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anation has	been p	rovided in Pa	art >	KIII			Γ
Pa	rt V Endowment Funds. Complete										
-	Parameter for a substitute of	(a)Current year 110,000	(b)	Prior year	b (c) Tv	· ·	(d)	Three years bad	-)Four ye	ars back
1a	Beginning of year balance	376,275		110,000		110,000		110,0	0		110,000
b	Contributions	376,275				0			4		
С	Net investment earnings, gains, and losses	13,554		3,300		3,850		4,1	23		4,961
d	Grants or scholarships	0		0		0			0		0
е	Other expenditures for facilities	13,554		3,300		3,850		4,1	23		4,961
_	and programs	0				0		.,,_	0		0
f	Administrative expenses	486,275		110,000		110,000		110,0	┧_		110,000
g	End of year balance			•	<u> </u>	•		110,0	99		110,000
2	Provide the estimated percentage of the curr	ent year end balan 0 %	ce (IIr	ie 1g, colum	n (a)) i	neid as					
а	Board designated or quasi-endowment	0 %									
Ь	Permanent endowment ► 100 %										
C	Temporarily restricted endowment ► Contract The percentages in lines 2a, 2b, and 2c shows) % uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that are hel	d and a	dmınıstered	for	the		Yes	No
	(i) unrelated organizations							Г:	3a(i)	Yes	140
	(ii) related organizations							-	Ba(ii)		No
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	Schedule R?				[3b		
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa			(I) Cont	I	(-)		(4) D-	- 1 1
	Description of property			(a) Cost o basis (inves		(b)Cost or ot basis (othei		(c) Accumula depreciation		(а) во	ok value
1a	Land		•		0	21,2	232				21,232
b	Buildings		•		0	918,	579	319	,329		599,250
C	Leasehold improvements				0	282,2	286	250	,234		32,052
	Equipment				0	,	526	166	,940		118,686
					0	,			,509		238,519
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colι	ımn (B), lıne	10(c).)			🛌			1,009,739

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) First Char FO 7	1 104 260	
(1) First Step EO Z	1,184,360	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	_///	
Part IX Other Assets. See Form 990, Part X, III		1 (1) 5
(a) Descrip	otion	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part >	1	
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
Deferred Rent Abatement	9,442	
Other noncurrent liabilities	108,130	
	Į į	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Fin 48 (ASC 740) Footnote In Part XIII, provide the tex	117,572	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)............2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Earnings on the \$110,000 endowment fund are designated for scholarships to a bible college in Mozambique Ninety percent of earnings of the \$376,275 endowment fund are to fund general and administrative expenses with the remaining ten percent to be reinvested
SchD_P10_S00_L02	Schedule D, Part X, Line 2	World Hope is exempt from payment of taxes on income other than net unrelated business income under section 501 (C) (3) of the Internal Revenue Code World Hope Microcapital Fund, LLC was a single member limited liability company. All financial transactions of World Hope Microcapital Fund LLC are reported on World Hope International's Form 990. No provision for income taxes is required for the year ended December 31, 2012, as World Hope International and World Hope Microcapital Fund had no net unrelated business income. World Hope International has adopted the authoritative guidance relating to accounting for uncertainty in income taxes included in ASC topic income taxes. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. World Hope International performed an evaluation of uncertain tax positions for the year ended December 31, 2012, and determined that there were no matters that would require recognition in the consolidated financial statements or that may have any effect on its tax-exempt status. As of December 31, 2012, the statute off limitations for tax years 2009 through 2011 remains open with the U.S. Federal jurisdictions or the various states and local jurisdictions in which World Hope International files tax returns.

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DLN: 93493266005033

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

NO I	RLD HOPE INTERNATIONAL INC				35-1985485				
Pa	General Informatio "Yes" to Form 990, Pa	n on Activitie	es Outside tl	he United States. C	omplete if the organiza	ation answered			
1									
2	For grantmakers. Describe in the United States.	nds outside							
3	Activites per Region (The follow	ving Part I, line 3	B table can be d	uplicated if additional sp	ace is needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region			
	Central America and the Caribbean	0	0	Program Services	Volunteer support for relief services	43,44			
	East Asia and the Pacific	2	58	Program Services	Antı-Trafficking, Economic Development	291,24			
	Russia and the newly independent States	1	7	Program Services	Education and Rural Development	103,73			
	Sub-Saharan Africa	4	86	Program Services	Anti-trafficking, education, economic development, wells and health intiatives	1,343,32			
	Europe (including Iceland and Greenland)	1	2	Program Services	Education	25,92			
~	- Cub total								
	a Sub-total b Total from continuation sheets								

