

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545 0047 2013

Open to Public Inspection

Dep. Inter	artment nal Rev	of the Treasury enue Service		► Informatio	n about Form 9		ructions is at w		ov/form990	).		pection
A	For th	he 2013 calend	dar year, or tax	year begin	nning		, 2013	, and end	ing			
В	Check	if applicable	С				<u> </u>			D Employer lo	dentification N	umber
	X	ddress change	MISSION:	HOPE IN	TERNATIO	ONAL				20-33	58660	
	Na	ame change	91-1146 H			ET				E Telephone r	number	
	In	itial return	EWA BEACH	I, HI 96	5706					(808)	235-58	14
	Пте	erminated										
		mended return								G Gross receip	pts \$	64,735.
		oplication pending	F Name and add	ress of principa	al officer				H(a) Is this	a group return for	subordinates?	Yes X No
									H(b) Are al	l subordinates incl ' attach a list (see	luded?	Yes No
1	Tax-	exempt status	X 501(c)(3)	501(c) (	) ◄ (١	nsert no )	4947(a)(1) or	527	- II INO,	attach a list (see	e instructions)	
J	We	bsite: ► MI	SSIONHOPE	ONLINE.	ORG				H(c) Group	exemption number	er ►	
K	Form	n of organization	Corporation	Trust	Association	Other >	L	Year of form			of legal domic	ale HI
Pa	nt I	Summan	<u>,                                     </u>		<del></del>	<del></del>						
	1	Briefly describ	e the organiza	ation's miss	sion or most	significant a	ctivities T	HE ORG	ANIZATI	ON'S PRI	MARY EX	KEMPT
a	1		IS TO SPR									
ű			S_AROUND_									
Governance												
Š	2	Check this bo						osed of n	nore than 2			_
৺		Number of vo Number of inc						o 1b)		-2	3	
es		Total number								5		5
Activities &			of volunteers		•		<u> </u>					
Act		Total unrelate		•			<u> </u>	7 a	0.			
	ь	Net unrelated	business taxa	ble income	from Form 9	990-T, line 3	34			7	7 b	0.
									F	Prior Year	Cui	rrent Year
d)	8	Contributions	and grants (Pa	art VIII, line	1h)					65,055	5.	64,735.
Ž	9	Program serv	ice revenue (P	art VIII, lini	e 2g)							
Revenue	1	Investment in	•	•	,,				<u></u>			
4			e (Part VIII, col				•	10\			_	
		Total revenue						ine (2)		65,055		64,735.
	!	<ul><li>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</li><li>14 Benefits paid to or for members (Part IX, column (A), line 4)</li></ul>								5,000	)·	25 <b>,</b> 000.
	ı	•		•	•		(8) 1	- F 10)				
8	1	Salaries, othe	•				mn (A), lines	5 5-10)		_ <del></del>		
Expenses		Professional f							ļ			
<u>.</u>	b	Total fundrais	ing expenses (	(Part IX, co	lumn (D), lir	ne 25) 🟲		-	_			
ш	1	Other expense								30,691		30,144.
	1	Total expense			. 1		A), line 25)	i li		35,691		55,144.
	19	Revenue less	expenses Sul	btract line 1	8 from line	12 -		<u>'ی</u>		29,364	· .	9,591.
8 te		<b>_</b>			*	` ;		- 13	Beginni	ng of Current Ye		d of Year
Assets   Baland	ı.	Total assets (			i i	.v	_!!			169,627		179,218.
P. P.		Total liabilities						ڊ تہ	ļ	0	).	0.
	<u> </u>	Net assets or	fund balances	Subtract I	ine 21 from	line 20		<u> </u>		169,627	<u>'. </u>	179,218.
Pa	<u>ırt II                                   </u>	Signature	e Block			- <u> </u>	୬. ∖s «	<u> </u>				
Unde	er penalt	ties of perjury, I de ectaration of prepar	clare that I have ex-	amined this ret	urn, including ac	companying sch	edules and state	ments, and to	the best of n	ny knowledge and	belief, it is true	e, correct, and
		<u> </u>	1100 11	5					—	F 1/11	<i>y</i> 1	
e:		Situratur	e of officer		mx-						<u>1–1                                   </u>	
∶Siç ∶He												
			RA SMITH print name and title						Dire	CLOI		
<u></u>	-		eparer's name		Preparer's sig	nature		Date .		Check X if	PTIN	
ù D-	id		ING, JD, CPA	MTT	ERIC CHI	Cyana	PA, LLM		4/14	self employed	P00636	289
Pa Pr	ia epare		Arthur		PA ERIC		O CPA CC		111.1	sen employed	[100036	203
	e On						<u> </u>	<del> </del>		Firm's ElN ►		
	• • •	- James addres		h Avenue Lu, HI 96	·					Phone no	·	
May	the If	RS discuss thi				ve? (see ins	tructions)		_	I HORE TO	T Y	es X No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

