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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning an	d ending		
B C	heck if pplicable	C Name of organization		D Employer identifica	ation number
	Address change	GIVE HOPE, INC.			
	Name change	Doing Business As		46-15	50197
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Termin- ated	P.O. BOX 2071		803-8	02-1224
	Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	307,232.
	Applica tion pending	FORT MIDD, SC 23/10		H(a) is this a group reti	
	pending	F Name and address of principal officer: ROGER BRASWELL SAME AS C ABOVE		for subordinates?	
			1) or 527	H(b) Are all subordinates incl	
	ax-exe	mpt status. X 501(c)(3) 501(c) ()	1) 01 327	⊣ ,	st. (see instructions)
				H(c) Group exemption	
_	_	organization: X Corporation Trust Association Other	L Year	of formation: 2012 M	State of legal domicile: INC
Pa		Summary	ODC A AT	T 7 N M T O N I C D D T	MADV
9	1	Briefly describe the organization's mission or most significant activities: THE	ONG OU	NOR BO BUCCE	ME EIND
Governance	l –	MISSION IS TO GIVE HOPE AND BRING LIFEL		•	
era		Check this box 🕨 📖 if the organization discontinued its operations or disp	osed of mor	1 . 1	
Š	l	Number of voting members of the governing body (Part VI, line 1a)		3	4
ಷ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
es	5 7	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
Activities &	i .	Total number of volunteers (estimate if necessary)		6	100
ç	7 a 7	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	1 d	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
			<u> </u>	Prior Year	Current Year
<u>o</u>	8 (Contributions and grants (Part VIII, line 1h)	L	0.	307,232.
ne Pur	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	ת ∟	0.	0.
-	11 (Other revenue (Part VIII, column (A), lines 3, 4, and 73 (C)	! ∟	0.	0.
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	9	0.	307,232.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1.3 5 2014 Column (A), line 4)	i L	0.	130,519.
	14 8	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Š	15 9	Salaries, other compensation, employee benefits (Part X column (A) lines 5	∮	0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column-(A), line_1_1e)	1	0.	0.
ĝ	b 1	Fotal fundraising expenses (Part IX, column (D), line 25)	822.		
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	118,215.
	18 7	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	248,734.
		Revenue less expenses Subtract line 18 from line 12		0.	58,498.
t Assets or I			В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		0.	58,498.
d As	21	Total liabilities (Part X, line 26)	<u>_</u>	0.	0.
ĒĒ	22 1	Net assets or fund balances Subtract line 21 from line 20		0.	58,498.
		Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedu			knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge.	
,		Ven Brasuell		7-21-/ Date	14
Sig	n	Signature of officer		Date	,
Her	·e	ROGER BRASWELL, CHAIR			
)		Type or print name and title			
i —		Print/Type preparer's name Preparer's signature		Date Check	PTIN
- Paid	d J	RICHARD BATTLE (Chad T. But	He _	7-13-14 If self-employed	
: Pre	parer	Firm's name ELLIOTT DAVIS, PLLC		Firm's EIN	57-0381582
_ '	Only		E 400		
)	_ [CHARLOTTE, NC 28202		Phone no. 7 0 4	-333-8881

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

No

X Yes

orm	990 (2013) GIVE HOPE, INC. 46-1550197 Page	2
	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1 `	Briefly describe the organization's mission:	=
	TO GIVE HOPE AND BRING LIFELONG CHANGE TO THOSE WE FIND SUFFERING	
	THROUGH THE POWER OF: THE GOOD NEWS, GOOD HEALTH, AND GOOD EDUCATION.	_
		_
		_
2	Did the organization undertake any significant program services during the year which were not listed on	_
	the prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code) (Expenses \$ 112,545. including grants of \$ 65,259.) (Revenue \$	_)
	MISSION TRIPS	
		_
		—
		—
		—
		—
		—
		—
		—
		_
4b	(Code) (Expenses \$ 67,527. including grants of \$ 39,156.) (Revenue \$	$\overline{}$
70	ORPHAN SUPPORT	- ′
		_
		_
		_
		_
		_
4c	(Code) (Expenses \$ 45,018. including grants of \$ 26,104.) (Revenue \$	_)
	GENERAL DONATIONS	
		_
		—
		—
		—
		—
	Others are an area (December & Cabadula O.)	—
4d	Other program services (Describe in Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 225,090.	_