153

to Part I

c Totals (add lines 3a and 3b)

1,807,668

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (c) Region (d) Purpose of (e) A mount of (f) Manner of (a) A mount of (h) Description (i) Method of 1

section and EIN (if applicable)		grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
	Central America and the Caribbean	Child sponsorship	58,033	Wire	0		
	Central America and the Caribbean	Child sponsorship	61,421	Wire	0		
	East Asia and the Pacific	Child sponsorship	28,064	wire	0		
	East Asia and the Pacific	Antı-trafficking	25,600	wire			
	South Asia	Child sponsorship	62,280	wire	0		
	South Asia	Child sponsorship	14,879	wire	0		
	South Asia	Child sponsorship	8,956	wire	0		
	South Asia	Child Sponsorship	41,602	wire	0		
	South Asia	Child Sponsorship	17,611	wire	0		
	Sub-Saharan Africa	Child Sponsorship	16,048	wire	0		
	Sub-Saharan Africa	Child sponsorship	73,150	wire	0		
	Sub-Saharan Africa	Scholarships	6,785	wire	0		
	South America	Scholarships	8,200	wire	0		
		applicable) Central America and the Caribbean Central America and the Caribbean East Asia and the Pacific East Asia and the Pacific South Asia Sub-Saharan Africa Sub-Saharan Africa	applicable) Central America and the Caribbean Central America and the Caribbean East Asia and the Pacific East Asia and the Pacific South Asia Child sponsorship South Asia Child sponsorship Child sponsorship Child sponsorship South Asia Child Sponsorship Sub-Saharan Africa Child Sponsorship Sub-Saharan Africa Child sponsorship Sub-Saharan Africa Child sponsorship	applicable) Central America and the Caribbean Central America and the Caribbean Central America and the Caribbean East Asia and the Pacific East Asia and the Pacific South Asia Child sponsorship South Asia Child sponsorship Child sponsorship South Asia Child Sponsorship Child Sponsorship South Asia Child Sponsorship T7,611 Sub-Saharan Africa Child sponsorship Sub-Saharan Africa Child sponsorship Child sponsorship 73,150 Sub-Saharan Africa Child sponsorship Sub-Saharan Africa Child sponsorship 6,785	applicable) Central America and the Caribbean Central America and Child sponsorship the Caribbean Central America and Child sponsorship the Caribbean East Asia and the Pacific East Asia and the Pacific Couth Asia Child sponsorship South Asia Child sponsorship Child sponsorship Child sponsorship South Asia Child sponsorship South Asia Child sponsorship Child sponsorship South Asia Child Sponsorship Child Sponsorship Child Sponsorship South Asia Child Sponsorship Child Sponsorship	Applicable Central America and the Caribbean Child sponsorship 58,033 Wire Other Caribbean Central America and the Caribbean Child sponsorship 61,421 Wire Other Caribbean Child sponsorship 28,064 wire Other Caribbean Child sponsorship 28,064 wire Other Caribbean Child sponsorship 25,600 wire Cast Asia and the Pacific Cast Asia and the Pacific Cast Asia Child sponsorship Cast Asia Cast Asia Child sponsorship Cast Asia Cast Asia	applicable) Central America and Child sponsorship 58,033 Wire 0 Central America and Child sponsorship 61,421 Wire 0 East Asia and the Pacific 0 East Asia and the Pacific 25,600 wire 0 South Asia Child sponsorship 14,879 wire 0 South Asia Child sponsorship 8,956 wire 0 South Asia Child Sponsorship 41,602 wire 0 South Asia Child Sponsorship 17,611 wire 0 Sub-Saharan Africa Child sponsorship 16,048 wire 0 Sub-Saharan Africa Child sponsorship 73,150 wire 0 Sub-Saharan Africa Scholarships 6,785 wire 0 Sub-Saharan Africa Scholarships 6,785 wire 0

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

Enter total number of other organizations or entities

10

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. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	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	Y	'es	<u> </u>	Νo
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)	Γ	Υ	'es	<u> </u>	Νo
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	Υ	'es	<u> -</u>	Νo
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).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V	Sup	plemer	ntal Ir	nform	atior