TEEA0113L 11/08/13

	n 990 (2013) MISSION: HOPE INTERNATIONAL	20-33586	60	F	Page <b>2</b>
Par	·				
	Check if Schedule O contains a response or note to any line in this Part III				X
1	Briefly describe the organization's mission				
	THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO SPREAD THE GOSPEL	OF JESUS	CHR	<u>IST</u>	AND_
	CHRISTIANITY TO OTHER COUNTRIES AROUND THE WORLD.				
2	Did the organization undertake any significant program services during the year which were not listed on the price	ır		_	
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O	_		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O	_			
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	ces, as measu	red by	expen	ises
	others, the total expenses, and revenue, if any, for each program service reported	grants and anot	allons		
4 a	a (Code ) (Expenses \$ 22,000. including grants of \$ 22,000.) (Re	evenue \$			)
	OUR ORGANIZATION SUPPORTS THE SPREADING OF THE GOSPEL OF JESUS CH				
	CHRISTIANITY TO OTHER COUNTRIES AROUND THE WORLD (E.G. JAPAN, MON		NYA	ETC	:
	WE SUPPORT MISSIONARIES WHO WORK IN THOSE COUNTRIES DOING MISSION				
	PREACHING, BIBLE TEACHING, RELIGIOUS COUNSELING, ETC.). WE ALSO	SUDDODT	<u> </u>		
	ORGANIZATIONS DOING SUCH WORK IN THOSE COUNTRIES (E.G. HOPE CHAPE		ii\ ~ -,		
	\$22,000 WAS SUPPORT FOR THIS ORGANIZATION.	T TIOMOTOT	٠ <u>٠</u> ـ ـ ـ	7115	
	222,000 WAS SUFFORT FOR THIS ORGANIZATION.				
	(Order ) (France 6 4 5 500 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
40		evenue \$			,
	THIS AMOUNT WAS FOR TRAVEL FOR THE ORGANIZATION'S PRIMARY EXEMPT	PURPOSE.			<b>-</b>
					<b>-</b>
4 c	: (Code) (Expenses \$ 6,759. including grants of \$ ) (Ri	evenue \$			)
	OUR ORGANIZATION SUPPORTS THE SPREADING OF THE GOSPEL OF JESUS CH	RIST AND			
	CHRISTIANITY TO OTHER COUNTRIES AROUND THE WORLD (E.G. JAPAN, MON		NYA.	ETC	) .
	WE SUPPORT MISSIONARIES WHO WORK IN THOSE COUNTRIES DOING MISSION				
	PREACHING, BIBLE TEACHING, RELIGIOUS COUNSELING, ETC.). WE ALSO S				ONS
	DOING SUCH WORK IN THOSE COUNTRIES (E.G. HC-KALIHI, SUNRISE INTER				
	ETC.). THE \$6,759 WAS RELIGIOUS MATERIALS TO DISTRIBUTE OVERSEAS.	WITCHT.	111111	711/1	. <u></u> –
	TIO. 1. THE VOLIDE MEETING TO PERILED TO DISTRIBUTE OVERSERS.				· – – –
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		<b>-</b>			
		<del></del>		- <b>-</b> -	· <b>– –</b> –
					· <b>–</b> – –
	I Other and a Charles of Charles				
4 d	Other program services (Describe in Schedule O)  See Schedule O				
	(Expenses \$ 3,000. including grants of \$ 3,000.) (Revenue \$			)	
4 e	• Total program service expenses ► 49,357				

TEEA0102L 07/02/13

Form **990** (2013)