Form **990** (2013)

Form 990 (2013) GIVE HOPE, INC.
Part IV Checklist of Required Schedules

			Yes	No
1`	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	1.00	
•	If "Yes," complete Schedule A	1	х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			7.
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Х
	Schedule D, Parts XI and XII	12a	-	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
13	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the officed states? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	.70		
IJ	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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			
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	2013)

Form 990 (2013) GIVE HOPE, INC.

Part IV Checklist of Required Schedules (continued)

		_		
21`	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	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	1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K. If "No", go to line 25a Did the exercisation investory presents of tax exempt bands beyond a temporary partial execution?	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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,			х
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		A
27	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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			х
•	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>ٿ</u>		
32	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
	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-chantable related organization?	20		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ٿ		 -
~	Note. All Form 990 filers are required to complete Schedule O	38	х	
_			990	/2013\

Page 5

	Check if Schedule O contains a response or note to any line in this Part V			
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	1c		ĺ
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			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	i	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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, secunties account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			i
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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.			
а	Did the organization make any taxable distributions under section 4966?	9a	-	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	1		
D	amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	\dashv	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\neg \uparrow$	Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			222	

GIVE HOPE, INC. 46-1550197 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 Section A. Governing Body and Management Yes No 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 14 X Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) X Upon request Another's website Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

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

29716

P.O.

statements available to the public during the tax year.

ROGER BRASWELL - 803-802-1224 BOX 2071, FORT MILL, SC

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A.	Officers, Directors,	Trustees, Key Employees	s, and Highest Comper	sated Employees		
1a Complet	te this table for all per	sons required to be listed.	Report compensation for	or the calendar year end	ing with or within the orga	anization's tax year.

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

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

Check this box if neither the organizatio (A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	\vdash	Ī				Ī	from the	from related organizations	other compensation
	hours for	direct				- -		organization	(W-2/1099-MISC)	from the
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\$100,000 of compensation from the organization 0				_]						
\$100,000 of compensation from the organization	2	Total number of independent contractors	including but r	not l	ımıte	d to		•	stec	d above) who received n	nore than				
		\$100,000 of compensation from the organ	ization 🕨				-	U						000 /	

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ou a	b	Membership dues	1b					
S, E	c	Fundraising events	1c					
業点	c	Related organizations	1d					
S,E		Government grants (contribut						
<u>6</u> 2		All other contributions, gifts, gran	· -					
i je gr	•	similar amounts not included abo		307,232.				
ĒΘ	g			7,000.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	307,232.			
				Business Code				
e l	2 a	1					-	
Program Service Revenue	b							
S Ž	c							
e a	d	_				-		
ğď	e		_					
r	f		enue					
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends intere	est and				
		other similar amounts)	dividondo, intore	, oct, und				
	4	Income from investment of ta	v.evemnt hand r	proceeds				
	5	Royalties	x exempt bond p					
	3	noyalies	(i) Real	(II) Personal				
	6 -	Gross rents	(i) Hear	(ii) r ersonar	•			
		Less: rental expenses						
	0	5						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(II) Other				-
	, ,	assets other than inventory	(i) occumics	(ii) Other				
		Less: cost or other basis						
		and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraisin	a events (not					
eune	0 6	including \$	of					
Ē		contributions reported on line						
ığ		Part IV, line 18	a a					
Other Rev	1-	Less: direct expenses	b					
ŏ		Net income or (loss) from fund						
		Gross income from gaming ac						
	3 6	Part IV, line 19	а					
	ь	Less: direct expenses	b					
		: Net income or (loss) from garr						
		Gross sales of inventory, less	-					
l	.0 2	and allowances	а					
	+	Less: cost of goods sold	b					
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				†
	11 a		-					
	ь	•						
-	c							<u> </u>
ļ	c							
	е	Total. Add lines 11a-11d					-	
	12	Total revenue. See instructions.		_ _	307,232.	0.	0.	0.
33200 10-29-	9 13							Form 990 (2013)

