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## FORTH 990-EZ

## Short Form 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 1545-1150 20**14** 

Open to Public Inspection

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-EZ and its Instructions is at www.irs.gov/form990.

2014, and ending A For the 2014 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable: 26-1505739 Address change CHAPTERS OF HOPE FOUNDATION Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 801-323-4209 P.O. BOX 45654 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ SALT LAKE CITY, UT 84145-0654 Application pending X Accrual Other (specify) H Check ► X if the organization is not G Accounting Method: Cash required to attach Schedule B Website: ▶ J Tax-exempt status (check only one) - X 501(c)(3) 501(c) ( (Form 990, 990-EZ, or 990-PF). ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 K Form of organization X Corporation ☐ Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received . . . 40,441 Program service revenue including government fees and contracts 2 0 2 3 3 0 4 Investment income 0 Gross amount from sale of assets other than inventory 0 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 0 **b** Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b O Less: direct expenses from gaming and fundraising events . . . 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 0 Gross sales of inventory, less returns and allowances . . . 7a 0 7a 0 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 0 C 8 8 Other revenue (describe in Schedule O) . . . . . 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 40,441 Grants and similar amounts paid (list in Schedule O) 10 10 28,065 11 Benefits paid to or for members . . . . . . . . . 11 0 Q 12 12 Salaries other compensation, and employee benefits . 0 13 13 Professional fees and other payments to independent contractors . . . 0 14 Occupancy, rent, utilities, and maintenance . . . 14 0 Printing, publications, postage, and shipping . . . 15 15 310 16 16 Other expenses (describe in Schedule O) . . . 166 17 Total expenses. Add lines 10 through 16 28,541 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . 18 11,900 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) . . . . . . . . 19 263,290 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 275,190

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)



Par	Balance Sheets (see the instructions for	•				
	Check if the organization used Schedule	O to respond to an	ny question in this	(A) Beginning of year	• •	(B) End of year
22	Cook sowage and investments		-		20	<del>``</del>
23	Cash, savings, and investments			263,290	23	275,190
24	Other assets (describe in Schedule O)				24	0
25	Total assets			263,290	-	275,190
26					26	275,190
27	Net assets or fund balances (line 27 of column		line 21)	263,290		275,190
Par		<u> </u>				2,0,230
	Check if the organization used Schedule	•		•		Expenses
Wha		SEE SCHEDULE O	<del></del>			uired for section
as m	ribe the organization's program service accomplist leasured by expenses. In a clear and concise many ons benefited, and other relevant information for ea	shments for each of anner, describe the				c)(3) and 501(c)(4) nizations; optional for rs.)
28	THE FOUNDATION CONTRIBUTED AN I-WORK SPEND	ABLE SCHOLARSHIP	TO BYU HAWAII TO	ASSIST		
	STUDENTS PRIMARILY FROM ASIA AND THE SOUTH	PACIFIC THE SC	HOLARSHIP WILL PR	OVIDE ADVANCED		
	EDUCATION AND LEARNING FOR THOSE WHO MAY N			·		
	(Grants \$ 25,000) If this amount			<u> ▶ 🗌</u>	28a	25,000
29	THE FOUNDATION CONTRIBUTED MEDIA AND BOOKS					
	JESUS CHRIST OF LATTER-DAY SAINTS IN MEXIC					
	MISSIONARY REFERENCE LIBRARY FOR THOSE WHO					ľ
20	(Grants \$ 918) If this amount			► (x)	29a	918
30	THE FOUNDATION CONTRIBUTED BOOKS (\$587 VAL OF THE CHURCH OF JESUS CHRIST OF LATTER-DA					
	ARE FOR THE INSPIRATIONAL AND SPIRITUAL GR			***************************************		
	(Grants \$ 587) If this amount	includes foreign gra	nts, check here .	▶ 🗆	30a	587
31	Other program services (describe in Schedule O)					
	(Grants \$ 1,560) If this amount				31a	1,560
	Total program service expenses (add lines 28a t				32	28,065
Par	<u></u>				nstruc	tions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,	<del></del>	
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ	0	Estimated amount of their compensation
SHE	RI L. DEW				Т	
DIR	ECTOR/PRESIDENT	<5 HRS/WEEK	0		0	0
JEF	M. SIMPSON				-	
DIR	CTOR/VICE PRESIDENT	<5 HRS/WEEK	0		이	0
	DARIN MURDOCK					
	CTOR/SECRETARY & TREASURER	<5 HRS/WEEK	0		<u> </u>	0
	A LARSON		_			
	STANT TO THE PRESIDENT	<5 HRS/WEEK	0		<u> </u>	0
	JEL VAN HOOK	E una lunnu				_
	DUNTANT	<5 HRS/WEEK	0		<del>-</del>	0
	DLYN OLSEN	-E une/weev	,		١	•
	CARLISLE	<5 HRS/WEEK	0		0	0
	CHOUSE/SHIPPING MANAGER	<5 HRS/WEEK	,		0	0
717212	MODEL STITE THE PERFORM	C5 IRS/WEEK			┪-	<u>_</u>
					+	
					1	
			· · · · · · · · · · · · · · · · · · ·		$\top$	
					-	
				1	- 1	

