DLN: 93493127014598 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Treasury ▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a> Inspection Internal Revenue Service A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 C Name of organization WORLD HOPE INTERNATIONAL INC D Employer identification number B Check if applicable □ Address change 35-1985485 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 1330 Braddock Place Suite 301 ☐ Application pending (703) 923-9414 City or town, state or province, country, and ZIP or foreign postal code Alexandria, VA 22314 G Gross receipts \$ 19,811,047 F Name and address of principal officer H(a) Is this a group return for John Lvon ☐Yes ☑No subordinates? 1330 Braddock Place H(b) Are all subordinates Suite 301 ☐ Yes ☐No included? Alexandria, VA 22314 If "No," attach a list (see instructions) Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or ☐ 501(c)( ) **(**(Insert no ) **H(c)** Group exemption number ▶ Website: ▶ www worldhope org L Year of formation 1996 M State of legal domicile IN Summary 1 Briefly describe the organization's mission or most significant activities World Hope is a Christian relief and development organization working with vulnerable and exploited communities to alleviate poverty, suffering and injustice WHI accomplishes its mission through health, anti-trafficking, clean water, disaster relief, education and economic Activities & Governance development initiatives 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 18 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 25 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . . . . 6 152 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 12,367,422 19,547,224 9 Program service revenue (Part VIII, line 2g) . 36,334 245,277 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 31,972 18,546 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,516 12,438,244 19,811,047 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,005,597 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 291,272 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,607,273 3,114,772 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶777,058 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 9,452,040 9,114,660 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12,350,585 19,235,029 19 Revenue less expenses Subtract line 18 from line 12 . 87.659 576,018 Assets or Beginning of Current Year **End of Year** 3,197,784 20 Total assets (Part X, line 16) . 3,504,390 21 Total liabilities (Part X, line 26) . 1,070,404 22 Net assets or fund balances Subtract line 21 from line 20 . 2,127,380 2,377,597 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-05-07 Signature of officer Sign Here Gayle Rietmulder CFO Type or print name and title PTIN Print/Type preparer's name Date Preparer's signature Check I If Paid self-employed Firm's name Firm's EIN Preparer Firm's address Phone no Use Only ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2017)

Form	990 (2017)					Page <b>2</b>
Par	t IIII Statem	ent of Program Ser	vice Accomplis	hments		
	Check if :	Schedule O contains a re	esponse or note to	any line in this Part III		🗆
1	Briefly describe	the organization's mission	on .	•		
					sadvantaged people through long-	term social transformation
proje	ects, including anti	ı-traffıckıng, clean water	, economic develop	ment, education and he	alth initiatives	
	Did the organiza	ition undertake any sign	ıfıcant program ser	vices during the year wh	nich were not listed on	
	<del>-</del>	190 or 990-EZ?	. •	<del>-</del> •		□ yes  ✓ No
		e these new services on				
3	•	ition cease conducting, o		changes in how it condu	icts any program	
-	-	· · · · · ·	3	-	ets, any program	□ Yes ☑ No
		e these changes on Sche				
4	,	_		ate for each of its three l	largest program services, as meas	urad by avpances
_					f grants and allocations to others,	
		evenue, if any, for each			,	
4a	(Code	) (Expenses \$	9,083,064	including grants of \$	4,672,955 ) (Revenue \$	0)
44	See Additional Date		9,063,004	including grants or \$	4,072,933 ) (Revenue \$	0 )
		a				
4b	(Code	) (Expenses \$	2,847,087	including grants of \$	2,129,922 ) (Revenue \$	0)
	See Additional Dat	a				
4c	(Code	) (Expenses \$	2,821,057	including grants of \$	0 ) (Revenue \$	0)
	See Additional Date	a				_
	See Additional D	Data Table				
4d	Other program s	services (Describe in Sch	nedule O )			
	(Expenses \$	2,851,774	including grants of	\$ 202,7	20 ) (Revenue \$ 2.	32,789 )
4e	Total program	service expenses▶	17,602,9	82		

**Checklist of Required Schedules** 

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

Nο

Nο

No

Nο

No

Nο

No

Nο

No

Nο

Nο

Nο

Nο

Nο

No

Form **990** (2017)

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . .

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

ın Part X, lıne 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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16

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18

19

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

29

Page 4

Part IV	Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	Checklist of Required Schedules (continued)				
					-
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			[	202

20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21

Yes

Yes

Nο

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . 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,"

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Yes 23

22

24a

24b

27

28a

28b

28c

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35a

35h

36

37

Yes

Yes

Yes

Yes

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Νo

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 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Νo

Nο

Νo

Nο

24c 24d 25a 25b 26

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
Гаг	Check if Schedule O contains a response or note to any line in this Part V			<b>✓</b>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 22			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►AJ, BK, CB, HA, LI, MZ, SL  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		No ———
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		No
a	provided to the payor?	, a		140
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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 other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction A. Governing Body and Management		1	
1.	Enter the number of voting members of the governing body at the end of the tax year	$\longrightarrow$	Yes	No
14	18			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		N.
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	$\vdash$		No No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
•	· · · · · · · · · · · · · · · · · · ·	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	<b>8</b> a	Yes	
	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u> Code</u>	Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4 L5	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	14	Yes	
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15-	Yes	
	Other officers or key employees of the organization	15a 15b	ies	No
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?			
<b>C</b> ~	<u> </u>	16b		
<u>5e</u> L7	List the States with which a copy of this Form 990 is required to be filed			
	AK , CA , CO , DC , FL , GA , HI , IL , KY , ND , NH , NM , OK , OR , PA , TN , UT , VA			NC ,
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	,,		
	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  World Hope International Inc 1330 Braddock Place Suite 301 Alexandria, VA 22314 (703) 923-9414			