Form 990 (2013) GIVE HOPE, INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			implete column (A)	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	130,519.	130,519.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				···
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):				
а	Management		400		
b	Legal	500.	400.	50.	50.
С	Accounting				·····
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)		710	- 00	0.0
12	Advertising and promotion	899.	719.	90.	90.
13	Office expenses	7,810.	6,248.	781.	781.
14	Information technology				
15	Royalties				· · · · · ·
16	Occupancy	71 000	F7 400	7 106	7 106
17	Travel	71,860.	57,488.	7,186.	7,186.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				<u> </u>
20	Interest				
21	Payments to affiliates			·· -	··
22	Depreciation, depletion, and amortization	1,348.	1,078.	135.	135.
23	Insurance	1,340.	1,070.	133.	
24	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.)				
а	BOOD C GUDDITEG	23,757.	19,005.	2,376.	2,376.
h	SHIPPING & DELIVERY	5,952.	4,762.	595.	595.
	BANK FEES	2,546.	2,036.	255.	255.
q	MISSIONS	2,000.	1,600.	200.	200.
e	A.U	1,543.	1,235.	154.	154.
25	Total functional expenses. Add lines 1 through 24e	248,734.	225,090.	11,822.	11,822.
26	Joint costs. Complete this line only if the organization				. <u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
					5 000 (0040)

Form 990 (2013)
Part X Balance Sheet

(A) (B) Beginning of year End of year			Check if Schedule O contains a response or not	e to any line in this Part X			
Pledges and grants receivable, net Pledges and grants receivable, net Counts and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Counts and other receivables from other disqualified persons (as defined under section 4988(I/I)), persons described in section 4988(I/I), persons described in section	•						
3 Pledges and grants meelvable, net 4		1	Cash - non-interest-bearing			1	45,839.
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D b Less: accumulated deprenation 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangble assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 fmust equal line 34) 17 Accounts payable and accrued expenses 18 Oriented Invention Intelligence Intelligen		2	Savings and temporary cash investments			2	
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18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 33 58 , 498 .		16	Total assets. Add lines 1 through 15 (must equa	al line 34)	0.	16	58,498.
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Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances	Ħ			es, and disqualified persons.			,
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25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporantly restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances	_	23		· · · · · · · · · · · · · · · · · · ·			
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Unrestricted net assets 28 Temporanily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 27 28 29 0 30 0 30 0 31 0 32 58,498.			•	**			
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33 Total net assets or fund balances	Ē			30 930), Check here			
33 Total net assets or fund balances	ts o	30	· -		0.1	30	0.
33 Total net assets or fund balances	sse			upment fund			
33 Total net assets or fund balances	ξÄ			` ` 			
0 50 400	Net	l	- '				
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	990 (2013) GIVE HOPE, INC.	46-155	<u>0197</u>	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			L	<u>_</u>
•			201		_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,23	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,73	
3	Revenue less expenses. Subtract line 2 from line 1	3	5	3,49	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
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	58	3,49	<u>8.</u>
Pa	rt XIII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII	 		L	<u>_</u>
				Yes N	No_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		<u>X_</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		j	
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	:	<u>X_</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (20)13)

