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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)

2015

OMB No 1545-1150

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.

Α	For the	2015 calenda	ar year, or tax year beginning , 2015, a	and ending			, 20		
В	Check if ap	oplicable	C Name of organization		D Emple	yer iden	tification number		
	Address c	hange	CHAPTERS OF HOPE FOUNDATION		26-150	5739			
	Name cha	ange	E Telep	hone num	iber				
Ц	Initial return P.O. BOX 45654 801-3						9		
님	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code								
H	Amended Applicatio		SALT LAKE CITY, UT 84145-0654			ber ►			
<u></u>		ting Method	Cash X Accrual Other (specify) ▶	н	4		he organization is not		
	Website	. •					h Schedule B		
		<u></u>	//chaptersofhope.deseretbook.com/		•		EZ, or 990-PF)		
_			eck only one) — ∑ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or	527	(1 01111 33	0, 330-1			
		organization	□ Corporation □ Trust □ Association □ Other □ Ot		.1 4-				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	iore, or it tota	ai assets				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•		\$	11,860		
Ŀ	art I		e, Expenses, and Changes in Net Assets or Fund Balance	•			·		
		Check If	the organization used Schedule O to respond to any question in	n this Part I	١		<u> </u>		
	1	Contribution	ons, gifts, grants, and similar amounts received			1	11,860		
	2	Program se	ervice revenue including government fees and contracts			2	0		
	3	Membersh	ip dues and assessments	FIVE		3	0		
	4	Investment	tincome	ZIVE!) [4	0		
	5a	Gross amo	bunt from sale of assets other than inventory $\int_{0}^{\infty} \int_{0}^{\infty} \int_{0}^{\infty$		706				
	b		or other basis and sales expenses	3 ZU16	18.0	3			
	c		•		Tro	5c	0		
	6								
	a	_	ome from gaming (attach Schedule G if greater than	LUT	1 / 1				
ō		\$15,000)		-	- r	. 1 33			
Revenue		•	L	contribution	0	:			
Š	b		alsing events reported on line 1) (attach Schedule G if the	Contribution	115	& w			
Œ	1				_	\$ *			
			·		0				
	C		t expenses from gaming and fundraising events 6c	Ch and a	0				
	d		e or (loss) from gaming and fundraising events (add lines 6a and	ob and su	ibtract	ìã			
	_	line 6c) .				6d	0		
	7a		s of inventory, less returns and allowances		0	,			
	b		of goods sold		0	1.			
	C	•	it or (loss) from sales of inventory (Subtract line 7b from line 7a) .			7c	0		
	8		nue (describe in Schedule O)		. [8	0		
_	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	11,860		
	10	Grants and	I similar amounts paid (list in Schedule O)		7	10	28,790		
	11	Benefits pa	aid to or for members		[11	0		
S	12	Salaries, of	ther compensation, and employee benefits		[12	0		
Expenses	13		al fees and other payments to independent contractors			13	0		
e	14		y, rent, utilities, and maintenance			14	0		
X	15		ublications, postage, and shipping			15	36		
	16		enses (describe in Schedule O)			16			
	17		enses. Add lines 10 through 16			17	48,473		
	40	Evenes or	(deficit) for the year (Subtract line 17 from line 0)		. •	18	77,299		
ţ	Excess or (deficit) for the year (Subtract line 17 from line 9)						(65, 439		
SSE	19		r figure reported on prior year's return)						
ĕ		-				19	275,190		
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			20	0		
_	21		or fund balances at end of year. Combine lines 18 through 20		. 🕨	21	209,751		
Fo	r Papen	work Reduct	ion Act Notice, see the separate instructions.				Form 990-EZ (2015)		