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

as applicable. Als	so complete this part to provide any	y additional information (see instructions).
Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	World Hope monitors grants it awards to other organizations by requiring periodic program and financial reports, World Hope's staff or representatives visit field projects and grantees to review performance against memos of understanding or grantee agreements
		Schedule F (Form 990) 2012

DLN: 93493266005033

OMB No 1545-0047

Inspection

Employer identification number

Open to Public

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

WORLD HOPE INTERNATIONAL INC 35-1985485 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

e 🔽 Solicitation of non-government grants Mail solicitations ✓ Internet and email solicitations f Solicitation of government grants

▼ Phone solicitations ▼ In-person solicitations

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

V Yes I No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of (vi) Amount paid to (ii) Activity (iii) Dıd (iv) Gross receipts (v) A mount paid to from activity (or retained by) (or retained by) individual fundraiser have or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes No Creating awareness and raising support for the missions of World Hope International throughout the Wesleyan Church Kenneth S Drury The was 6105 Augusta Drive accomplished by Νo 501,531 22,917 478,614 emails, phone calls, Springfield, VA 22150 personal visits and public speaking Only half of the payments reported on the 1099 are recorded as fundraisina expenses Creating awareness and raising support for the missions of World Hope Arnold Eastburn International 13511 Molique Blvd throughout the 122,867 7,800 115,067 Νo Wesleyan Church Fishers, IN 46037 The was accomplished by emails, phone calls, personal visits and public speaking Creating awareness and raising support for the missions of World Hope International throughout the Wesleyan Church John Mealy The was 103 Colleton Court accomplished by Νo 0 10,400 -10,400 emails, phone calls, Clemson, SC 29631 personal visits and public speaking Only half of the payments reported on the 1099 are recorded as fundraising expenses Creating awareness and raising support for the missions of World Hope I nternational throughout the Wesleyan Church Wayne Macbeth The was 4614 Union Road accomplished by 0 5,525 -5,525 Νo emails, phone calls Buffalo, NY 14225 personal visits and public speaking Only half of the payments reported on the 1099 are recorded as fundraising expenses Creating awareness and raising support for the missions of World Hope International throughout the Wesleyan Church Dawn Sullivan The was 39630 WCR 392 accomplished by 7,800 Νo 13,776 5.976 emails, phone calls, Briggsdale, CO 80611 personal visits and public speaking Only half of the payments reported on the 1099 are recorded as fundraising expenses 638,174 54,442 583,732 Total.

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

AK, AZ, CA, CO, FL, GA, IL, KY, MD, MN, MS, NC, NH, NJ, OK, OR, PA, TN, UT, VA, WI, WV

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	(3)
Revenue	1	Gross receipts				
9. 9.	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
en.	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ğ	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		()
	11	Net income summary Combine Ii	ne 3, column (d), and Iır	e 10		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>—</u>		\$13,000 OH TOTHI 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
<u>_</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
			☐ Yes	┌ Yes	┌ Yes	
	6	Volunteer labor	□ No	│ No	┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming a	ctivities		
а		the organization licensed to operate				. 「Yes 「No
b	If"	No," explain				
10a b		re any of the organization's gaming Yes," explain	icenses revoked, suspe	ended or terminated during	the tax year?	

Does	the organization operate gaming a	activities with nonmembers? \cdot .	· · · · · · · · · · · · · · · · · · ·
12	Is the organization a grantor, ber	neficiary or trustee of a trust or a m	nember of a partnership or other entity
	formed to administer charitable g	amıng?	· · · · · · · · · · · · · · · · · · ·
13	Indicate the percentage of gamin	g activity operated in	
а	The organization's facility		13a
b	An outside facility		
14	Enter the name and address of th	e person who prepares the organiz	ation's gaming/special events books and records
	Name ►		
	Address -		
15a b	revenue?		the organization receives gaming
	amount of gaming revenue retain	ed by the third party 🏲 \$	
c	If "Yes," enter name and address	of the third party	
	Name 🕨		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation	* \$	
	Description of services provided		
17	Director/officer Mandatory distributions	F Employee	Independent contractor
а	Is the organization required unde	r state law to make charitable dist	ributions from the gaming proceeds to
			, 163 , 110
b			ed to other exempt organizations or spent
Dav		activities during the tax year > \$	provide the explanations required by Part I, line 2b,
- CI	columns (III) and (v), a		5b, 15c, 16, and 17b, as applicable. Also complete this
	Identifier	Return Reference	Explanation
Sch	G_P01_S00_L02b	Schedule G, Part I, Line 2b	Individuals were contracted to educate the Wesleyan Denomination about the work of World Hope International in alleviating the harsh conditions of poverty and asking them to become engaged in the mission They also were soliciting