rait	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	mondouble for that 4) Orlook is the organization used Schedule O to respond to any question in this	rait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
34	detailed description of each activity in Schedule O	33	ļ <u>.</u>	х
<del></del>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	<u> </u>		<del></del>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N	A
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		Х
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a N/A			
b 38a	Did the organization file Form 1120-POL for this year?	37b		х
JOB	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   N/A			X
39	Section 501(c)(7) organizations. Enter:			ĺ
a	Initiation fees and capital contributions included on line 9			
b 400	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	İ		
	40c reimbursed by the organization			ĺ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed ▶ UT			
42 <del>8</del>	The organization's books are in care of ▶ DARIN MURDOCK  Telephone no. ▶ 801-  Located at ▶ 57 W. SOUTH TEMPLE SLC. UT  ZIP + 4 ▶ 8410	•	3270	
b	Located at ▶ 57 W. SOUTH TEMPLE SLC, UT ZIP + 4 ▶ 8410 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	<del>.</del>	Yes	No
_	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b		x
	If "Yes," enter the name of the foreign country: ► N/A			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		- X
-	If "Yes," enter the name of the foreign country: ► N/A			<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a	-	×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	_		
_	completed instead of Form 990-EZ	44b		х
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		X
u	explanation in Schedule O	44d	N	- A
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	14	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<del></del> -
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		х

	•							SINO
		e organization engage, directly or in						
		didates for public office? If "Yes," of		Part I			·   46	x
Part V	_ /	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		stions 47–49b and	52, and c	omplete th	e tables for l	lines
		Check if the organization used Scl	hedule O to respond	to any question in t	his Part VI			. п
	`	Jiloskii kilo organization doca co.	<u></u>				Ye	s No
	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							
48	Is the	organization a school as described in	n section 170(b)(1)(A)(ii	i)? If "Yes," complete	Schedule E		. 48	х
		e organization make any transfers t						X
b	If "Yes	s," was the related organization a se	ection 527 organizatio	n?				I A
50	Comp	lete this table for the organization's yees) who each received more than	s five nignest compen	sated employees (ot)	ner than on	icers, airect	ors, trustees e enter "Non	and key
	emplo	yees, who each received more than		1		h benefits,	e, enter 14011	<del></del>
	(a) N	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plans	s to employee , and deferred ensation	(e) Estimated at other comper	
NONE								
								<del></del>
					1			
f	Total	number of other employees paid ov	rer \$100,000	. ▶				
51	Comp	lete this table for the organization	's five highest compe	ensated independent	contracto	rs who eacl	n received me	ore than
	\$100,	000 of compensation from the orga	anization. If there is no	one, enter "None."		<del></del>		<del></del>
	(a) I	Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c	) Compensation	
NONE			<u> </u>			<del> </del>		
NONE				1				
							•	
				_				
	_			<u> </u>				
<del>-</del> -	<del>-</del> -			4				
						<del> </del>		·
				-				
d	Total	number of other independent contr	actors each receiving	over \$100,000 .	. •	· · · · · · · · · · · · · · · · · · ·		-
52		he organization complete Sched			anizations	must attac	h a	
		eleted Schedule A	<u></u>			· · · ·		☐ No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	lying schedules and statem	ents, and to the	ne best of my k	nowledge and be	lief, it is
true, cor	rect, and	d complete Declaration of preparer (other tha	in officer is based on all into	ormation of which preparer	has any know	leage		
Δ:		1 Dain Misse	the	<del></del>		ate		
Sign		Signature of officer	TREEMOR / GRODEWA	w/mpexcupen	U.	7-7	9-15	
Here		J. DARIN MURDOCK  Type or print name and title	DIRECTOR/SECRETAR	(I/IREASURER	· · · · · · · · · · · · · · · · · · ·			
		Print/Type preparer's name	Preparer's signature		ate	Check	] <sub>if</sub> PTIN	
Paid	ore-	ypo proparot o namo				self-emple		
Prep		Fırm's name ▶			F	rm's EIN ▶		
Use (	•	Firm's address ▶			Р	hone no		
May th	ne IRS	discuss this return with the prepare	er shown above? See	instructions			► ☐ Yes [	□ No