Part VII

(17) Bobbie Strand

Secretary

(F)

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, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

(C)

(D)

(E)

- 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)

(B)

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

( <b>A)</b> Name and Title	(B) Average hours per week (list any hours	pers	in on on is	e bo both ecto	t che x, u n an	eck m nless office ustee	er	Reportable compensation from the organization	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Steve Brown Director	1 0	x						0	0	0
(2) Robert Clyde Director	0	х						0	0	0
(3) Stephanie Gilmer Director	0	х						0	0	0
(4) David Blanchard Director	0	х						0	0	0
(5) Jeri Sape Director	0	х						0	0	0
(6) Dennis Jackson Director	0	x						0	0	0
(7) Gary Ott Director	0	х						0	0	0
(8) John Lee Director	0	х						0	0	0
(9) Steve McEuen Director	0	X						0	0	0
(10) Jennifer Murtie Director	0	X						0	0	0
(11) Jonathan Shafer Director	0	X						0	0	0
(12) Quillan Byam Director	1 0	X						0	0	0
(13) Wayne Schmidt Director	0	X						0	0	0
(14) Jim Mannoia Director	1 0	х						0	0	0
(15) Mike Chambers Board Chair	0	Х		x				0	0	0
(16) Kevin Batman Treasurer	0	x		×				0	0	0

0

0

compensation from the organization ▶ 0

Part VII

Page 8

1.0	Section A. Officers, Directors	, musices, it	Cy Liii	picy		, a	u iiig	iiics	e compensacea	Employees (cor	itinaca)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, ι n of tor/t	t che unles ficer rust	and a	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estim amount compei from organiza	nated of other nsation i the tion and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated emptovies	Former		MISC)	rela organiz	
(18)	leff Swartzendruber	1	×		х				0	(		
vice-	unair		···· ^		Ĺ				0		1	
	lohn Lyon	50 مــــــــــــــــــــــــــــــــــــ	1		×				132,070	(		42,808
	Gayle Rietmulder	50 Ω	1		х				122,220	(		20,772
CFO			 									
c T	Sub-Total	VII, Section A			•	•	-		254,290	0		63,580
2	Total number of individuals (including but of reportable compensation from the orga	not limited to				/e) w	/ho red	ceive	<u> </u>			
											Yes	No
3	Did the organization list any <b>former</b> officine 1a? <i>If "Yes," complete Schedule J for</i>			key e				ııghe •	est compensated er	nployee on		No
4	For any individual listed on line 1a, is the organization and related organizations gr									<u> </u>		110
5	Individual	r accrue compe 'Yes." complete	nsation Schedu	from	any	uni uch	• related person	org	ganization or individ	dual for	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Na
										5		No
1	Complete this table for your five highest of from the organization Report compensation.	compensated in									nsation	
	<u> </u>	(A)	, 0		9	.,,,,,,				(B)		<u> </u>
	Name and b	ousiness address							Descript	tion of services	Compe	nsation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

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

Part		Statement of Reve	enue									rage <b>3</b>
		Check if Schedule O co		ponse o	r note to any	/ line in t	hıs Part VII	ı				🗆
							( <b>A)</b> revenue	Rela ex fur	(B) ated or empt action yenue	(C) Unrela busine reven	ted ess	(D) Revenue excluded from ax under sections 512-514
10	<b>1</b> a	Federated campaigns .	. 1a	1	0			101	renue			312-314
ributions, Gifts, Grants Other Similar Amounts	ŀ	Membership dues	11	,	0							
Gra nou		Fundraising events	10	:	0							
15 P. A.		d Related organizations	10		0							
<u>ā</u>		Government grants (contribut	tions) 16	:	708,462							
ns.	f	All other contributions, gifts,		ĺ								
er S		and similar amounts not inclu above	ıded 11	:	18,838,762							
듗뙫	ç	Noncash contributions inc										
Contributions, Gifts, Grants and Other Similar Amounts	١.	in lines 1a-1f \$										
<u>ة ت</u>	_ <u>_h</u>	Total.Add lines 1a-1f .		• •	<del></del> -		9,547,224					
Ele.					Busines							_
15		Tuition				900099		12,924		,924 ,865		0
υ Œ		Greenhouse and Produce Sales Sale of well components to and		derra Leo	10	900099		12,488		,488		
Service Revenue	_			Terra Leoi								
32	d											
Jran.	f	All other program service r	revenue					0		0		0
Program		Total.Add lines 2a-2f		•		245,277						
		Investment income (includii		. interes	t. and other	1				Ī		
	S	ımılar amounts)			1	<b>-</b>	18,54		(		0	18,546
		Income from investment of	-			<u> </u>		0			0	0
	<b>5</b> 1	Royalties	(ı) Real		) Personal	<u> </u>		1			<del>-  </del>	
	6a	Gross rents	(i) iteal	<del>                                     </del>	) 1 C13011d1	$\dashv$						
						_						
	b	Less rental expenses										
	c	Rental income or (loss)		0		0						
	d	Net rental income or (loss	;)	<del></del>		4						
			Securities		ıı) Other							
	7a	Gross amount from sales of assets other than inventory		,	.,							
	_	Less cost or other basis and sales expenses										
		Gain or (loss)		0		<u> </u>						
		Net gain or (loss) Gross income from fundrai	sing events		<u> </u>	_						
Other Revenue		(not including \$contributions reported on I See Part IV, line 18	0 of (ine 1c)	a								
å		Less direct expenses .		ь								
her		Net income or (loss) from to Gross income from gaming		events	• •	_						
ŏ	Ja	See Part IV, line 19										
				a		_						
		Less direct expenses .  Net income or (loss) from		b								
		Gross sales of inventory, le returns and allowances	ess	al	· •							
		Less cost of goods sold .  Net income or (loss) from:		ь	. •							
		Miscellaneous Rever			siness Code							
	11	a										
	b											
	c											
	d	All other revenue						0	C		0	0
	е	Total. Add lines 11a-11d			. •			0				
	12	Total revenue. See Instru	uctions .				19,811,04	.7	245.277		0	19 546
							13,011,04	1	243,2//	L	<u> </u>	18,546 Form <b>990</b> (2017)