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 of t	ine organizati	on	CIVE HO	PE, INC.							r identificati . 6 – 1 5 5 0		er
Part I	Reason	for F		ity Status (All organiz	zatione mu	et complet	e this par	t) See inc	tructions		0-1330	131	
The organ	ization is not a	priva	ate foundation	because it is. (For lines	1 through	11, check	only one b	oox.)					
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2				'0(b)(1)(A)(ii). (Attach Sc									
3 🖳				tal service organization									
4 📖			n organization (operated in conjunction	with a hos	spital desci	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital	i's name,	
5 🗀	city, and stat An organizati		perated for the	benefit of a college or ui	niversity o	wned or or	perated by	a govern	mental un	ıt describ	ped in		
	section 170	(b)(1)	(A)(iv). (Comple	ete Part II)									
6 🖳	A federal, sta	ite, or	local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on th	at normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general	public desc	:nbed in	
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🗔	A community	trust	described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲	An organizati	on th	at normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	p fees, a	ınd gross re	ceipts fro	m
	activities rela	ted to	ts exempt fur	nctions - subject to certa	aın excepti	ons, and (2	2) no more	than 33 ¹	1/3% of its	support	t from gross	investme	ent
	income and i	unrela	ited business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon	after June 3	30, 1975.	
	See section	509(a	a)(2). (Complete	Part III)									
10	An organizati	on or	ganized and or	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	4).				
11 🔲	An organizati	on or	ganized and or	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of,	or to cam	y out the	purposes o	of one or	
	more publicly	/ supp	oorted organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Ch	eck the box	that	
	describes the	e type	of supporting	organization and compl	ete lines 1	1e through	11h.						
	a Type	l	b 🗀 Ty	/pell c 🗔 T	ype III - Fu	nctionally i	ntegrated	c	і 🗀 Тур	e III - No	n-functional	ly integra	ted
e 🗀	By checking	this b	ox, I certify tha	it the organization is not	controlled	d directly o	r indirectly	by one o	r more dis	qualified	persons oth	ner than	
	foundation m	nanag	ers and other t	han one or more publicly	y supporte	ed organiza	itions des	cribed in s	ection 50	9(a)(1) or	section 509	∂(a)(2)	
f				ten determination from									
	supporting o	rganız	zation, check th	nis box									
g	Since Augus	t 17, 2	2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
	(i) A perso	n who	directly or ind	rectly controls, either al	lone or tog	ether with	persons o	described	ın (ıı) and (iii) below	<i>'</i> ,	Yes N	lo
				upported organization?							11g(i)		
	(ii) A family	mem	ber of a persor	n described in (i) above?)						11g(ii)		
	•			person described in (i)		e?					11g(iii)		
h				about the supported or									
			3	• •	•	, ,							
(i) Name	of supported		(ii) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Did you	ı notify the	(vi) Is	the	(vii) Amount	of monet:	arv
	anization		(, 2	(described on lines 1-9		sted in your	organizat		organizáti (i) organiz	ed in the	1 ' '	port	,
ū				above or IRC section	governing	document?	(i) of your	support?	\	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
SAMAR	ITAN'S												
FEET		14-	-1880905	501(C)(3)		X	X		Х			3,500).
EL SH	ADDAI		_										
MINIS	TRIES I	31-	-1633120	501(C)(3)		X	X		X		12	7,018	3.
			<u></u>										
		L			<u></u>	<u> </u>							
												-	
Total	2										13	0,518	3.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 GIVE HOPE, INC.