donations from Churches and individuals According, not all of the amounts reported on their 1099s were recorded as

fundraising expenses

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No 1545-0047

DLN: 93493266005033

Department of the Treasury Internal Revenue Service

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

Inspection

NORLD HOPE INTERNATION	AL INC					Employer identii	ication number
						35-1985485	
		s and Assistance					
 Does the organization mathe selection criteria use Describe in Part IV the o 	d to award the grants	orassistance?					✓ Yes 🗀
Part II Grants and Ot		o Governments and recipient that receive					d "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) First Step EO Z 1330 Braddock Place Alexandria, VA 22314	27-1035915		102,000		0 cost		The grant was given to further World Hope's mission of alleviating poverty The funds were used in a block farming project to provide opportunities for unemployed youth and others to generate a sustainable livelihood
Enter total number of secEnter total number of oth		overnment organizations d in the line 1 table					1

П	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV,	line 22
_	Part III can be duplicated if additional space is needed.	,	

(a)Type of grant or assistance	(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	Supplemental	Information
---------	--------------	-------------

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	, ,	The only grant made during 2012 to a US based organization was to World Hope's controlled entity, First Step, EOZ Members of the World Hope board representing the shareholders interest of World Hope also serve on First Step's board The performance of First Step and the execution of the grant was monitored by the First Step board of directors

Schedule I (Form 990) 2012

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DLN: 93493266005033

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization WORLD HOPE INTERNATIONAL INC **Employer identification number**

35-1985485

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee ▼ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)Dr Thomas Armiger CEO	(i) (ii)	108,977 0	0	0 0	6,806 0	50,431 0	166,214 0	0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

The complete the part of any additional morning of												
Identifier	Return Reference	Explanation										
SchJ_P01_S00_L01a	, ,	Part 1, Line 1A Dr Thomas Armiger, being an ordained minister, elected to designate \$40,000 of his \$140,000 base salary as clergy housing exclusion. As such, the amount report in Box 1 of the W-2 does not include this amount. The \$40,000 is included in non-taxable benefits reported in Part 2 (d) of Schedule J. The board approved an indefinite amount to be designated as housing exclusion up to 100% of salary, but limited to actual qualified expenses.										
SchJ_P01_S00_L04	1 ' '	Scott Lange, Chief Development Officer, received a total severance payment in the amount of \$22,603 for the year ended December 31, 2012										

Schedule J (Form 990) 2012

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DLN: 93493266005033

Schedule L

Department of the Treasury

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Transactions with Interested Persons

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service	
Name of the organization	

Employer identification number

	ccess Benefit						ganıza		only).			
	mplete if the orga											4 1
1 (a) Na	ame of disqualifie	a person (b) K		iip between d and organizat		(c) Descri	סנוסוו ס	rtrans	saction		(d) Corre Yes	No.
4958 .	ne amount of tax II						yearı	ınder :	section \$ \$			
-	Loans to and/ Complete if the or organization repo	ganızatıon answe	red "Yes	" on Form 99	· ·	line 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o	r ıf the	
• •	(b) Relationship with organization	1 ' '	(d) Loa or from organiza	the	(e)Original principal amount	(f) Balance due	(g) defa		(h) Appro by boa commi	ved rd or	(i)Wrı agreen	
			То	From			Yes	No	Yes	No	Yes	No
1) Thomas Phillipe	Board member	To fund hiring of development staff and CRM system	X		1,500,000	887,300		No	Yes		Yes	
											- - -	
											_	
otal	•	•		\$	•	887,300				•	7	
Part IIII (Grants or Assi											
	Complete if the of interested (organization ar b) Relationship b		(c) Amount		(d) Type o		tanco	(e)	Purnos	e of assi	stanc

Complete if the organization			ne 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?		
				Yes	No	