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,952,454	3,952,454	-	
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	3,053,143	3,053,143		
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	317,871	43,125	274,746	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7 Other salaries and wages	2,548,114	1,979,578	238,408	330,128
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,200	17,136	3,793	7,271
9 Other employee benefits	131,129	81,620	19,299	30,210
<b>10</b> Payroll taxes	89,458	79,300	3,475	6,683
11 Fees for services (non-employees)				
a Management	3,300	0	3,300	0
<b>b</b> Legal	8,739	0	8,739	0
c Accounting	46,563	0	46,563	0
<b>d</b> Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0

0

315,212

51,951

556,247

202,817

378,881

188,402

28,228

37,931

353,564

20,301

3,661,548

419,198

2,071,996

351,369

418,413

19,235,029

0

0

0

O

n

10,927

85,426

59,394

14,359

6,264

5,232

37,931

3,636

20,301

0

0

0

0

n

13,196

854,989

161,794

51,951

19,602

13,674

17,999

99,933

10,841

0

0

0

n

0

n

n

24,285

777,058

Form 990 (2017)

2,687

0

142,491

451,219

129,749

346,523

82,205

12,155

347,241

3,661,548

419,198

2,071,996

351,369

380,932

17,602,982

0

0

0

**f** Investment management fees . . . .

**12** Advertising and promotion . .

13 Office expenses . .

14 Information technology

**20** Interest . . . .

23 Insurance . . .

15 Royalties .

**17** Travel .

16 Occupancy .

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any

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

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
 Check here ► ☐ if following SOP 98-2 (ASC 958-720)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O )

b Education and Child Sponsorship

a Health and Nutrition

c Wells and Sanitation

e All other expenses

d Economic Developemnt

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Cash-non-interest-bearing .

Accounts receivable, net .

Part II of Schedule L . . .

Inventories for sale or use .

Less accumulated depreciation

Savings and temporary cash investments . . .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

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 instructions) Complete

10a

10b

2,045,486

1,511,480

Pledges and grants receivable, net . . .

II of Schedule L . . . . . .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 . . .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11 . . . . . .

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

Total liabilities and net assets/fund balances .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

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 assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . . .

Complete Part X of Schedule D

Temporarily restricted net assets .

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Accounts payable and accrued expenses

1

2

3

420,318

726.114

543,335

0 4

0 5

0 6

0

8

9

10c

11

12

13

14

15

16

17

20

22

23

24

25

26

27

28

29

30

31

32

33

34

117.055

108.814

794.153

325 476

162,519

280,130

0 18

0 19

0

0 21

85.645

431.935

272.694

1,070,404

1.064,413

447.015

615.952

2,127,380

3.197.784

3,197,784

Beginning of year

Page **11** 

1,038,408

712,770

615,954

0

0

0

245,913

153.055

534.006

204.284

565,119

3.504.390

0

0

0

0

0

0

0

0

0

O

327.249

234.425

1,126,793

973.580

787.036

616.981

2,377,597

3.504.390

Form **990** (2017)

End of year

Page **12** 

2,377,597

No

No

No

Form 990 (2017)

Yes

Yes

Yes

2a

2b

2c

3a

3b

Form 990 (2017)

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

3	Revenue less expenses Subtract line 2 from line 1	3	576,018
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,127,380
5	Net unrealized gains (losses) on investments	5	-325,801
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0

5	Net unrealized gains (losses) on investments	•	•	•	•	•	•	•	•	•	•	•	•	•	•		5	-325,801
6	Donated services and use of facilities																6	C
7	Investment expenses																7	C
8	Prior period adjustments	•															8	C
9	Other changes in net assets or fund balances i	(exp	olain	ın	Sche	edul	e O)										9	C

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits. explain why in Schedule O and describe any steps taken to undergo such audits

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

**Financial Statements and Reporting** 

**1** Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

## Additional Data

**Software ID:** 17005980

Software Version: v1.00

**EIN:** 35-1985485

Name: WORLD HOPE INTERNATIONAL INC.

Form 990 (2017)

mortality rates among children under 5 in Sierra Leone

Form 990, Part III, Line 4a: Health and Nutrition World Hope's Health and Nutrition Program focuses on Sierra Leone-a nation with one of the highest maternal, infant, and child mortality rates in the world In addition to working with individuals and communities, World Hope's program works with the Sierra Leone government toward the goal of providing all Sierra Leoneans with access to high-guality, affordable health care Right now, the majority of health care in Sierra Leone is provided by Community Health Workers, as such, this is a target of World Hope's strategy. In 2017, 1,120 Community Health Workers were trained on maternal and child health issues, such as malnutrition, reproductive health, malaria, and diarrhea. These workers provided more than 17,000 individuals consultations, treated more than 17,000 cases of malaria, and screened more than 30,000. children for mainutrition. Community Health Workers visited more than 8,500 pregnant women and made nearly 8,500 post-natal visits. Over 3,000 health care workers were also trained on newborn resuscitation techniques because newborn asphyxiation is a leading-and highly preventable-cause of death among infants. Through its Health and Nutrition Program. World Hope also trained 273 health workers in the use of test strips to screen for UTIs and diabetes among pregnant women, provided Vitamin A supplements for more than 32,000 children, and provided acute physical and occupational therapy and family support to 700 children with disabilities. Finally, in partnership with the US Centers for Disease Control and the Gates Foundation, World Hope performed data collection for a new program that will try to uncover the causes of high