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3

Pa	rt II Balance Sheets (see the instructions t	for Part II)	· -			
	, Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			275,190		209,751
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			275,190		209,751
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			275,190	27	209,751
Par						Expenses
\ A (l= =	Check if the organization used Schedule		iy question in this	Part III x	(Red	quired for section
Desc	cribe the organization's program service accomplis	SEE SCHEDULE O shments for each of	f its three largest p	orogram services,	orga	(c)(3) and 501(c)(4) anizations, optional for
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea		e services provided	d, the number of	othe	ers)
28	THE FOUNDATION CONTRIBUTED MONEY TO PAY FO	OR TRANSLATIONS O	F VARIOUS BOOKS .	AND VIDEOS		
	TO HELP FURTHER THE OUTREACH TO MANY AREAS		AT ARE NOT FORTU	NATE ENOUGH TO		
	HAVE TRANSLATED MATERIAL IN THEIR LANGUAGE				1	
	·	ıncludes foreign gra			28a	48,009
29						
	STUDENTS PRIMARILY FROM ASIA AND THE SOUTH					
	ADVANCED EDUCATION AND LEARNING FOR THOSE				00.	
	(Grants \$ 25,000) If this amount				29a	25,000
30	THE FOUNDATION CONTRIBUTED BOOKS (\$2,320 V			OUNDATION,		
	WHICH WILL BE USED AS PARTS OF KITS DONATE	D TO REFUGEE WOM	EN.			
	(Grants \$ 0) If this amount	ıncludes foreign gra	nte chock horo		 30a	2 330
21	Other program services (describe in Schedule O)		ints, check here .		302	2,320
31		includes foreign gra			31a	1,470
32	Total program service expenses (add lines 28a t		· · · · ·		32	
Par						1 - 7 1 - 7
	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,	(.,	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	/	6	other compensation
SHER	I L. DEW					
DIRE	CTOR/PRESIDENT	<5 HRS/WEEK	<u>c</u>		0	0
JEFF	M. SIMPSON					
DIRE	CTOR/VICE PRESIDENT	<5 HRS/WEEK	С)	0	0
J. D	ARIN MURDOCK					
DIRE	CTOR/SECRETARY & TREASURER	<5 HRS/WEEK)	0	0
SONI	A LARSON					
ASSI	STANT TO THE PRESIDENT	<5 HRS/WEEK	С	0	0	0
SAMU	EL VAN HOOK					
ACCO	UNTANT	<5 HRS/WEEK	C	-	0	0
CARO	LYN OLSEN	-			-	
SALE	S ORDERS MANAGER	<5 HRS/WEEK	C		0	0
REX	CARLISLE	-			-	
WARE	HOUSE/SHIPPING MANAGER	<5 HRS/WEEK		-	0	0
					+	
		1				
				 	+-	
		-				
				-	+	
		1				
		 		 	+-	
		1			-	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Рап	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		163	140
34	detailed description of each activity in Schedule O	33		Х_
	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 activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b	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		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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	*. %	<u> </u>	<u>. </u>
	Did the organization file Form 1120-POL for this year?	37b	200.0 a 2000 a 200	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	135, "		
	Initiation fees and capital contributions included on line 9		مر	
	Gross receipts, included on line 9, for public use of club facilities]	ŊŶ.	,
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright		***	* ,
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	- (7:29 		
	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	105		$\hat{}$
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	, î		***************************************
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	· - ^		*-
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	- 337,7]
41	List the states with which a copy of this return is filed ▶ UT			
42a	The organization's books are in care of ▶ DARIN MURDOCK Telephone no ▶ 801-5	17-3	270	
	Located at ► 57 w. SOUTH TEMPLE SLC, UT ZIP + 4 ► 84101			
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO X
	If "Yes," enter the name of the foreign country: ► N/A	, 4,	å	Ţ
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	2 ' *		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: \blacktriangleright N/A	42c		Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	► □ N/A
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	70° ,	X
	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	. .	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	***	X
150	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d	N	A
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a		X
	Form 990-EZ (see instructions)	45b		<u></u> X