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

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

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	lame of the organization Employer identification number						number	
	PTERS OF HOPE FOUNDATION			<del> </del>		26-1505739		
Par						<del></del>	ns	
	organization is not a private founda							
1	A church, convention of church			ibed in se	ection 17	0(b)(1)(A)(i).		
2	A school described in section				. 470/LV4	11/41/00		
3 4	☐ A hospital or a cooperative hos ☐ A medical research organization						iii) Entartha	
7	hospital's name, city, and state		onjunction with a nos	Jilai uesc	andeu an s	ection (roto)(r)(A)	m). Linter the	
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	☐ A federal, state, or local govern							
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	the general public	
8	A community trust described in							
9	☐ An organization that normally	receives: (1) mo	re than 331/3% of its	support	from con	tributions, members	hip fees, and gross	
	receipts from activities related	to its exempt	functions—subject to	certain	exception	ns, and (2) no more	than 331/3% of its	
	support from gross investme acquired by the organization a						x) from businesses	
40			•	·· ·	•	•		
10 11	☐ An organization organized and ☐ An organization organized and						out the numeros of	
• • •	one or more publicly supported	l organizations d	lescribed in section 5	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check	
	the box in lines 11a through 11e	d that describes	the type of supporting	organiza	tion and d	complete lines 11e, 1	1f, and 11g	
а	<u> </u>	ation operated,	supervised, or control	lled by its	supporte	ed organization(s), ty	pically by giving	
	the supported organization(s organization. You must corr			ct a majo	ority of the	e directors or trustee	es of the supporting	
b								
	control or management of th			ie same p	ersons ti	nat control or manag	e the supported	
_	organization(s). You must co	=		tad in an	anastian i	with and functional	v intograted with	
C	its supported organization(s)	(see instruction	s). You must comple	te Part I	/, Sectio	ns A, D, and E.		
d	☐ Type III non-functionally in that is not functionally integr							
	requirement (see instructions	•	•		•			
е	Check this box if the organized functionally integrated, or Ty						I, Type III	
f	Enter the number of supported of							
<u>g</u>						т.		
	(I) Name of supported organization	(II) EIN	(described on lines 1-9		ni dovewyud	(v) Amount of monetary support (see	(VI) Amount of other support (see	
			above or IRC section (see instructions))	docu	ment?	instructions)	instructions)	
_			(200	Yes	No			
(A)								
(B)						-		
(C)								
(D)							<u> </u>	
 (E)								
<u> </u>			<u>.</u>	<u> </u>	<del> </del>			
Tota	1	1, 1,	l.a.		}	0	0	

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 106,616 4,319 133,950 66,380 40,441 351,706 levied revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3 . . . . 4,319 106,616 133,950 66,380 40,441 351,706 5 The portion of total contributions by each person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. 351,706 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 . . . . . . . 4,319 106,616 133,950 66,380 40,441 351,706 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . Total support. Add lines 7 through 10 11 351,706 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here  $\dots\dots\dots\dots\dots\dots\dots$ Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 14 100.00% 15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . 15 331/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this X 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

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#### 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.)

Secti	on A. Public Support					/	<del></del>
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(=) 2014	#D Takal
1	Gifts, grants, contributions, and membership fees	(a) 2010	(0) 2011	(6) 2012	(0) 2013	(e) 2014	(f) Total
•	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						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value: of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		1				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		1				
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		,	* 1 g	*		
	line 6.)	11 25 3	>	).			
Secti	on B. Total Support				·		
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			ĺ			
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on			•			
12	Other income. Do not include gain or						
	loss from the sale of capital assets				j		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re			<u> </u>		▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line	B, column (f) di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Scl	hedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014 (	line 10c, colun	nn (f) divided b	y line 13, colui	mn (f))	17	%
18	Investment income percentage from 201:						%
19a	331/3% support tests-2014. If the organ	ization did not	check the box	k on line 14, a	nd line 15 is m	ore than 331/39	%, and line
	17 is not more than 331/3%, check this box	and stop here.	. The organizati	on qualifies as	a publicly supp	orted organizati	ion 🕨 🗀
b	331/3% support tests-2013. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