### Form 990, Part III, Line 4b:

in the US and Caribbean, and the December tropical storm in the Philippines. When disaster strikes, World Hope mobilizes a network of businesses, churches, and NGO partners to provide immediate relief and recovery support. When the mudslides hit Sierra Leone-killing more than 1,000 people and leaving 5,000 homeless-World Hope responded, in collaboration with the Sierra Leone government, to distribute more than 700 water filters, truck in more than 35,600 gallons of water, and distribute 3,355 cakes of soap to help curb the spread of disease. After hurricanes Harvey, Irma, and Maria ravaged parts of the US and Caribbean, World Hope responded by providing 5,800. heavy-duty tarps for temporary shelter, 2,700 water filters, 96 generators, and 130 solar chargers to communities in Texas, Florida, Turks & Caicos, Dominica, Tortola, St.

Thomas, St. Croix, Cuba, and Puerto Rico. World Hope also coordinated the delivery of water purification equipment and hygiene kits, medicines (including insulin), and donated goods in affected communities. In Turks and Caicos, for instance, World Hope desalination kits provided the only source of clean water on some of the islands. following the storms In Puerto Rico, World Hope helped deliver \$225,000 worth of donated insulin to the Puerto Rico Department of Health More than 300 volunteers supported rebuilding efforts in Texas and Florida following the storms, reaching more than 10,000 people

Emergency Response and Other Programs In 2107, World Hope responded to three emergencies the August mudslides in Sierra Leone, hurricanes Harvey, Irma, and Maria

# Form 990, Part III, Line 4c: Water and Sanitation Through its Water and Sanitation Program, World Hope is communitied to providing clean water sources and improved sanitation facilities to communities in developing countries worldwide. In 2017, World Hope drilled 192 wells across Liberia, Sierra Leone, Mozambique, and Cambodia. In total, these wells

benefited 132,111 people-around 700 people for each well In addition to providing the obvious impact-clean water, which decreases instances of waterborne illness and death-clean water sources have subtler impacts that are equally profound. For instance, clean water sources allow more children-especially girls-to reach higher levels of educational achievement. In Africa, 90% of water-gathering is done by girls, which limits their time spent in school Girls with less education marry younger and have more children. In this way, limited access to clean water can contribute to the cycle of poverty-whereas access to clean water can help break it. In 2017, 44 wells were drilled at health clinics to improve health care provision, and water towers were constructed in 34 of these clinics to provide clean water for sinks, showers, and toilets. Finally, in

health clinics to improve health care provision, and water towers were constructed in 34 of these clinics to provide clean water for sinks, showers, and toilets Finally, in 2017, 32 wells were drilled at schools. Without clean water at school, girls often drop out or have a significant number of absences each month-once they reach puberty because they cannot care for their own hygiene needs. This is another way in which water is not just water-it is a future for hundreds of thousands of the world's girls. And World Hope is ensuring they reach their goals through access to a basic human necessity, water.

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code ) (Expenses \$ 907,879 including grants of \$

(family members have healthier diets), increased levels of education (children can go to school when the family makes more money), and improved livelihoods (more money can be spent on necessities like health care, electricity, and modern sanitation). In 2017, World Hope's Agriculture and Economic Development Agricultural Program improved the lives of rural farmers in Sierra Leone, Cambodia, and Mozambique In Sierra Leone and Mozambique, 36 GRO greenhouses-greenhouses that protect crops from the elements and use far less water than traditional methods-benefited 1,615 rural farmers Market connections increased income for 54 farmers. In Cambodia, 92 mushroom "grow houses"-small structures designed to grow mushrooms, a cash crop-benefited 75 households, including 137 women, 148 men, and 141 children. These houses produced more than 67 tons of mushrooms, which were sold at market for \$177,729 (Code ) (Expenses \$ 961,286 including grants of \$ 20,220 ) (Revenue \$ 0) World Hope's Anti-Trafficking and Anti-Gender-Based Violence Program works in Liberia, Sierra Leone, Cambodia, and the Philippines to prevent occurrences and treat survivors of human trafficking and gender-based violence. In Liberia, World Hope continued to operate a government-

World Hope's Agriculture Program provides subsistence farmers-who make up the majority of the world's rural poor-with the tools, knowledge, and market connections to grow, consume, and sell more produce. Within these communities, improved agricultural outputs lead to improved health

0) (Revenue \$

219,865 )

sponsored anti-trafficking hotline, which in 2017 received more than 1,500 calls. World Hope also placed 59 survivors of human trafficking into

shelter care and reintegrated 62 survivors into communities. In Sierra Leone, World Hope continued to operate the Recovery Centre, which in 2017 provided residential care for 40 survivors of trafficking, including four teenage girls who gave birth to babies there. The Centre also provided services for 53 survivors and reunited 33 survivors with their families. In prevention efforts, World Hope launched two new campaigns in Sierra Leone, including one funded by the European Union Delegation to Sierra Leone. In the Philippines, World Hope launched a new program, funded by the US Department of State in cooperation with the government of the Philippines, to combat cybercrime that targets children and to shelter and treat child survivors of online exploitation. Finally, in Cambodia, World Hope hosted 65 outreach events to educate the community on gender-based violence and provided services to 212 survivors-a 400% increase over the year prior, suggesting that more women and girls are recognizing the issue and seeking support and treatment

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code ) (Expenses \$ 705,043 including grants of \$

what they can do to bring about opportunity, dignity and hope to the people that World Hope serves