Form 9	90-EZ (2015)					F	age 4
		- 1 - 11 - 1				Yes	No
46	Did the organization engage, directly or in						
Part	to candidates for public office? If "Yes," (VI Section 501(c)(3) organizations		, Parti	<u> </u>	· 46	.L	х
Part	All section 501(c)(3) organization		estions 47–49h and	52 and complete t	he tables i	for lin	6 8
	50 and 51.	o maoi allowor que		oz, and complete t	no tables		
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI			. \square
						Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	_	e tax - 47		x
48	is the organization a school as described i	n section 170(b)(1)(A)(i	ii)? If "Yes," complete	Schedule E	. 48		X
49a	Did the organization make any transfers t						х
b	If "Yes," was the related organization a se						A
50	Complete this table for the organization's employees) who each received more than						
<u></u>	omproyees, who each reserved mere than	(b) Average	(c) Reportable	(d) Health benefits,	TIC, CINCI I	10/10:	
	(a) Name and title of each employee	hours per week	compensation	contributions to employed benefit plans, and deferre			
		devoted to position	(Forms W-2/1099-MISC)	compensation	<u> </u>		
NONE							
					<u> </u>		
							-
f	Total number of other employees paid ov	=					
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe inization. If there is no	ensated independent one, enter "None."	contractors who ead	ch received	more	: thar
	(a) Name and business address of each independ	lent contractor	(b) Type of serv	lcê (c) Compensati	lon	
NONE							
NONE.		######################################					
		*···· · · · · · · · · · · · · · · · · ·					
	***************************************		ĺ				
• • • • • • • • • • • • • • • • • • • •							,
	Total number of other independent control	natara anah renatide -	DVOT \$100,000			·	
52	Total number of other independent contra Did the organization complete Schedu	· · · · · · · · · · · · · · · · · · ·	•	aizations must attac	sh a		
-	completed Schedule A		· · · · · · · · ·		.⊪⊠ Yes	. 🗆 1	No
Under p	enalties of perjury, I declare that I have examined this a rect, and complete. Declaration of preparer (other that	eturn, including accompan	ving schedules and stateme	nts, and to the best of my las any knowledge			
	1 Daniel	1.1.		ر. ا مد.	8 0-1	_	
Sign	Signature of officer			Date	of last	b	

Un tru Si L DIRECTOR/SECRETARY/TREASURER Here J. DARIN MURDOCK
Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Paid Check If self-employed Preparer Use Only Firm's name Firm's EIN ▶ Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions Phone no. ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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 2015

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number CHAPTERS OF HOPE FOUNDATION 26-1505739 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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 government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g a Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C

Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with,

Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type II. Type III.

its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V

functionally integrated, or Type III non-functionally integrated supporting organization

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) is the organization listed in your governing document?		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		····				
(A)										
(B)										
(C)										
(D)						· <u> </u>				
(E)										
Total					0					

Enter the number of cumported organizations

supported organization . . .

18

Part							
	(Complete only if you checked to						alify under
0 4	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, p	lease comple	te Part III)	
	on A. Public Support		# > 0040	() 0040	4 13 004 4		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants.")	106 616	122 050	66 300	40 441	11 000	250 247
2		106,616	133,950	66,380	40,441	11,860	359,247
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf .	0	0	0	0	ol	0
3	The value of services or facilities		0	0	0		
•	furnished by a governmental unit to the						
	organization without charge .	o	0	0	0	ol	0
4	Total. Add lines 1 through 3	106,616	133,950	66,380	40,441	11,860	359,247
5	The portion of total contributions by	E. Š4*		an	Val.	\$ A. V. A.	
5	each person (other than a	*** * **		Ţ, , , , , , , , , , , , , , , , , , ,	ž	,	
	governmental unit or publicly		,	(3)		t and wall	
	supported organization) included on			The state of			
	line 1 that exceeds 2% of the amount				1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	shown on line 11, column (f)	'	9				0
6	Public support. Subtract line 5 from line 4.	-		7 84. 7 n ,	1	* * ** * / %	359,247
	on B. Total Support	,					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	106,616	133,950	66,380	40,441	11,860	359,247
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources		•				•
_		0	0	0	. 0	0	0
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on .	ol	0	0	0	0	0
10	Other income Do not include gain or	-		0	0	Ŭ,	
10	loss from the sale of capital assets						
	(Explain in Part VI)	l ol	0	0	0	o	0
11	Total support. Add lines 7 through 10			. 114. 8	314/ 811	· * * · · ·	359,247
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the	ne organization	'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 Support	rt Percentage	9				
14	Public support percentage for 2015 (line		•	1, column (f))		14	100.00%
15	Public support percentage from 2014 Sci	•	•			15	100.00 %
16a	331/3% support test—2015. If the organi				I line 14 is 331/	3% or more, cl	
•	box and stop here. The organization qua	-		•	40	45 :- 001 0/	▶ 🗓
b	331/3% support test—2014. If the organ check this box and stop here. The organ					15 is 331/3%	or more, ► □
17a	10% -facts-and-circumstances test—2						
	10% or more, and if the organization me			· ·		•	•
	Part VI how the organization meets the "f	acts-and-circu	mstances" tes	t The organiza	ation qualifies	as a publicly si	upported
	organization			•			. ▶ □
b	10% -facts-and-circumstances test—2						
	15 is 10% or more, and if the organization members are the second of the organization members and in the organization members.						-