| 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	ction A. Public Support	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")					307,232.	307,232.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					ì	
	the organization without charge						
4	Total. Add lines 1 through 3			[307,232.	307,232.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		1				
	on line 1 that exceeds 2% of the					1	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						307,232.
Sec	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					307,232.	307,232.
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				1		
	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				J		307,232.
12	Gross receipts from related activities,	etc. (see instruct	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
	organization, check this box and stor	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage			, , ,	100 00
	Public support percentage for 2013 (column (f))			100.00 %
	Public support percentage from 2012					15	<u>%</u>
168	33 1/3% support test - 2013. If the	organization did ne	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies		•				\triangleright X
t	33 1/3% support test - 2012. If the				d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qual						
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	_					▶ ∟
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		
	organization meets the "facts-and-cire						▶⊨
18	Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I 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	ction A. Public Support	now, picaco com	pioto i uri ii.j				**
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						i
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<u></u>					
5	The value of services or facilities fumished by a governmental unit to the organization without charge					_	
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b					-	
8	Public support (Subtract line 7c from line 6.)	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (Add lines 9, 10c, 11, and 12)	Alea eu	le first seesed All	rd fourth or fifth t	22 202 22 2 22 2	on 501/a\/2\ araa==	zation
14	First five years. If the Form 990 is for	trie organization	s iirst, second, thi	ra, iourui, or iiith t	ax year as a sect	on so noganiz	Lation,
Se	check this box and stop here	c Support Pe	ercentage				
$\overline{}$	Public support percentage for 2013 (li			column (fl)		15	%
	Public support percentage for 2013 (iii Public support percentage from 2012			Colorini (1))		16	%
	ction D. Computation of Inves					1,101	
	Investment income percentage for 20				- -	17	%
	Investment income percentage for 20 Investment income percentage from 2	· ·		10, column (i))		18	
	a 33 1/3% support tests - 2013. If the			on line 14, and line	e 15 is more than		
136	more than 33 1/3%, check this box ar						
t	o 33 1/3% support tests - 2012. If the line 18 is not more than 33 1/3%, che	organization did	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	
20	Private foundation. If the organization						

Schedule A	(Form 990 or 990 EZ) 2013 GI	VE HOPE,	INC.	46-15501	97 Page 4
Part IV	Supplemental Informati	on. Provide the	e explanations required b	y Part II, line 10, Part II, line 17a or 17b; and Part III	, line 12
	Also complete this part for any	additional inforn	nation. (See instructions)		
		_			
		-			
	· · · · · · · · · · · · · · · · · · ·	-			
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GIVE HOPE, INC.

Employer identification number 46-1550197

Par	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
Ū	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
Ū	for charitable purposes and not for the benefit of the donor of	<u> </u>	
	impermissible private benefit?	r deriet davicer, et let drij ethet perpese e	Yes No
Pai		ianization answered "Yes" to Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a conservation easement on the last
_	day of the tax year.		
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	
_	year▶	,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	rring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		=-
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheran	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

		PE, INC.			<u>.</u>				Page 2
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, or Oth	ner Sii	<u>milar Asse</u>	ts/continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that are a	signific	ant use of its	collection	items
•	(check all that apply)								
а	Public exhibition	d		Loan or exc	hange programs				
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organization's ex	empt p	urpose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or other simil	ar asse	ts	_	
	to be sold to raise funds rather than to be ma							Yes	No.
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "Yes" t	o Form	990, Part IV, I	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.			· · · · · · · · · · · · · · · · · · ·				
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for	contribution	ns or other assets no	ot includ	ied	_	
	on Form 990, Part X?						<u> </u>	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table:		_			
						L		Amount	
C	Beginning balance						с		
d	Additions during the year					1	d		
е	Distributions during the year	*					е		
f	Ending balance					Li	If		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				<u> </u>	Yes	U No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) P	rior year	(c) Two years back	(d) Th	ree years back	(e) Four	years back
1a	Beginning of year balance		_		<u> </u>				
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance					<u> </u>		<u> </u>	
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	ınd admınıstered for	the org	anızatıon	r-	·
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?				3b	
4	Describe in Part XIII the intended uses of the		wment	funds					
Pa	t VI Land, Buildings, and Equipm		_						
	Complete if the organization answere	1				(, line 10) <u>.</u>		
	Description of property	(a) Cost or o			1 ' '	Accumu		(d) Book	value
		basis (investr	nent)	basis	(other) d	eprecia	tion		
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
$\overline{}$	Other		V = : 1	(0)	(0(-))				0.
		and Form Dull Dort	* ~~!!!!	7771 IEI IINA 7					