Sierra Leone, World Hope's Enable the Children project provides physical and occupational therapy, as well as care and support services, including services to promote education, to more than 700 children living with disabilities in Freetown. Enable the Children works with families to teach them about their children, including how to help them develop using play, feeding support, and special equipment. In 2017, Enable the Children provided 170 pieces of therapy equipment, 70 school scholarships, 24 small business start-up grants (so families can be home to better care for their child's special needs), and 1,531 home visits to benefit the patients. Also, in Sierra Leone, World Hope is participating with UNICEF and the Sierra Leone. government to provide early education to young children, and to educate local families on the importance of early childhood education. In 2017, 17 Early Childhood Development centers were built, and volunteer teams were recruited and trained to help run the centers. In total, 1,765 young children were registered and began attending the centers. In Azerbaijan, World Hope constructed two new classrooms for 60 kindergarten students, and World Hope supported the construction of a secure playground. World Hope maintains a Child Sponsorship Program that is integrated with our other seven programs for maximum long-term impact. In a traditional sponsorship program, individual investments ensure that children are enrolled in school-with the appropriate uniforms and supplies-so they can pursue their education. With World Hope's program, in addition to this, World Hope invests in entire communities, so the benefit can be more widespread and sustainable. As an example, in Haiti-a country with 418 sponsored children-solar panels were installed in two of the schools these children attend, providing power and positioning the schools to receive computers next year In 2017, 2,047 children in ten developing countries were sponsored through World Hope This was a 23% growth from the

Education and Child Sponsorship World Hope believes that a quality education for all children is the key to reducing poverty worldwide World Hope's Education Program includes child sponsorship, as well as education initiatives in Sierra Leone, Bosnia and Herzegovina, and Azerbaijan In

182,500 ) (Revenue \$

12,924)

year prior, demonstrating continued commitment among US individuals to invest in children, communities, and livelihoods through this program. In Sierra Leone, 100% of sponsored-children passed the National Primary School Examination. Eighty-seven girls and boys with special needs were among the sponsored children. In addition to individual sponsorships, some sponsorships engage an entire school In these cases, a School Management Committee (SMC) is created by recruiting and training local volunteers to maximize educational impacts within a community. In 2017, 16 SMCs were created, and they worked with communities on critical education-related issues-such as the importance of sending all children to

school, including young girls

(Code ) (Expenses \$ 277,566 including grants of \$ 0) (Revenue \$ 0)

Public Awareness These initiatives bring attention to the suffering caused by severe poverty and exploitation. The also educate the public about

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493127014598
SCI	H <b>ED</b> m 99	ULE A		Public (	Charity Staturganization is a sect	ion 501(c)(3)	organization o	ort	OMB No 1545-0047 2017
	ŕ	f the Treasury	▶ Infe	ormation abou	► Attach to Form to Schedule A (Form	990 or Form 99 990 or 990-EZ	0-EZ.	ıctions is at	Open to Public Inspection
Nam	e of th	nue Service he organiza			<u>www.irs.g</u>	ov/form990.		Employer identific	<u> </u>
WORL	D HOPE	E INTERNATION	IAL INC					35-1985485	
	rt I				us (All organization				
_	rganız		•		it is (For lines 1 thro	<b>3</b> ,	,		
1		A church, c	onvention of	churches, or as	sociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in <b>se</b>	ction 170(b)(	<b>1)(A)(ii).</b> (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperati	ive hospital serv	vice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4			esearch orga and state _	nızatıon operate	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive				ped in <b>section 170</b>
6		•	·	_	governmental unit de				
7	✓	_		mally receives ( <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust desci	nbed in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	
a		<b>Type I.</b> A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		<b>Type II.</b> A manageme	supporting o nt of the sup	rganızatıon sup portıng organıza	ervised or controlled i				
c		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	ally integrated The organization	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon receiv	't IV, Sections A and /ed a written determir	nation from the II		pe I, Type II, Type II	functionally
f	Ento			on-functionally lorganizations	integrated supporting	organization			
g				_	ipported organization(	(e)		_	
		Name of support organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org. in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	I			ice, see the Ir		Cat No 11285		 Schedule A (Form 9	

Page 2

(D)(1)(A)(IX)	
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Pa	art
III. If the organization fails to qualify under the tests listed below, please complete Part III.)	

	(Complete only if you ch III. If the organization fo						to qualify	y under Part
	Section A. Public Support			•	•			
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2	2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	4,977,973	8,454,751	9,441,077	12,367,422	1	9,547,224	54,788,44
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0	
4	<b>Total.</b> Add lines 1 through 3	4,977,973	8,454,751	9,441,077	12,367,422	1	9,547,224	54,788,44
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	, ,	, ,		, ,			, ,
	amount shown on line 11, column (f)							
6	<b>Public support.</b> Subtract line 5 from line 4							54,788,44
	Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	<b>(d)</b> 2016	(e)2	:017	<b>(f)</b> Total
7	Amounts from line 4	4,977,973	8,454,751	9,441,077	12,367,422	1	9,547,224	54,788,44
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	28,724	23,101	19,553	23,877		18,546	113,80
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0	
10		15,518	35,422	26,404	2,516		12,448	92,30
11	Total support. Add lines 7 through							54,994,55
12	Gross receipts from related activities,	etc (see instruction	ns)			12		381,05
	First five years. If the Form 990 is fo	or the organization	's fırst, second, th		•		· / · / <u>-</u>	
	check this box and <b>stop here</b>						▶⊔	
	Section C. Computation of Publi							
	Public support percentage for 2017 (li			column (f))		14		99 625 <sup>c</sup>
	Public support percentage for 2016 Sc					15		98 573 <sup>q</sup>
16a	<b>33 1/3% support test—2017.</b> If the	e organization did r	ot check the box	on line 13, and line	e 14 is 33 1/3% oi	r more, c	heck this b	ox
Ŀ	and stop here. The organization qual 33 1/3% support test—2016. If the				and line 15 is 33 i	/3% <b>or</b> m	nore, check	<b>▶</b> ✓ this
17a	box and <b>stop here.</b> The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization nerts VI how the organization meets	t— <b>2017.</b> If the orgon meets the "facts	ganization did not -and-circumstance	check a box on lines" test, check this	box and stop he	re. Expla	ain	▶□
b	organization  10%-facts-and-circumstances te: 15 is 10% or more, and if the organi: Explain in Part VI how the organization	zation meets the "f	acts-and-circumst	ances" test, check	this box and <b>sto</b>	p here.		▶□