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

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)

	if the organization rails to quality	under the te	Jaca Hated Del	Off, picase of	mpicte i ait	<u>" / </u>	
	on A. Public Support	· · · · · · · · · · · · · · · · · · ·	1 4	I			
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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			1			
	furnished in any activity that is related to the			1			
	organization's tax-exempt purpose .						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				1		
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						
	Amounts included on lines 1, 2, and 3			 			·
	received from disqualified persons						
h	Amounts included on lines 2 and 3			-			<u> </u>
b	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						
С 8	Public support. (Subtract line 7c from		7 488	2 200 7 200	(*	* * ~ < 3 & & \$.	
J	line 6).		3 1 2			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
8004:	on B. Total Support	<u> </u>	L • • • • •	T 7 2 3			L <u> </u>
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Calen 9	Amounts from line 6	(a) 2011	(0) 2012	(0) 2013	(u) 2014	(6) 2013	(i) iotai
10a	Gross income from interest, dividends,						
iva	payments received on securities loans, rents,		}				
	royalties and income from similar sources						
h	Unrelated business taxable income (less		+				
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	·		-	-			
	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 (Explain in Part VI)						
40	, ,		 		-		
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	<u> </u>	1 5 1				504(-)(0)
14	First five years. If the Form 990 is for the	•	n's tirst, secon	ia, thira, fourth	i, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he				•	• •	. 🕨 📋
	on C. Computation of Public Suppor			10 1 20		45	
15	Public support percentage for 2015 (line 8		•	13, column (f))	•	15	<u></u>
16	Public support percentage from 2014 Sch				<u>. </u>	16	%_
	on D. Computation of Investment In	_		1 40 1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
17	Investment income percentage for 2015 (-	mn (t))	17	<u>%</u>
18	Investment income percentage from 2014					18	<u>%</u>
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/3%, check this box	=	-	•		=	_
b	331/3% support tests—2014. If the organiz						
	line 18 is not more than 331/3%, check this l	·=	_		· · · · · ·		_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions ► □

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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)

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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If histonic and continuing relationship, explain	1		
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 (3)
3a	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	ž.	
С	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		ì	
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	. <u>``</u> }`	
b	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		
С	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 Part VI 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	,	,
5а	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 Part VI , 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	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	300
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	- 49	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	, , , 7	ž.	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	-57873	
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	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	i.i.	
С	Did a disqualified person (as defined in line 9a) 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 .	<u>∛</u> 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a	(ke-re	
b	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)	10b	- 11-	

	, , , , , , , , , , , , , , , , , , , ,			
Part	Supporting Organizations (continued)		·	r
4.4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	``.		1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		المقدا
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	-	
	on B. Type I Supporting Organizations		Щ	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			%.v.e.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-,	4.	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	· -84	€.s	, ing
	controlled the organization's activities. If the organization had more than one supported organization,	-V ere		<u>.</u>
	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	£ 48.	* :	
	organizations and what conditions of 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	4)~), S-	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	٠,		7.5
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		<u></u>	لتتا
0		2	<u> </u>	Щ_
Section	on C. Type II Supporting Organizations		V	NI a
4	NATURE AND ASSESSED ASSESSED AND ASSESSED ASSESS	, ·	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	- %	~ *	
	or management of the supporting organization was vested in the same persons that controlled or managed	. .	, s	12 - 14
	the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations		L	<u> </u>
	an and the manufactured and and and and and and and and and an		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	~		. 1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	_	- =	-
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	À	i i sá	
	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			
	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
3	By reason of the relationship described in (2), did the organization's supported organizations have a			ľ., , <u>l</u>
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- i	1.5	
	supported organizations played in this regard	3	<u> </u>	<u>-</u>
Section	on E. Type III Functionally-Integrated Supporting Organizations	<u> </u>	I	
		n.c.4		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	แรเศน	cuon	> /
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	200 121	etruct.	onel
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	occ 1118		
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	12	* * .8	,: " se
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	13	1	
	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	·	<u>.</u>	الشاأ
_	that these activities constituted substantially all of its activities	2a	3	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		,	^
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	1	-	, ,
	activities but for the organization's involvement.	-		ات'ــا
•		2b	2.70	- 41
3	Parent of Supported Organizations Answer (a) and (b) below.	4.	**	Me.,
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? <i>Provide details in Part VI</i> .	3a	. ×. 4.	أستم أ
L		Ja		<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 "Ves." describe in Part VI the role played by the organization in this regard	34	شد ت	المعد