See 45	Sections A, D, and E. If you checked 110 of Part I, complete Sections A and D, and complete P	ait v	<u>·)</u>	
Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100	1.00
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	-	
3 <b>a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	-	
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	-	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	•		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
<b>.</b>	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	<del> </del> -	
Section	on B. Type I Supporting Organizations	11c	l	L
<u>Geben</u>	on b. Type t supporting significations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	:		1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			,
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization.		-	-
Section	on C. Type II Supporting Organizations	2	L	L
<del>Geotti</del>	on o. Type it outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	<u> </u>	1
	or management of the supporting organization was vested in the same persons that controlled or managed			İ
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	ŀ		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	}	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<b>'</b>		<del> </del>
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	ļ	ł	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<del></del>	supported organizations played in this regard.	3_	<u></u>	<u> </u>
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	iee ins	Structi 	ons). 
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		İ
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities.	2a		}
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	10	<del> </del>	<del>                                     </del>
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2ь	l	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		-	} _
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	-	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b		<u> </u>			
c Fair market value of other non-exempt-use assets	1c		<del></del>			
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other		· · · · · · · · · · · · · · · · · · ·	_			
factors (explain in detail in Part VI):	-		'			
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3	· · · · · · · · · · · · · · · · · · ·				
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		<del></del>				
see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035	6	· · · · · · · · · · · · · · · · · · ·				
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6	,				
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).						

Part		s) Supporting Organi	zations (continuea)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.		<del></del>	
9 10	Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount			<u> </u>
	Line 8 amount divided by Line 9 amount	T	(ii)	(111)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6	,		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<del>_</del> 3	Excess distributions carryover, if any, to 2014:			
a				
b				
C				
d				
<u>e</u>	From 2013			
<u>f</u>	Total of lines 3a through e			
	Applied to underdistributions of prior years	'		
<u>h</u>	Applied to 2014 distributable amount	`		
_ <del>_</del>	Carryover from 2009 not applied (see instructions)		<del></del>	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$ Applied to underdistributions of prior years			
<u>a</u> b	Applied to 2014 distributable amount	<u> </u>		
<del>C</del>	Remainder, Subtract lines 4a and 4b from 4.			
_ <del>5</del>	Remaining underdistributions for years prior to 2014, if			
•	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
-6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	±*		
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	A - W			
<u>b</u>	* * *	· .		
C				
ď	Excess from 2013			· · · · · · · · · · · · · · · · · · ·
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014				
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions.)	Ī		
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#### **SCHEDUĻE O** (Form 990 or 990-EZ)

#### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

CHAPTERS OF HOPE FOUNDATION	26-1505739				
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES					
SEE STATEMENT 1 FOR DETAIL REGARDING OTHER EXPENSES.					
FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE					
THE PRIMARY PURPOSE OF THE CHAPTERS OF HOPE FOUNDATION IS TO ADVANCE LIT					
THROUGH THE DISSEMINATION OF FAITH-BASED AND VALUES-BASED PRINCIPLES AND	CONCEPTS AVAILABLE				
IN BOOKS, MEDIA, AND RELATED PRODUCTS AND SERVICES TO INDIVIDUALS WORLDW	IDE WHO OTHERWISE WOULD NOT				
HAVE THE OPPORTUNITY OR CAPACITY TO OBTAIN SUCH MATERIALS.					
FORM 990-EZ, PART III, LINE 31 - OTHER PROGRAM SERVICES					
THE FOUNDATION CONTRIBUTED RELIGIOUS BOOKS (\$540 VALUE) TO MISSIONARIES	WITHIN THE CHURCH OF JESUS				
CHRIST OF LATTER-DAYS SAINTS IN THE NEW ZEALAND AREA. THE BOOKS ARE FOR	THE INSPIRATIONAL AND				
SPIRITUAL GROWTH OF PEOPLE THROUGHOUT THE NEW ZEALAND AREA.					
THE FOUNDATION CONTRIBUTED BOOKS (\$464 VALUE) TO THE PEOPLE OF THE PUEBL	A, MEXICO AREA. THE BOOKS				
ARE FOR THE EDUCATIONAL, INSPIRATIONAL, AND SPIRITUAL GROWTH OF CHILDREN	, WOMEN, AND MEN IN MEXICO.				
THE FOUNDATION CONTRIBUTED BOOKS (\$269 VALUE) TO YOUNG WOMEN PARTICIPATION	ING IN THE DAUGHTERS OF THE				
UTAH PIONEERS DAYS OF '47 PAGEANT. THE BOOKS ARE FOR THE EDUCATIONAL GR	ROWTH AND LEADERSHIP				
DEVELOPMENT OF THESE YOUNG WOMEN.					
THE FOUNDATION CONTRIBUTED CHRISTMAS CDS (\$158 VALUE) TO MISSIONARIES WI	THIN THE CHURCH OF JESUS				
CHRIST OF LATTER-DAY SAINTS. THE CHRISTMAS CDS ARE FOR THE INSPIRATIONAL	CHRIST OF LATTER-DAY SAINTS. THE CHRISTMAS CDS ARE FOR THE INSPIRATIONAL AND SPIRITUAL GROWTH OF				
MISSIONARIES SERVING IN SALT LAKE CITY, UTAH.					