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
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						
4	under section 513 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						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and <b>stop here</b>			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	all of the organization's supported organizations listed by name in the organization's governing documents?  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	İ	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	In Section 309(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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 <b>Part VI</b> when and how the organization made the			
	determination	3b		

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 <b>Part VI</b> when and how the organization made the	·			
	determination				
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 <b>Part VI</b> what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

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 <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
4a				
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> 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			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a Was any supported organization not organized in the Un checked 12a or 12b in Part I, answer (b) and (c) below	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part 1, answer (b) and (c) below			
b	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  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.			
		4b		
C				
		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)			

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone oth 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 <b>Part VI.</b>			
7	organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in 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)			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

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 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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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.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9	
			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) below, the governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
	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	11c			
	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization				
5	ection C. Type II Supporting Organizations				
	cetion c. Type 11 Supporting Organizations		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 <b>Part VI</b> how control or management of the				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
S	ection D. All Type III Supporting Organizations				
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, (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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No	
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 <b>Part VI</b> 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 income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3			
s	ection 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 instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b			
3	Parent of Supported Organizations Answer (a) and (b) below.				
	a 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			
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard	3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

(B) Current Year

(optional)

**Current Year** 

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5

7

8

1 2

3

4 5

6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount 1 1a

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 **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors 2

(explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6

6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8

3

7

Schedule A (Form 990 or 990-EZ) 2017

Section C - Distributable Amount

Minimum Asset Amount (add line 7 to line 6) Adjusted net income for prior year (from Section A, line 8, Column A)

Enter 85% of line 1

2

Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3

temporary reduction (see instructions)

instructions)

4 5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ) 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 <b>Part VI</b> ) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

details in <b>Part VI</b> ) See instructions				
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
	(i)	(i) (ii) Underdistributions		

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)  (ii) Underdistribution Pre-2017		Underdistributions	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			_
d From 2015			

e From 2016. . . . . . f Total of lines 3a through e

**d** Excess from 2016. . . . e Excess from 2017. . . . .

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		
8 Breakdown of line 7		
a Excess from 2013		
<b>b</b> Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A (Form 990 or 99	D-EZ) 2017 Page <b>8</b>
Section A, line Part IV, Section	Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 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, 10, 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 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
	Facts And Circumstances Test
990 Schedule A, Supp	emental Information
Return Reference	Explanation
Schedule A, Part II, Line 1	Sale of excess supplies

Schedule A (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

## **Supplemental Financial Statements**

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

DLN: 93493127014598 OMB No 1545-0047

(Form 990)

Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** WORLD HOPE INTERNATIONAL INC 35-1985485 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

Sche	edule D (Form 990) 2017									Page <b>2</b>
Par	t III Organizations Maintaining Co	lections of A	t, Histor	ical Treas	sures, o	r Other 9	Similar As	sets (conti	nued)	
3	Using the organization's acquisition, accession items (check all that apply)	n, and other reco	ords, check	any of the	following	that are a	significant u	se of its coll	ection	
а	Public exhibition		d	☐ Loa	n or exch	ange progr	rams			
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	llections and exp	aın how th	ey further t	he organı	zation's ex	empt purpo:	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to						lar	☐ Yes	□ No	)
Pai	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		Form 990	), Part IV,	line 9, o	r reported	d an amou	nt on Form	า 990, F	Part
1a	Is the organization an agent, trustee, custodincluded on Form 990, Part X?	an or other inter	mediary fo	r contributio	ons or oth	er assets n	ot	☐ Yes	□ No	<b>,</b>
b	If "Yes," explain the arrangement in Part XII:	and complete th	ne following	g table			Aı	mount		-
С	Beginning balance					1c				_
d	Additions during the year					1d				_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
2a	Did the organization include an amount on Fo						,	☐ Yes	□No	•
b	If "Yes," explain the arrangement in Part XIII									
Pa	rt V Endowment Funds. Complete if	(a)Current yea					( <b>d)</b> Three yea			- hl-
1a	Beginning of year balance	615,		Prior year 614,882		613,731		612,946	our years 4	86,275
	Contributions	· ·	0	0		0		0	1	26,671
	Net investment earnings, gains, and losses	1,	029	1,070		1,151		785		4,269
	Grants or scholarships		0	0		0		0		0
	Other expenditures for facilities		0	0		0		0		4,269
	and programs		0	0		0		0		0
	End of year balance	616,		615,952		614,882	-	613,731	6	12,946
_	•			· · · · · · · · · · · · · · · · · · ·	<u> </u>			710,701		
2 a	Provide the estimated percentage of the curr Board designated or quasi-endowment ▶	0 %	ince (iine i	.g, column (	a)) Helu a	15				
	Permanent endowment ► 100 %	0 70								
b		) %								
С	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses		nization tha	at are held a	ind admin	stered for	the			
	organization by	_							Yes	No
	(i) unrelated organizations							3a(i)	Yes	
L	(ii) related organizations							3a(ii)	<b></b>	No
ь 4	If "Yes" on 3a(II), are the related organization Describe in Part XIII the intended uses of the	·			• •			3b	<u> </u>	
	rt VI Land, Buildings, and Equipme		ndownienc	Tulius						
Fal	Complete if the organization answ		Form 990	D, Part IV,	line 11a	. See For	m 990, Pai	rt X, line 1	0.	
	Description of property (a) Cost or ot (investme		Cost or othe	r basıs (other	) <b>(c)</b> Acc	cumulated de	epreciation	( <b>d</b> ) B	ook value	
1a	Land	0			0					0
b	Buildings	0			0		0			0
С	Leasehold improvements	0		203,07	5		94,812			108,263
	Equipment	0		1,438,05	2		1,083,018			355,034
	Other	0		404,35	9		333,650			70,709
Tota	al. Add lines 1a through 1e (Column (d) must e	qual Form 990, F	Part X, colu	mn (B), line	10(c))	>	•			534,006