BAA

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes, complete Schedule A   2   2   X	Га	Checkist of Required Schedules	_		
Schedule A  2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  3 Did the organization and provide schedule C, Part I  4 Section S01(x3) organization and provides Schedule C, Part I  5 Is the organization assembly should be organization and provides Schedule C, Part II  5 Is the organization assembly should be organization and provides Schedule C, Part II  6 Did the organization assembly door advised binds or any smaller funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts as defined in Revenue Procedule S01-59 II Yes, Complete Schedule C, Part III  5 Did the organization maintain any dorine advised binds or any smaller funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Which complete Schedule D, Part II  5 Did the organization receives or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If Yes, Complete Schedule D, Part II  6 Did the organization report an amount in Part X, line 121, for escrow or nucleoid account liability, serve as a custodian for mounts on loted or Part X in provider additional accountaints, and the provider and the organization and provider and the management, credit repair, or distributions and provider and the organization and provider and the complete Schedule D, Part V  10 Did the organization answer to any of the following questions is Yes', then complete Schedule D, Part V  11 If the organization report an amount for land, buildings and equipment in Part X, line 10 If Yes, complete Schedule D, Part V  11 If the organization report an amount for lines assets in Part X, line 10 If Yes, complete Schedule D, Part X in a Did the organization report an amount for present provider and the				Yes	No
3 Dd the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "esc, complete Schedule C, Part II I Section 50(RS) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "esc, complete Schedule C, Part II I S Is the organization a section 501(c)(a), 501(c)(5), or 501(c)(5	1		1	Х	
for public office? If "Pies," complete Schedule C, Part II  1 Section 501(x) organizations. Did the organization engage in lobbying activities, or have a section 501(th) election  1 set effect during the fax year? If "Pies" complete Schedule C, Part III  2 is the organization a section 501(c)(d), 501(c)(d), or 501(c)(d), o	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
5 Is the organization a section 501(c)(A), 501(c)(S) or 501(c)(G) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advised 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 III  7 Did the organization receive of hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization report an amount in Part X, line 21, for escrew 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 negoliation services? If "Yes," complete Schedule D, Part III  10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or complete Schedule D, Part VIII  11 If the organization report an amount for land, buildings and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  12 Did the organization report an amount for land, buildings and equipment 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 VIII  13 Did the organization report an amount for other securities 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 XIII  14 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XIII  15 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XIII  16 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X	3		3		Х
assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part III 5	4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> 'Yes,' <i>complete Schedule C, Part II</i>	4		Х_
to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, All 17  Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV  Did the organization of the schedule D, Part IV  If the organization did in Part X, Inc. 19 Part IV  If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Part V V  Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V V  Did the organization report an amount for investments — other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V V  Did the organization report an amount for other assets 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 V V  Did the organization report an amount for other isabilities 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 V V  Did the organization report an amount for other isabilities 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 V V  Did the organization separate or consolidated financial statements for the tax year? If 'Yes,' complete Schedule D, Part X V  Did the organization is betting to runcertain tax positions under Fin Na (NaSC romplete Schedule D, Part X	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_		X
B Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part III'  Did the organization and set of a state of the organization in Part X, line 10° If 'Yes,' complete Schedule D, Part III'  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 counselling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV'  Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part VI'  It if the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VII'  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 VIII  d) Did the organization report an amount for investments — other securities 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  d) Did the organization or port an amount for other liabilities 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 IVII  11c X  11d X  11d X  12a Did the organization orban assets or consolidated financial statements for the tax year include a footnote that addresses the organization or blan separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X in X  12a Did the organization about an asset and the second of the United States?  b) Did the organization maintain an office, employees, or agents outside of the United States?  12a Did the organization asset of the second of the United States?  12b Did the organization maintain	6	to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes.' complete Schedule D.	6		Х
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 negoliation services? If Yes,' complete Schedule D, Part V  10 Did the organization for organization, but in a part X, incomplete Schedule D, Part V  11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable  a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VII, VIII, IX, or X as applicable  a Did the organization report an amount for investments — other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VIII  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 VIII  11	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		Х
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  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes, complete Schedule D, Part V  11 If the organization answer to any of the following questions is Yes, then complete Schedule D, Part V, VII, VIII, IX, or X as applicable a Did the organization report an amount for India, buildings and equipment in Part X, line 10? If Yes, complete Schedule D, Part VI  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  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 VII  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 VII  d Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X  11 Did the organization oblain separate or consolidated financial statements for the tax year rolled schedule D, Part X  12 Did the organization oblain separate, independent audited financial statements for the tax year? If Yes, complete Schedule D, Part X  b Was the organization oblain separate, independent audited financial statements for the tax year? If Yes, and if the organization answered YiV to line 12a, then completing Schedule D, Parts XI and XII is optional  12a	8		8		Х
permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11  If the organization's answer to any of the following questions is "Yes", then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  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 VIII  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  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 VIII  d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  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 Fili 48 (ASC 740)? If "Yes," complete Schedule D, Part X  110  L 2a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III A X  L 2a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and III L X  L 2b Us the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and III L X  L 2a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and III L X  L 2a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and III L X  L 2a Did the organization	9	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation	9		Х
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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  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  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 IXI  d Did the organization report an amount for other assets in Part X, line 25? If 'Yes,' complete Schedule D, Part X  f Did the organization's separate or consolidated financial statements for the tax year include a foliontole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X  111	11				4
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assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII  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  e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X  f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X  11e	ا	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	11 b		Х
in Part X, line 16? If 'Yes,' complete Schedule D, Part IX  e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X  11e	(	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	11 c		Х
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  12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII  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 X  13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  13 X  14a Did the organization maintain an office, employees, or agents outside of the United States?  14a 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  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV  16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule G, Part III and IV  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 II and IV  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III  19 Did the organization operate one or more hospital facilities? If '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	11 d		
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<del>- + +</del>	19		19		<u>X</u>
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b	20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	ŀ	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		

Form 990 (2013) MISSION: HOPE INTERNATIONAL

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or 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		Х
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		Х
24 a	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 25a	24a		х
t	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
t	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
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		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions)		-	
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule $M$	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	_
BAA		Form	990 (	2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance			$\Box$
Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a (		103	
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (	- 1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		· ·
(gambling) winnings to prize winners?	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a (			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			<
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		-	
services provided to the payor?	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	J!		المروا
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			[
a Did the organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	]		-
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u> </u>		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	- I		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  11b	<u> </u>		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	]		,
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	13a		<del></del>
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	1 l		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14Ь		
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Form 990 (2013) MISSION: HOPE INTERNATIONAL 20-3358660 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section 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 lifthere are material differences in voting rights among members 1 a 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 5 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? X 2 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 Did the organization have members or stockholders? X 6 7 a 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? X 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by a The governing body? X 8 a **b** Each committee with authority to act on behalf of the governing body? X 8 b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 120 X 13 Did the organization have a written whistleblower policy? Х 13 14 Did the organization have a written document retention and destruction policy? Х 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15 a b Other officers of key employees of the organization X 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule 0

Form <b>990</b> (2013	MISSION:	HOPE	INTERNATIONAL		20	-3358660	Page
Part VII Co	mpensation o ependent Cor	f Office ntracto	ers, Directors, Trustee rs	s, Key Employees	, Highest Compen	sated Employe	es, and
Che	ck if Schedule O	contains	a response or note to any	line in this Part VII			Ĺ