Schedule O (Form 990 or 990-EZ) (2014)	Page 2					
Name of the organization	Employer identification number					
CHAPTERS OF HOPE FOUNDATION	26-1505739					
FORM 990-EZ, PART III, LINE 31 - OTHER PROGRAM SERVICES (CONTINUED)						
THE FOUNDATION CONTRIBUTED BOOKS (\$129 VALUE) TO THE LDS CHARITIES ORGANIZA	THE FOUNDATION CONTRIBUTED BOOKS (\$129 VALUE) TO THE LDS CHARITIES ORGANIZATION FOR FAMILIES					
IN THE TACLOBAN, PHILIPPINES AREA WHOSE HOUSES ARE BEING RE-BUILT. THE BOO	OKS WILL BENEFIT					
FAMILIES WHO COULD NOT OTHERWISE AFFORD THEM.						
DONATED SERVICES TO CHAPTERS OF HOPE FOUNDATION - \$9,325 ADMINISTRATIVE						
•	•••••					
	•••••					
······	•••••					
	***************************************					

### Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-1709

► File a separate application for each return.

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

• If you a	are filing for an <b>Automatic 3-Month Extension</b> , are filing for an <b>Additional (Not Automatic) 3-N</b> complete Part II unless you have already been	fonth Exten	sion, complete onl	y Part II (on page 2 of	this fo	orm).	_
a corpor 8868 to Return 1	nic filing (e-file). You can electronically file Formation required to file Form 990-T), or an addition request an extension of time to file any of the or Transfers Associated With Certain Personons). For more details on the electronic filing of	nal (not auto forms listed al Benefit C	omatic) 3-month extended in Part I or Part II Contracts, which me	ension of time. You ca with the exception of ust be sent to the IF	n elec Form Sin	ctronicall 8870, I paper fo	ly file Form nformation ormat (see
	ration required to file Form 990-T and requ	esting an a	utomatic 6-month	extension—check this	s box	and co	mplete
	ly			,			
	Name of exempt organization or other filer, see	unetructions.	<del></del>		Enter filer's identifying number, see instructions Employer identification number (EIN) or		
Type or	Type or			' '			
print	CHAPTERS OF HOPE FOUNDATION  Number, street, and room or suite no. If a P.O.	hav cas instr	26-1505739 ctions. Social security number (SSN)				
File by the	he						
due date fi filing your	City town or post office state and ZIP code. For a foreign address, see instructions						
return See							
	e Return code for the return that this application		separate application	n for each return) .			01
Application Is For		Return Code	Application is For				Return Code
Form 990 or Form 990-EZ		01	Form 990-T (corpo	Form 990-T (corporation)			07
Form 990-BL		02	Form 1041-A	orm 1041-A			08
Form 4720 (individual)		03	Form 4720 (other t	orm 4720 (other than individual)			09
Form 990-PF		04	Form 5227	orm 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069				11
Form 990-T (trust other than above)		06	Form 8870				12
Teleph • If the c • If this for the v a list with 1 I	none No. ► 801-517-3270  organization does not have an office or place of is for a Group Return, enter the organization's fewhole group, check this box	business in our digit Gro If it is for par asion is for. corporation empt organi	up Exemption Number of the group, checong to file Form the cation return for the	per (GEN) k this box	me bove.	If this and att	s is ach ension is
<b>2</b> [	f the tax year entered in line 1 is for less than 12 ☐ Change in accounting period	? months, ch	eck reason: Unitia	_	n	, 20	············
ŗ	f this application is for Forms 990-BL, 990-PF, sonrefundable credits. See instructions.		3a  \$			\$	
	of this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					 \$	
c Ī	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.						
Caution	If you are going to make an electronic funds withdrawns.	wal (direct deb	oit) with this Form 8868	, see Form 8453-EO and			for payment