	Investments—Other Securities. Complete if See Form 990, Part X, line 12.	the organiza	ion answ	ered "Yes" on Form 9	90, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation f-year market value
	l derivatives				
(2) Closely- (3)Other	held equity interests	· · ·			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12 )	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' or	n Form 990, P	art IV, lır	ne 11c. See Form 990	, Part X, line 13.
	(a) Description of investment		ook value	(c) Meth	od of valuation of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>			
Part IX	Other Assets. Complete if the organization answer (a) Description		m 990, Par	t IV, line 11d See Form	990, Part X, line 15 (b) Book value
(1) Program	Advances	ı			65,203
	npany Receivable nch Receivable				113,372 6,386
(4) Other Br	anch Office Receivables				19,323
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	n answered 'Y	es' on For	rm 990, Part IV, line 1	204,284 Lie or 11f.
1.	(a) Description of liability		<b>(b)</b> Bo	ook value	
(1) Federal ı Charıtable G	ncome taxes			0 49,541	
Deferred Lea				184,884	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>		234,425	
,	or uncertain tax positions. In Part XIII, provide the text		-	ganization's financial stat	<u>.</u>

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII ) .		4b			
c					4c	
5		Ic. (This must equal Form 990, Part I, line 18	) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro XI,	vide the descriptions required for P lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Part any ac	IV, lines 1b and 2b, Part Iditional information	V, line	e 4, Part X, line 2, Part
	Return Reference		Exp	lanation		
See A	Addıtıonal Data Table					

Page <b>5</b>		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

## **Additional Data**

These are permanently restricted fund and thus only the earnings can be expended by the organization based

Schedule D, Part V, Line 4

Supplemental	Information

Supplemental	Informatio
Return F	Reference

Explanation

on the donor's instructions

Name: WORLD HOPE INTERNATIONAL INC

**EIN:** 35-1985485

**Software Version:** v1.00

**Software ID:** 17005980

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	WHI follows the authoritative guidance relating to accounting for uncertainty in income ta xes included in FASB ASC Topic 740, Income Taxes. These provisions provide consistent guid ance for accounting for uncertainty in income taxes recognized in an entity's financial st atements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. WHI performed an evaluation of uncertainty in income taxes for the year ended December 31, 2017, and determined that there were no matters that would require recognition in the consolidated financial statements or that may have any effect on its tax-exempt status. As of December 31, 2017, the statute of limitations for tax years 2014 through 2016 remains open with the U.S. feder all jurisdiction or the various states and local jurisdictions in which WHI files tax returns. It is WHI's policy to recognize interest and/or penalties related to uncertainty in in come taxes, if any, in income tax expense. As of December 31, 2017, WHI had no accruals for interest and/or penalties.

efile (	GRAPHIC prin	t - DO NOT F	PROCESS	As Filed Data	-		DLN:	93493127014598			
SCHE (Form	DULE F	State	ment of	Activities (	Outside the Uni	ited S	tates	OMB No 1545-0047			
<b>(. C</b>		► Compl	ete if the organ		res" to Form 990, Part IV, I to Form 990.	ıne 14b, 1	5, or 16.	2017			
•	ent of the Treasury Revenue Service	► Informa	tion about Sche	dule F (Form 990)	and its instructions is at wi	vw.irs.gov	/form990.	Open to Public Inspection			
	f the organization						Employer iden	tification number			
WORLD	HOPE INTERNAT	IONAL INC					35-1985485				
Part		Information , Part IV, line		s Outside the l	<b>Jnited States.</b> Comple	te if the	organization a	nswered "Yes" to			
o to	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes No  For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States										
<b>3</b> A	ctivites per Regio	n (The followin	ig Part I, line 3	table can be dupli	cated if additional space is	needed )	1				
	(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a service, describe icific type of ce(s) in region	(f) Total expenditures for and investments in region			
(1) S	ee Add'l Data				-						
( 2)											
(3)											
(4)											
(5)											
b To Pa c To	ub-total  otal from continua  ort I  otals (add lines 3  erwork Reduction	a and 3b)		7 220		No 5008		12,866,096			

(b) IRS code

3 Enter total number of other organizations or entities .

(c) Region

(a) Name of

11

11

(i) Method of

organization	section and EIN (if applicable)	(e) inegron	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
( 1) See Add'l Data								
(2)								
(3)								
(4)								
( 5)							Schedule	F (Form 990) 2017
( 6)								

(e) Amount of

(f) Manner of

(g) Amount

(h) Description

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Purpose of

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . .