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

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

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

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

<u></u>								,		
				(0	;)					
(A) Name and Title	(B) Average hours per week (list				check perso irecto	k more t n is bot or/truste		(D)  Reportable compensation from the organization	(E)  Reportable  compensation from	(F) Estimated amount of other compensation
	any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations
(1) RALPH MOORE	55									
President	0	X		X				0.	0.	0.
(2) EDWARD HOPE	5	ļ								
Vice President	0	X		Χ			_	0.	0.	0.
(3) LAURA SMITH	5		l				ĺ			
Secretary	0	X		Х			_	0.	0.	0.
_(4) ALAN_TANG	5		1	v			l	0	0	0
Treasurer (5) VINCENT CANTRELL	5	X_		X			<del>-</del> -	0.	0.	0.
Director	3	х						0.	0.	0.
(6)		^							0.	
<u>(7)</u>										
(8)										
<u>(9)</u>										
<u>(10)</u>										
(11)	<b></b>								-	<del></del>
(12)	<b>-</b>					_		·		
(13)										
(14)										

Part VII   Section A. Officers, Directors, Trus  (A)  Name and title	(B) Average hours per	(do	not o	Pos check	sition more erson	es, than is bott or/trus	one h an	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)		_								
(17)		ł								
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	<u> </u>		ļ	—	<del></del>	L	>	0.	0.	0
c Total from continuation sheets to Part VII, Section	n A						<b>&gt;</b>	0.	0.	0
d Total (add lines 1b and 1c)							<b>&gt;</b>	0.	0.	0
2 Total number of individuals (including but not limited to from the organization ▶ 0	o those I	ısted	abo	ve) '	who	recei	ved	more than \$100,00	00 of reportable com	pensation
Did the organization list any former officer, director	or. or tru	stee	. ke	v en	olan	vee.	or h	nighest compensa	ted employee	Yes No
on line 1a <sup>3</sup> If 'Yes,' compléte Schedule J for such  4 For any individual listed on line 1a, is the sum of i	ındıvıdı	ıal								3 X
the organization and related organizations greater such individual	than \$1	50,0	00's	If "	Yes'	com	plet	e Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If 'Yes,</i> Section B. Independent Contractors	comper comple	isatio	on fr ched	om <i>lule</i>	any J fo	unre r suc	late h p	ed organization or erson	ındıvıdual	5 X
1 Complete this table for your five highest compensation from the organization. Report compens	ated ind	epen	den	t co	ntra	ctors	tha	it received more t	han \$100,000 of	
(A)  Name and business addre			alei	uai	yeai	enui	iiy v	Description	)	(C) Compensation
							-			
2 Total number of independent contractors (including bu \$100,000 of compensation from the organization)		ited t	o the	ose	liste	abo	ve)	who received more	than	
BAA		TEFA	าเกลเ	11/	11/13				<del> </del>	Form <b>990</b> (201)