Part VII Investments - Other Securities.			rago
Complete if the organization answered "Yes" t	o Form 990, Part IV, Iir	ne 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	<u> </u>		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII Investments - Program Related.	5 000 B 1 11/1	44 0 5 000 5 171 40	
Complete if the organization answered "Yes" t (a) Description of investment	o Form 990, Part IV, IIr (b) Book value	(c) Method of valuation: Cost or end	Lof year market value
	(b) book value	(c) Method of Valuation. Cost of end	Poryear market value
(1)		+	
(2)			
(3)		-	
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	· · · · · · · · · · · · · · · · · · ·		
Complete if the organization answered "Yes" t	o Form 990, Part IV, Iir	ne 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) UNDEPOSITED FUNDS			12,659
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		-	
(9)			10 (50
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	▶ .	12,659
Part X Other Liabilities.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, Iir		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line	25)		
2. Liability for uncertain tax positions. In Part XIII, provide		to the organization's financial statements	hat reports the
Enabling for different ax positions in Fart Air, provide	THE TOYL OF THE HOUTHOU	s to the organization a finalitial atatementa t	ar ichoira nie

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2013 GIVE HOPE, INC.		46-155019/ Page 4
Par	XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
	Net unrealized gains on investments	2a	
_	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
	Other (Describe in Part XIII.)	2d	
_	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII)	_4b	
	Add lines 4a and 4b		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	amente With Evn	5 anses per Return
rai			enses per Neturn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1.	2a.	
	Total expenses and losses per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a	1
	Donated services and use of facilities	2a 2b	
	Prior year adjustments Other losses	2c	
•		2d	
	Other (Describe in Part XIII.)	20	
	Add lines 2a through 2d		2e 3
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b	_ _ 10	4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	t XIII Supplemental Information.		1 3 1
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Fed and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a		; Part V, line 4, Part X, line 2, Part XI,
			20-2-20
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE I	
(Form 990)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete of the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

Open to Public

Department of the Treasury

miterial De	venue service	I	▶ Informat	<u>ion about Schedule I</u>	(Form 990) and its	s instructions is a	t www.irs.aov/form9	90	пізресцоп
Name of	the organiza	tion GIVE HOPE	, INC.						Employer identification number 46-1550197
Part I	General I	Information on Grants a	nd Assistance						
cn	ntena used to	ization maintain records award the grants or assist t IV the organization's pro	stance?				ty for the grants or as	sistance, and the selec	X Yes No
Part II		nd Other Assistance to that received more than						Yes* to Form 990, Part	IV, line 21, for any
1 (a) Name and a	address of organization overnment	(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
INTERN		13651 S. BISCAYNE		501/01/21	127,018.	0.			PURPOSE OF ASSISTANCE IS TO FUND THE SUPPORT AND CARE OF THE CAMBRY DRPHANAGE.
RIVER	DRIVE - MI	AMI, PL 33161	31-1633120	501(C)(3)	127,018.		_		JAPINOD.
				:					
								-	
				-					
		nber of section 501(c)(3) and of other organization	-		he line 1 table				<u>1.</u> 0.
		k Radustion Act Notice				•			Schedule I (Form 990) (2013)

332101 10-29-13

Schedule 1 (Form 990) (2013	GIVE HOPE,	INC.				46-1550197	Page 2
Part III Grants and Oth	her Assistance to Individuals in duplicated if additional space is i	n the United States. Com	plete if the organi	zation answered "Yes	to Form 990, Part IV, line 22		
(a) Type	of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash	assistance
							-
				1			
				 			
Part IV Supplemental	Information Provide the inform	nation required in Part I, lin	e 2, Part III, colum	in (b), and any other a	dditional information		
			.				
				<u></u>			
					-		
	• • • • • • • • • • • • • • • • • • • •						
							_
							<u> </u>
332102 10-29-13						Schedule I (Fo	rm 990) (2013