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
SchL_P02_S00_L00	,	The purpose of the loan was to invest in infrastructure by creating and staffing new development positions and purchase/convert to a more powerful donor database system

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493266005033

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

Noncash Contributions

Name of the organization WORLD HOPE INTERNATIONAL INC

Employer identification number

35-1985485

Pa	rt I	Types of Property	_						
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
1	Art—W	orks of art			-				
2	Art—H	istorical treasures .							
3	Art—Fi	ractional interests							
4	Books	and publications							
5	Clothir goods	ng and household							
6	Cars a	nd other vehicles							
7	Boats	and planes							
		ctual property							
		ties—Publicly traded .	X	2	19,958	Fair Market Value			
		ties—Closely held stock .							
11		ties—Partnership, LLC,							
12		t interests ties—Miscellaneous							
		ed conservation							
13	contrib	oution—Historic ures							
14	-	ed conservation oution—O ther							
15		state—Residential .							
		state—Commercial							
		state—Other							
18	Collec	tibles							
		nventory							
20	Drugs	and medical supplies .							
21	Taxide	rmy							
22	Histori	cal artifacts							
23	Scient	ıfıc specımens							
24	Arched	ological artifacts							
		Donated Investments for Endowment							
25	Other	► (<u>Fund</u>)	Х	1	376,275	Fair Market Value			
26		- ()							
27	Otheri	·							
28									
29				inization during the tax yea 283, Part IV, Donee Ackno		29		w I	0
302	During	the year did the organize	ition receiv	e hy contribution any prope	erty reported in Part I, lines	1-28 that it		Yes	No
500					on, and which is not require				
				period?		a to be used	202		No
j.		s," describe the arrangeme					30a		110
31					review of any non-standard	contributions?	31	Yes	
32a				les or related organizations	to solicit, process, or sell i	ioncasn	32a	_	No
b	If"Ye	s," describe in Part II							_
33		organization did not report ibe in Part II	an amount	in column (c) for a type of	property for which column (a) is checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

DLN: 93493266005033

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization WORLD HOPE INTERNATIONAL INC

Employer identification number

35-1985485

ldentifier	Return Reference	Explanation
F990_P03_S00_L03	Form 990, Part III, Line 3	During 2012, World Hope International dissolved World Hope Microcapital Fund LLC, a disregarded entity, and assumed it's assets. The LLC did not have any liabilities. This Fund was used to manage and make microfinance loans. Microcapital stopped making loans during 2011 and World Hope is now carrying out its economic development work through the creation of supply chains.
F990_P05_S00_L02a	Form 990, Part V, Line 2a	Only US citizens working in the United States or abroad that are paid by headquarters and receive W-2s are included. World Hope has offices in other countries that hire nationals and run their own payrolls under the laws of their respective countries as reported on Schedule F.
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Joanne Lyon, Founder of World Hope and a member of the Board of Directors is the Mother of John Lyon who also sits on the Board of Directors
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The Form 990 was completed internally and then reviewed by a tax attorney who specializes in the matters of exempt organizations. After the review was completed, the form was electronically sent to all members of the board of directors two weeks prior to the semi-annual board meeting. At the board meeting, the Treasurer presented the return and opened the floor for questions and discussion. The board was then asked to vote on the acceptance of the Form 990 as presented for filing.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Annually, at a regularly scheduled board meeting, each member of the board of directors is given a conflict of interest questionnaire to complete and sign. Employees who are officers, key personnel of World Hope or its for profit subsidiary are required to complete and sign the questionnaire as well. The questionnaire requests disclosure about partner and related organizations to identify individuals who would need to recuse themselves from discussions and votes regarding such entities as specified in the conflict of interest policy. Conflicts of interest would be brought to the attention of the Executive Committee for consideration to take appropriate actions.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	During a regularly held board meeting that took place in September 2010, the Executive Committee comprised of the Chair, Vice-Chair, Treasurer and Secretary being free of conflicts of interest reviewed the salary of the CEO at that time in comparison to comparable compensation data found in Form 990s of like organizations, local and national. At that time the compensation was determine to be fair and reasonable. After the review by the Executive Committee, the salary was presented along with the comparative data to the full board for approval. During September of 2011, there was a transition to a new CEO who was offered less than the former. At that time, it was decided to rely on the compensation review performed the previous year to determine reasonableness. The salary of the new CEO was presented to the full board for approval. During 2012, the CEO's salary was not adjusted. The CFO's salary was not adjusted during 2012, but was reviewed at the time of hire during 2011.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The Audited Financial Statements are posted on World Hope's website as well as ECFA's (Evangelical Council for Financial Accountability) website. The Form 990 is posted on World Hope's website and on Guidestar. Other documents of the organization are available upon request. World Hope has a four star rating from Charity Navigator for its overall transparency.
F990_P10_S00_L13	Form 990, Part X, Line 13	This program related investment is a 65 42 percent ownership in First Step EOZ, a Delaware C Corp First Step was formed to carry out World Hope's endeavor to create jobs for the people in Sierra Leone by starting an Economic Opportunity Zone in an attempt to attract or start businesses in this country
F990_P11_S00_L09	Form 990, Part XI, Line 9	Impairment on a building that is under sales contract for a price less than it's carrying value
SchB_P01_S00_L00	Schedule B, Part I	David Chambers gave a combination of cash and non cash gifts totaling \$412,833 that are reported separately on Schedule B