Total revenue Related or exempt Unrelated business evolved to the exempt of the exempt			Check if Schedule O	contains	a resp	onse or note to an	y line in this Part V	'IIL		
b Membership dues c Fundamsing events d Related organizations d Related organi							(A) Total revenue	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	S 5	1 a	Federated campaigns		1 a					
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	Z Z	Ь	Membership dues		1 b				}	
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	25	С	ū		1 c					†
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	AR /	d	Related organizations		1 d				İ	
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	5,0    }	е	Government grants (contributi	ons)	1 e					:
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	Ę S	f	All other contributions, gifts, o	arants, and		-				
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	哥里		similar amounts not included	above	1 f	64,735.				
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	E S	g	Noncash contributions included	1 in lines 1a-	·If \$_					
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	용조	h	Total. Add lines 1a-1f			····	64,735.			
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	불				ļ	Business Code				
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	Š	2 a								
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	ж Ж	b					,			
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	₹	C				·	<del></del>		-	
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	몽	a								
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	RA	- F	All other program service			<del></del>				-
a) Investment income (including dividends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds	ဋ္ဌ	'	· -	ce reverie	,	<u> </u>		<del> </del>		<u> </u>
other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  6a Gross rents  b Less rental expenses  c Rental income or (loss)  d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  c Gann or (loss)  8a Gross income from fundraising events (not including \$  of Net income or (loss) from fundraising events  c Net income or (loss) from fundraising events  c Net income or (loss) from gaming activities  9a Gross income from gaming activities  See Part IV, line 19  b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances  a b Less cost of goods sold b C Net income or (loss) from sales of inventory  Macellaneous Revenue  Business Code  11a  b C C d All other revenue e Total, Add lines 11a-11d  12 Total revenue. See instructions  P A Gross instructions  P A GA, 735, D C D C D C C D C C D C C D C C D C C D C				luding di	udende	unterest and				* 1
5 Royalties  6a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gann or (loss) d Net gain or (loss)  8a Gross income from fundraising events (not including \$ c Net income or (loss) from fundraising events c Net income or (loss) from fundraising events c Net income or (loss) from gaming activities See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities C Net income or (loss) from gaming activities a b Less cost of goods sold b Less cost of goods sold c Net income or (loss) from gales of inventory  Macellaneous Revenue  Business Code  11a b C C d All other revenue e Total, Add lines 11a-11d  12 Total revenue. See instructions    (i) Real		3	other similar amounts)	ruurig uiv	/luerius	s, interest and				
(i) Real (ii) Personal b Less rental expenses c Rental income or (loss) d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Garn or (loss) d Net garn or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b C d All other revenue e Total. Add lines 11a-11id  12 Total revenue. See instructions   * (ii) Personal (iii) Other (iii)		4	Income from investmen	it of tax-e	xempt	bond proceeds <b>&gt;</b>			·	
Sea Gross rents   Sea Description   Sea Descri		5	Royalties			<b>•</b>				
b Less rental expenses c Rental income or (loss) d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)  9a Gross income or (loss) from fundraising events c Net income or (loss) from gaming activities b Less direct expenses c Net income or (loss) from gaming activities a b Less cost of goods sold c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions    Code				(i) R	eal	(II) Personal				
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Begger    Second of the control of t		d	Net rental income or (lo			- (1) Other				
b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d  7 Total revenue. See instructions 64,735. 0. 0. 0. 0.		7 a		(1) Sect.	inties	(ii) Other		. * * *	* `	\$ 
and sales expenses c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions  64,735. 0. 0. 0. 0.							* "	ĺ		
c Gain or (loss) d Net gain or (loss)  8 a Gross income from fundraising events (not including \$\frac{1}{2}\) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions  P  Agross income from fundraising events a b Less direct expenses b c Net income or (loss) from gaming activities  Business Code  1		b					*	, , « «	6	` *
d Net gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18  b Less direct expenses b c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c c d All other revenue e e Total. Add lines 11a-11d  12 Total revenue. See instructions  A d d loss of inventory b G4,735. 0. 0. 0. 0.		С	,					* 1	*	
(not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b contributions reported on line 1c)  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b content of the first of the			' '			<u> </u>	=	-		
(not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b contributions reported on line 1c)  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b content of the first of the		Яa	Gross income from fund	draising e	vents					
b Less direct expenses b c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions  b 64,735. 0. 0. 0.	3	O a	(not including \$	•			*	, ,		
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b Less direct expenses b c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions  b 64,735. 0. 0. 0.	2		See Part IV, line 18			a	*	1	*	,
ga Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions  Business Feents  64,735.  0. 0.	E									
See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions  b C C C C C C C C C C C C C C C C C C	)	С	Net income or (loss) fro	om fundra	ising e	events				,
b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d  Total revenue. See instructions  b 64,735.  0. 0.		9a	Gross income from gam	ning activ					İ	,
c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances  b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c d All other revenue e Total. Add lines 11a-11d  12 Total revenue. See instructions						a			,	
10a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a-11d  Total revenue. See instructions  64,735.  0.  0.			·	m damin	a activ	utios >				<u> </u>
and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions  a d d d d d d d d d d d d d d d d d d			• •	-	_	ides				
b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11a b c c d All other revenue e Total. Add lines 11a-11d c 12 Total revenue. See instructions 64,735. 0. 0. 0.		10 a	and allowances	y, iess rei		a				
Miscellaneous Revenue		ь	Less cost of goods sold	đ	_	_ <del></del>				
11a b c c d All other revenue e Total. Add lines 11a-11d c c d all revenue. See instructions c d all other revenue c c c d All other revenue c c c d all other revenue c c c d all other revenue c c c d all other revenue c c c c c c c c c c c c c c c c c c c		С	Net income or (loss) fro	m sales	of inve	ntory				
b			Miscellaneous Revenu	ıe		Business Code				
c d All other revenue		11 a			[					ļ
e Total. Add lines 11a-11d  12 Total revenue. See instructions  64,735.  0. 0. 0.		b						L		
e Total. Add lines 11a-11d  12 Total revenue. See instructions  64,735.  0. 0. 0.		C	T						<del></del>	
<b>12 Total revenue.</b> See instructions ► 64,735. 0. 0. 0.					L					E
						<b>►</b>	C4 705	<del> </del>	<del> </del>	<u> </u>
	BAA		Total revenue. See Inst	iuctions		TEFA		0.		Form <b>990</b> (2013)

## Form 990 (2013) MISSION: HOPE INTERNATIONAL Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a			omplete column (A)	Т
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	and organizations in the United States See Part IV, line 21	22,000.	22,000.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	•	,		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,000.	3,000.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.1	0.	0.	0
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				-
	a Management				
	<b>b</b> Legal				
	c Accounting	1,175.		1,175.	
1	<b>d</b> Lobbying				·
	e Professional fundraising services See Part IV, line 17		*	,	
ģ	f Investment management fees  Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)  Advertising and promotion.	201		201	
13	~ ·	381.	<del></del> .	381.	
14	Office expenses Information technology	2,842.		2,842.	
	55	249.		249.	· · · · · · · · · · · · · · · · · · ·
15	Royalties	25.6	<del></del>	25.6	
16	Occupancy Travel	356.	17.500	356.	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	17,598.	17,598.		
19 20	Conferences, conventions, and meetings Interest	308.		308.	
	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ).				
	RELIGIOUS MATERIALS FOR DISTRI	6,759.	6,759.		
	BANK SERVICE FEE	476.		476.	
	;				
	' <del></del>				<u>.</u>
	All other expenses				
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	55,144.	49,357.	5,787.	0.
	Check here ►				
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		Check if Schedule O contains a response or note to	any line in this Part X			П
_				(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing		169,627.	1	179,218.
	2	Savings and temporary cash investments			2	<u> </u>
ŀ	3	Pledges and grants receivable, net			3	
-	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated el Part II of Schedule L	officers, directors, mployees Complete		5	
ASSETS	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(c) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions) Complete		6	-	
S	7	Notes and loans receivable, net	ĺ		7	
E	8	Inventories for sale or use	İ		8	
S	9	Prepaid expenses and deferred charges	1		9	
3	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	`		
Ì	b	Less accumulated depreciation	10b	*	10 c	
	11	Investments — publicly traded securities			11	
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	169,627.	16	179,218.
	17	Accounts payable and accrued expenses	0.1/	103,027.	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
L	20	Tax-exempt bond liabilities			20	
<u>ا</u>	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
LIABILITIES	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L		· ·	22	w
	23	Secured mortgages and notes payable to unrelated th	ird parties		23	<del> </del>
5	24	Unsecured notes and loans payable to unrelated third	· .		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	•		25	
_ ]	26	Total liabilities. Add lines 17 through 25		0.	26	0.
N E T		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re P and complete			
A SOUTH SO	27	Unrestricted net assets		and the second contract of the second contrac	27	
Ĕ	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets	ĺ		29	
R		Organizations that do not follow SFAS 117 (ASC 958), ch	eck here ► X			
F		and complete lines 30 through 34.				:
FUZD BALAZCES	30	Capital stock or trust principal, or current funds			30	
B	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
ŘΙ	32	Retained earnings, endowment, accumulated income,		169,627.	32	179,218.
ŘΙ	33	Total net assets or fund balances		169,627.	33	179,218.
Ĕ	34	Total liabilities and net assets/fund balances		169,627.	34	179,218.
BA	1					Form <b>990</b> (2013)