332102 10-29-13

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

332211 09-04-13

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

OMB No 1545-0047

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

Inspection **Employer identification number**

GIVE HOPE, INC.	46-1550197
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
SUFFERING THROUGH THE POWER OF: THE GOOD NEWS, GOOD HEALT	H AND GOOD
EDUCATION. OUR PRIMARY ACTIVITY IS TO SUPPORT ORPHANS W	ITH REGARD TO
THEIR SPIRITUAL, NUTRITIONAL AND EDUCATIONAL NEEDS.	
FORM 990, PART VI, SECTION A, LINE 2:	
EXPLANATION: ROGER BRASWELL AND ANGELA QUINN ARE FATHER A	ND DAUGHTER.
FORM 990, PART VI, SECTION A, LINE 8A:	
EXPLANATION: BOARD MINUTES OR OTHER DOCUMENTS WERE NOT TA	KEN DURING THE
MEETINGS HELD BY THE GOVERNING BODY.	
FORM 990, PART VI, SECTION A, LINE 8B:	
EXPLANATION: THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT	T ON BEHALF OF THE
GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: EACH INDIVIDUAL FROM THE GOVERNING BODY IS P	ROVIDED WITH A
COPY OF THE FORM 990 BEFORE FILING. ONCE THE FORM IS REV	IEWED BY ALL OF
THE GOVERNING BODY AND NO CHANGES ARE SUGGESTED, THE TAX	RETURN IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:	····
EXPLANATION: TO ENSURE THE ORGANIZATION OPERATES IN A MAN	NER CONSISTENT
WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES	S THAT COULD
JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL	BE CONDUCTED. THE
PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWIN	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	ule O (Form 990 or 990-EZ) (2013)

GIVE HOPE, INC.

Employer identification number 46-1550197

WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON THE COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARMS LENGTH BARGAINING.

ADDITIONAL ASSESSMENTS INCLUDE WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES, AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT, OR AN EXCESS BENEFIT TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE OFFICERS SHALL NOT RECEIVE ANY SALARY FOR THEIR SERVICES. OFFICERS MAY BE REIMBURSED FOR THEIR EXPENSES. NO LOANS SHALL BE MADE BY THE CORPORATION TO ITS OFFICERS.

DIRECTORS SHALL NOT RECEIVE ANY STATED SALARIES FOR THEIR

SERVICES, BUT BY BOARD RESOLUTION, DIRECTORS MAY BE PAID THEIR EXPENSES, IF ANY, OF ATTENDANCE AT EACH BOARD OR COMMITTEE MEETING, OR A FIXED SUM FOR ATTENDANCE AT EACH BOARD OR COMMITTEE MEETING; BUT NOTHING HEREIN SHALL BE CONSTRUED TO PRECLUDE ANY DIRECTOR FROM RECEIVING COMPENSATION FOR SERVICES RENDERED TO THE CORPORATION.

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: RECENT FILINGS OF THE FORM 990 AND FORM 1023 ARE AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization GIVE HOPE, INC.									Employer identification number 46-1550197		
INTEREST	POLICY,	AND	FINANCIAL	STATEMENTS	AVAILABLE	то	THE	PUBLIC	UPON		
REQUEST.											
									· · · · · · · · · · · · · · · · · · ·		
									•		
											
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Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www irs.gov/form8868 ·

OMB No 1545-1709

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless. you have already been granted an automatic smonth extension on a previously filed Form 8868. Electronically file Form 8868 it or you have a feated been granted an automatic smonth automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 it or equest an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, vivit in wiver, so goverfile and click on e-file for Chambes & Nonprofits. Part I I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Find the file file file file file file file fil	•	are filing for an Automatic 3-Month Extension, complet	-			•	لها			
Electronic filling (e-file). You can electronically file Form 8888 it you need a 3-month automatic extension of time to file any of the form 980°T, or an additional (not automatic) 3-month extension of time 10 file any of the forms 1868 it or request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, was the waw and source of the form 1868 in repart of the form 1869 in repart o	•	• • • • • • • • • • • • • • • • • • • •								
required to file Form 990-T), or an additional (not automatic) 3-month extension of time to file any of the form 8888 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, wast www.rs. gov/efile and click on e-file for Charles & Nonprofits. Part I							oration			
of time to file any of the forms lated in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.ws. gov/efile and click on e-file for Chantes & Nonprofits. Part I										
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, vest www.ir gov/efile and click on e-file for Chartnes & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part Only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income fax returns.										
Part Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990 and requesting an automatic 6-month extension of check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns										
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