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DLN: 93493266005033

2012

ZUIZ Open to Public

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

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.

Open to Public Inspection

				35-19854	85			
rt I Identification of Disregarded Entities (Comp	olete if the organization	answered "Yes" to	Form 990, Pa	rt IV, line 33.)				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	e) (f) ear assets Direct controlli entity			
Jorld Hope Microcapital Fund Inc olved May 2012) Braddock Place Suite 301 ndria, VA 22314 14291	Loans and tech assistance to microfinance entities	DE	18,200	0	World Ho	pe International	_	
t II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	the tax year.)				art IV, I			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code secti	on Public charity s (if section 501((f) Direct controlling entity	Section (13) c er	ontro
							Yes	N
								\perp

Part III Identification of Related because it had one or more							zation a	nswered "Y	'es" to	Form	า 990, I	Part 1	IV, lı	ne 34	ļ	
(a) Name, address, and E related organizatio	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	entity	redom Income(r unrela excluded tax ur sections	ninant related, ited, d from nder s 512-	(f) Share o total inco	(g) f Share of me end-of-year assets	(h Disprop r allocaí	ortionate	(i) Code V amount 20 (Schedul (Form	/—UBI in box of le K-1		ral or aging	(k) Percent owner	itage
									Yes	No			Yes	No		
Part IV Identification of Related line 34 because it had one of									iswere	ed "Ye	s" to F	orm '	990,	Part :	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicil (state or fo country	e reign		(d) controlling entity	Type (C corp	(e) of entity p, S corp, trust)	(f) Share of total Income		(g) e of end- year assets		(h) Percent owners	tage	c	(i) ection 5 (b)(13) controlled	i) ed
(A) = 1.5. = 5.																No
(1) First Step EOZ 1330 Braddock Place Suite 301 Alexandria, VA 22314 27-1035915	Economic opportunity zone in Sierra Leone	DE		World Interna		С		388,374		1,187,3	399	65 42 9	%	Ye	es	
													_			

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations lis	sted in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No	
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes		
c	Gift, grant, or capital contribution from related organization(s)				1c		No	
d	Loans or loan guarantees to or for related organization(s)				1d		No	
е	e Loans or loan guarantees by related organization(s)							
f	Dividends from related organization(s)				1f		No	
g	Sale of assets to related organization(s)				1g		No	
h	Purchase of assets from related organization(s)				1h		No	
i	Exchange of assets with related organization(s)				1i		No	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No	
ı	Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10		No	
р	Reimbursement paid to related organization(s) for expenses				1р		No	
q	Reimbursement paid by related organization(s) for expenses				1q	Yes		
r	Other transfer of cash or property to related organization(s)				1r		No	
s	Other transfer of cash or property from related organization(s)				1s		No	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete							
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved				
1) Fi	rst Step EOZ	b	274,000	Fair Market Value				
2) Fı	rst Step EOZ	b	102,000	Cost				
3 \ F.			225 200	Cook				
ا⊤ رد	rst Step EOZ	q	235,289	CUSI				

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		-	
(a) Name, address, and EIN of entity			(d) Predominant income	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	end-of-year	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: 12000197

Software Version: v1.00

EIN: 35-1985485

Name: WORLD HOPE INTERNATIONAL INC

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