Forn	n 990 (2013) MISSION: HOPE INTERNATIONAL 20	33586	60	Pa	age <b>12</b>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		64,	735.
2	Total expenses (must equal Part IX, column (A), line 25)	2		55,3	144.
3	Revenue less expenses Subtract line 2 from line 1	3		9,!	591.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1		627.
5	Net unrealized gains (losses) on investments	5	•		
6	Donated services and use of facilities	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1	79,2	218.
Pa	t XII Financial Statements and Reporting				
<b></b>	Check if Schedule O contains a response or note to any line in this Part XII				
	Check it Schedule o Contains a response of note to any line in this rail XII			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_ [	103	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie separate basis, consolidated basis, or both	wed on a	-		
	Separate basis Consolidated basis Both consolidated and separate basis				
	were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep-	arate			
	basis, consolidated basis, or both			İ	1
	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 oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	dıt,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	;	3 a		Х
١	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	audit	3 b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			990	(2013)
BAA			FOIL	1 220	(2013)

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

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Name o	the	organization		<del></del>				·	Employe	r identificat	ion number		
MISS	SIC	ON: HOPE INTER	RNATIONAL						20-33	3586 <u>60</u>	)		
Part	l	Reason for Publ	ic Charity Status	(All organizations	must o	comple	te this	part.)	See ii	nstruct	ions		
The or	ga	•		e it is (For lines 1 thro			•	•					
1		A church, convention	of churches or assoc	ciation of churches desc	cribed ir	section	า 170(b)	(1) <b>(A)</b> (i)					
2	П	A school described in	n section 170(b)(1)(A)	<b>(ii).</b> (Attach Schedule E	Ξ)								
3	П	A hospital or a coope	erative hospital servic	e organization describe	ed in <b>se</b> d	tion 17	O(b)(1)(A	۸)(iiı).					
4	П	A medical research of	organization operated	in conjunction with a h	ospital (	describe	d in sec	tion 17	0(b)(1)(A	<b>A)(iii)</b> Er	nter the hos	spital's	S
		name, city, and state	<b>!</b>										
5		An organization operating 170(b)(1)(A)(iv). (Con	ted for the benefit of a mplete Part II)	college or university own	ed or op	erated by	y a gove	rnmenta	l unit des	scribed in	section		
6				overnmental unit descri									
7		ın section 170(b)(1)(A	<b>A)(vi).</b> ´ (Complete Par				ental un	it or fron	n the ger	neral pub	lic describe	d d	
8	Ц	A community trust de	escribed in section 17	<b>'0(b)(1)(A)(vi).</b> (Comple	te Part I	1)							
9	X	from activities related investment income a June 30, 1975 See s	to its exempt functions nd unrelated busines: section <b>509(a)(2).</b> (Col		eptions, a section	and (2) r 511 tax)	o more from b	than 33- usiness	1/3% of es acqu	its suppo	rt from gros	S	after
10	Ц			xclusively to test for pu							_		
11	Ш	more publicly suppor	ted organizations des	usively for the benefit of, cribed in section 509(a ion and complete lines	(1) or s	ection 5	509(a)(2	of, or ca ) See s	rry out th section !	ne purpos 5 <b>09(a)(3)</b>	ses of one o . Check the	r e box	that
		a ∏Type I b	Type II c	Type III — Function	nally inte	egrated		g [] .	Type III	– Non-fi	unctionally	ıntegr	ated
e		By checking this box other than foundation is section 509(a)(2)	, I certify that the organization and other that	anization is not controll an one or more publicly s	led direc supported	tly or in	directly ations d	by one escribed	or more In section	dısqualı on 509(a)	fied persor (1) or	ns	
f		If the organization received this box		nation from the IRS that i									
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrit	ution fr	om any	of the f	ollowing	persons	,7		
		40. A server where							al Z	درری امضم		Yes	No
		below, the gove	erning body of the sup	ontrols, either alone or opported organization?	togetne	with pe	ersons a	escribe	ain (II)	and (III)	11 g (i)		
		(ii) A family memb	er of a person describ	oed in (i) above?							11 g (ii)		l
		` '		described in (i) or (ii) a							11 g (iii)		
h		Provide the following	information about the	e supported organization	on(s)								
		(i) Name of supported organization	(u) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column (i your go	s the ation in ) listed in verning ment?	(v) Did yo the organ column ( supp	zation in of your	organiz colur organize	s the ation in nn (i) ed in the	(vii) Amouni sup	of mor	netary
					Yes	No	Yes	No	Yes	No			
(A)		,		. =									
(B)					L								
(C)		:											
							_						
(D)													
(E)													
Total													
BAA	For	Paperwork Reductio	n Act Notice, see the	Instructions for Form	990 or 9	90-EZ.		5	Schedule	A (Form	990 or 990-	EZ) 2	013