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1			structions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E	(D) Current Venn
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		<u>-</u>
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)
1 Aggregate fair market value of all non-exempt-use assets (see		· / \ 1	
instructions for short tax year or assets held for part of year).	2		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
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,			
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	24. N. M.	
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	17 10 6 7 4 8 7 7 1 1	
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-functional	ly-in		g organization (see
instructions)		<u> </u>	, , , ,

a b	Current Year
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) 1 Distributable amount for 2015 from Section C, line 6 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a b c	
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 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: a b c 	15 Amount for 2015
(reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a b	
(reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: a b c	
a Lives distributions carryover, if any, to 2013. b lives a l	7,000
b C C C C C C C C C C C C C C C C C C C	A. Same
C	
	- 4 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d From 2013	% *
d From 2013 . · · · · · · · · · · · · · · · · · ·	AND SEE SEE
e From 2014	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2015 distributable amount	
i Carryover from 2010 not applied (see instructions)	
j Remainder Subtract lines 3g, 3h, and 3i from 3f	<u> </u>
4 Distributions for 2015 from Section	
D, line 7: \$	*# * : : : : : : : : : : : : : : : : : :
a Applied to underdistributions of prior years	**
b Applied to 2015 distributable amount	
c Remainder Subtract lines 4a and 4b from 4	
5 Remaining underdistributions for years prior to 2015, if	
any Subtract lines 3g and 4a from line 2 (if amount	
greater than zero, see instructions)	,
6 Remaining underdistributions for 2015 Subtract lines 3h	
and 4b from line 1 (if amount greater than zero, see	
instructions)	a vigi
7 Excess distributions carryover to 2016 Add lines 3j	***
and 4c	
8 Breakdown of line 7:	
a * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·
	\$ * * * * * * * * * * * * * * * * * * *
e Excess from 2015	

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	·

SCHEDULE 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

► 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. Internal Revenue Service Employer identification number Name of the organization

Open to Public Inspection

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 LITERACY AND LEARNING				
THROUGH THE DISSEMINATION OF FAITH-BASED AND VALUES-BASED PRINCIPLES AND CONCEPTS AVAILABLE				
IN BOOKS, MEDIA, AND RELATED PRODUCTS AND SERVICES TO INDIVIDUALS WORLDWIDE 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 GRANTS OF \$1,000 TO HARDVARD'S LDSSA CLUB TO	PROMOTE EDUCATION ON			
VARIOUS RELIGIONS.				
THE FOUNDATION CONTRIBUTED BOOKS (\$291 VALUE) TO AN AMISH SCHOOL LOCATED IN DANVILLE, OHIO. THE				
BOOKS ARE FOR THE EDUCATIONAL GROWTH OF CHILDREN ATTENDING THE SCHOOL.				
THE FOUNDATION CONTRIBUTED BOOKS (\$95 VALUE) TO THE WASATCH YOUTH CENTE	R, A DIVISION OF UTAH			
JUVENILE JUSTICE, TO BE USED AS TEACHING TOOLS.				
THE FOUNDATION CONTRIBUTED TEMPLE CALENDARS (\$84 VALUE) TO LDS CHARITIE	S-PHILIPPINES IN THE			
TACLOBAN, PHILIPPINES AREA. THE CALENDARS WILL BENEFIT FAMILIES WHO COU	LD NOT OTHERWISE AFFORD THEM.			
DONATED SERVICES TO CHAPTERS OF HOPE FOUNDATION - \$10,325 ADMINISTRATIV	<u>'E </u>			

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
lame of the organization	Employer identification number
CHAPTERS OF HOPE FOUNDATION	26-1505739
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