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

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

Sec	tion A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 201	3	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
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)		4	-	•				
6	<b>Public support.</b> Subtract line 5 from line 4	·							
Sec	tion B. Total Support		<u> </u>						
	ndar year (or fiscal year nnıng in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	<b>(e)</b> 201	3	(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).								
11	Total support. Add lines 7 through 10	,			,	*			
12	Gross receipts from related activ	rities, etc (see ins	tructions)				12		
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)		,	-
Sec	tion C. Computation of Pu	blic Support P	ercentage	, <u> </u>	– –				
14	Public support percentage for 20	13 (line 6, columi	n (f) divided by lir	ne 11, column (f))			14		%
15	Public support percentage from	2012 Schedule A,	Part II, line 14			[	15		%
16 a	33-1/3% support test – 2013. If and stop here. The organization	the organization qualifies as a pub	did not check the blicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or n	nore, d	check this box	<u>-</u>
b	33-1/3% support test — 2012. If the and stop here. The organization	the organization d qualifies as a pu	id not check a bo blicly supported o	x on line 13 or 16 organization	5a, and line 15 is	33-1/3% or i	more,	check this bo	<u>*</u> 🗆
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	est — 2013. If the omeets the 'facts-as-and-circumstance	organization did n and-circumstance es' test. The orga	ot check a box or s' test, check this inization qualifies	n line 13, 16a, or box and <b>stop he</b> i as a publicly sup	16b, and line r <b>e.</b> Explain in ported organ	e 14 is n Part nizatio	s 10% IV how n	- 🗌
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	est — 2012. If the omeets the 'facts-ad-circumstances'	organization did n and-circumstance: test The organiza	ot check a box or s' test, check this ation qualifies as	n line 13, 16a, 16l box and <b>stop hei</b> a publicly support	o, or 17a, ar r <b>e.</b> Explain ii ed organiza	nd line n Part tion	15 is 10% IV how the	- 🛚
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and s	ee ins	tructions	

| 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 )

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕨 👚	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees						·
	received (Do not include						
_	any 'unusual grants ')	32,176.	77,457.	66,076.	65,055.	64,735.	305,499.
2	Gross receipts from admissions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is					į	
	related to the organization's tax-exempt purpose						0
3	Gross receipts from activities				<del></del>	·· ·· · · -	0.
_	that are not an unrelated trade						
	or business under section 513						0.
4	Tax revenues levied for the organization's benefit and		•				
	either paid to or expended on						
_	its behalf		ŀ				0.
5	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5	32,176.	77,457.	66,076.	65,055.	64,735.	305,499.
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2	, ,		<u> </u>			
	and 3 received from other than				ĺ		
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
	: Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)	2	v				305,499.
<u>Sec</u>	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
9	Amounts from line 6	32,176.	77,457.	66,076.	65,055.	64,735.	305,499.
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents,					ľ	
	royalties and income from			ŧ			
_	similar sources		_				0.
D	Unrelated business taxable income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975.						0.
	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of			1		1	
	čapital assets (Explain in						•
12	Part IV).  Total Support. (Add Ins 9,10c, 11 and 12)	22 176	77 457	66 076		C4 725	0.
		32,176.	77,457.	66,076.	65,055.	64,735.	305,499.
	First five years. If the Form 990 organization, check this box and	stop here		i, ama, iourai, or	murtax year as a	a section 501(c)(5	′ ► 🗍
Sec	tion C. Computation of Pub	olic Support Pe	ercentage	•			
	Public support percentage for 20	•	• •	: 13, column (f))		15	100.00 %
	Public support percentage from 2					16	100.00 <sup>%</sup>
	tion D. Computation of Inv						
17	Investment income percentage for			-	nn (f))	17	0.00 %
	Investment income percentage fr					18	0.00 %
19 a	<b>33-1/3% support tests</b> – <b>2013.</b> If is not more than 33-1/3%, check	the organization of	lid not check the t	oox on line 14, ar	nd line 15 is more	than 33-1/3%, an	id line 17
h	33-1/3% support tests – 2012. If	-	-	•		_	-1/3% and
J	line 18 is not more than 33-1/3%	, check this box ar	nd stop here. The	organization qua	alifies as a publicly	y supported organ	ization -
20	Private foundation. If the organiz	zation did not chec	k a box on line 14	1, 19a, or 19b, ch	neck this box and	see instructions	►□

	(Form 990 or 990-EZ) 2013	MISSION:	HOPE INTER	NATIONAL	20-3358660	Page 4
Part IV	Supplemental Informati or 17b; and Part III, line (See instructions).	on. Provid 12. Also c	e the explanati omplete this pa	ons required by F ort for any additio	Part II, line 10; Part II, line nal information.	17a
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#### Schedule F (Form 990)

Department of the Treasury Internal Revenue Service

#### Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 Open to Public

Inspection Name of the organization Employer identification number MISSION: HOPE INTERNATIONAL 20-3358660 Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, ∏Yes ∏No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (b) Number of (d) Activities conducted in (f) Total (a) Region (e) If activity listed in employees, agents, and independent contractors (d) is a program service, describe specific type of service(s) in region region (by type) (e g , fundraising, program services, investments, expenditures for and investments offices in the region in region grants to recipients located in the region) in region (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12) (13)(14)(15) (16)(17)3 a Sub-total **b** Total from continuation sheets to Part I

0

Schedule F (Form 990) 2013 MISSION: HOPE INTERNATIONAL

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on 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.

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
€			MONGOLIA	CHRISTIAN BK	3,000				
8		>							
6									:   
9		<							
9		\$							
9		સ							
9	*								:
(8)		*							
6)									
(10)									
(11)	1000000								
(12)									
(13)		*							
(14)									
(15)									
(16)									
2 Ent	Enter total number of recipient occapitations listed above that are recoverated by the foreign country, with the listed above that are recoverated by the foreign country, within the listed above that are recoverated by the foreign country, within the listed above that are recoverated by the foreign country, within the foreign country, and the foreign country is a few to the foreign country and the foreign count	and above that ar	sedo se basinisad a	Sicret out and south	orinocopy vatarios a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 - H		

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

3 Enter total number of other organizations or entitles

TEEA3502L 06/26/13

Schedule F (Form 990) 2013

Page 3

Schedule F (Form 990) 2013 MISSION: HOPE INTERNATIONAL

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2013 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA € ල € (2) 9 6 8 <u>(</u> E (12) (13) (14) (15) (16) (1) 8 6

TEEA3503L 06/26/13

	dule F (Form 990) 2013 MISSION: HOPE INTERNATIONAL 21	0-3358660	Page 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certa 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)	ein Yes	X No
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 Certa Foreign Corporations (see Instructions for Form 5471)	nın Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	ed Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No
BAA	TEEA3505L 06/26/13	Schedule F (F	orm 990) 2013

Schedule F	(Form 990) 2013	MISSION:	HOPE	INTERNATIONAL		20-3358660	Page 5
Part V	Supplemental	Information				-	
	Provide the in (accounting m method); Part applicable Al:	formation rec lethod; amou III (accounting so complete	ured to nts of ing metleshis pai	by Part I, line 2 (m nvestments vs exp hod); and Part III, t to provide any ac	onitoring of funds); Part I penditures per region); Pa column (c) (estimated nu dditional information (see	, line 3, column (f) irt II, line 1 (accounting mber of recipients), as instructions).	
						<del></del>	
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TEEA3504L 06/26/13

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Schedule F (Form 990) 2013

# SCHEDULE I

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

2013

OMB No 1545-0047

Open to Public Inspection

Employer identification number 20-3358660 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.

Attach to Form 990. Part | General Information on Grants and Assistance MISSION: HOPE INTERNATIONAL Department of the Treasury Internal Revenue Service Name of the organization

×es Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**≗** □

	in any realproper						<u>.</u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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) HOPE CHAPEL HONOLULU 4211 WAIAIAE AVENUE							CHURCH PLANT
(2) HONOLULU, HI 98816			22,000.	0			START UP GRANT
(3)							
(4)				:			
<u>(5)</u>							
<u></u>							
					-		
(8)							
	3) and government o	rganizations listed	n the line 1 table			•	1
3 Enter total number of other organizations listed in the line 1	ions listed in the line	1 table.				•	

Schedule I (Form 990) (2013)

TEEA3901L 07/12/13

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

Page 2 Schedule I (Form 990) (2013) Schedule I (Form 990) (2013) MISSION: HOPE INTERNATIONAL

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance BAA

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

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047

Open to Public Inspection

Employer identification numbe

20-3358660 MISSION: HOPE INTERNATIONAL OFFICERS & DIRECTORS CAN REVIEW TAX RETURNS AND ALL DOCS AT ANY TIME. Form 990, Part III, Line 4d - Other Program Services Description OUR ORGANIZATION SUPPORTS THE SPREADING OF THE GOSPEL OF JESUS CHRIST AND CHRISTIANITY TO OTHER COUNTRIES AROUND THE WORLD (E.G. JAPAN, MONGOLIA, KENYA, ETC.). WE SUPPORT MISSIONARIES WHO WORK IN THOSE COUNTRIES DOING MISSIONARY WORK (E.G. PREACHING, BIBLE TEACHING, RELIGIOUS COUNSELING, ETC.). WE ALSO SUPPORT ORGANIZATIONS AND INDIVIDUALS DOING SUCH WORK IN THOSE COUNTRIES (E.G. BADAMDORJ JIGJIDSUREN). THE \$3,000 WAS FOR CHRISTIAN BOOKSTORE SUPPORT FOR THIS ENDEAVOR IN ULAANBAATAR, MONGOLIA. Form 990, Part VI, Line 11b - Form 990 Review Process OFFICERS & DIRECTORS CAN REVIEW TAX RETURNS AND ALL DOCS AT ANY TIME Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available OFFICERS & DIRECTORS CAN REVIEW TAX RETURNS AND ALL DOCS AT ANY TIME. PUBLIC CAN REVIEW TAX RETURNS AND ALL DOCS UPON REQUEST.