(7)				
(8)				
(9)				
( 10)				

( 8)				
(9)				
( 10)				
( 11)				
( 12)				
( 13)				
( 14)				

(11)				
( 12)				
( 13)				
( 14)				
( 15)				

( 12)				
( 13)				
( 14)				
( 15)				
( 16)				

( 14)												
( 15)												
( /												
( 16)												
2 Enter total number	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-											

Part III Grants and Oth Part III can be d				ed States. Complete if	the organization ar	swered "Yes" to Form 9	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
( 3)							
(4)							
(5)							
(6)							
(7)							

(5)				
( 6)				
(7)				
(8)				
(9)				

(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
( 12)				
( 13)				

( 6)				
(7)				
(8)				_
(9)				
( 10)				
(11)				
( 12)				
( 13)				
( 14)				
( 15)				
( 16)				
( 17)				

( 13)				
( 14)				
( 15)				
( 16)				
( 17)				
( 18)				

Page **3** 

Sche	dule F (Form 990) 2017		Page <b>4</b>
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	<b>✓</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	<b>☑</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	<b>✓</b> No
	Schedul	e F (Form 9	990) 2017

Schedule F (Form 990) 2017 Page <b>5</b>					
P a n	rovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ny additional information (see instructions).				
Return Reference	Explanation				
Schedule F, Part I, Line 2	In countries where World Hope does not have a field office, educational initiatives such as tuition payments and providing uniforms/school supplies to children without means are administered through partnering organizations and community groups World Hope establishes a memo of understanding with each entity that refers to the policy and procedures manual for the program World Hope then monitors the grants it awards to other organizations by requiring periodic program and financial reports World Hope's staff or representatives visit field projects and grantees to review performance against memos of understanding or grantee agreements. World Hope also had a sub recipient of a federal grant and followed the Uniform Guidance in monitoring the				

organization In additional, World Hope funded foreign organizations in Canada and Australia that share the World Hope's brand to build their capacity. There are agreements in place and site visits are made periodically

### **Additional Data**

Sub-Saharan Africa

East Asia and the Pacific

**Software ID:** 17005980 Software Version: v1.00

**EIN:** 35-1985485

Anti-trafficking and education

development

International relief and

86,170

759,910

Name: WORLD HOPE INTERNATIONAL INC

Form	000	Schodula	E Dart T	- Activitios	Outcide The	United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	4	200	Program Services	Relief and development	8,718,392

0 Grantmaking

14 Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific lEducational assistance 144,685 0 |Grantmaking South Asia 0 Grantmaking Educational assistance 28,203 Central America and the 0 Program Services Medicine and medical 193,007 Carıbbean supplies

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the 0 |Grantmaking Educational assistance 2.752.085 Caribbean Russia and the newly 6 Program Services Relief and development 112,337 independent States Europe (including Iceland and 0 Program Services Relief and development 29.307 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) South America Inkind donations 0 |Grantmaking 12.000 30,000 North America (including 0 Grantmaking Capacity building Canada and Mexico, but not the United States)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of | (e) Amount of l (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Educational 10,000 Wire Africa Assistance Sub-Saharan Anti-trafficking 20.220 lwire Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of l (a) Name of section (c) Region cash non-cash (book, FMV, and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Educational 55,950 Wire Africa lassistance East Asia and Educational 65.035 Wire Ithe Pacific lassistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV. cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Capacity 70,000 lwire lthe Pacific lbuildina East Asia and Educational 9.650 lwire

lthe Pacific

lassistance

(i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section of (c) Region non-cash (book, FMV, cash organization and EIN(If cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) 24,975 Wire Central America Educational land the Assistance Carıbbean North America 30.000 lwire Capacity (including lbuildina

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Canada and Mexico, but not the United States)



Form 990 Schedule F Part II - Grants or Entities Outside The United States (I) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV. cash non-cash and EIN(If cash grant organization grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia lEducational 10,100 wire Assistance South Asia Educational 6.790 lwire lassistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if cash grant organization grant non-cash disbursement assistance appraisal. applicable) assistance other) |Central America | Health care 2,750,374 Medicine and **IFMV** 

land the lmedical Carıbbean Supplies

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DLI	N: 934931270	14598
Schedule I (Form 990)  Department of the Treasury	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.							2017 Open to Public Inspection	
Internal Revenue Service Name of the organization						Employ	er identific	ation number	
WORLD HOPÉ INTERNATIONAL	INC					35-198			
	mation on Grants					•			
the selection criteria use  Describe in Part IV the o	d to award the grants rganızatıon's procedu	or assistance? res for monitoring the u	se of grant funds in the U	nited States	for the grants or assistant		art IV. line	✓ Yes	□ <b>No</b>
that received mor		Can be duplicated if ad	ditional space is needed	· ·	- 			T	
(a) Name and address of organization or government	<b>(b)</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) Descrip noncash ass		(h) Purpose o or assistance	f grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
		_	s listed in the line 1 table				<b>&gt;</b>		1 2
For Paperwork Reduction Act No				Cat No 50055		<u> </u>	Sch	edule I (Form 990	) 2017

All work to be completed had to be approved in advance by World Hope Detailed invoices were provided by Poured Out and World Hope reserved the right to inspect documents. Site visits were made by World Hope staff during the work. World Hope worked with church partners located in country to ensure that donated medicine

Schedule I (Form 990) 2017

and medical supplies made it through customs and were delivered to the intended hospitals

Explanation

Return Reference Schedule I, Part I, Line 2

## **Additional Data**

Poured Out Inc

Camino L Lomas SanJuan, PR 00926

6601 Imlay City Rd Clyde, MI 48074 SJ Capes MHH

**Software ID:** 17005980 **Software Version:** v1.00

**EIN:** 35-1985485

Name: WORLD HOPE INTERNATIONAL INC

194,282

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.

(a) Name and address of	(D) ETIA	(c) INC Section	(a) Amount of Cash	(e) Amount of non-	(1) Method of Valuation	1
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	ĺ
or government				assistance	other)	ĺ
			1			1

27-3124701

45-2492228

## (a) IDC coston (d) Amount of each (a) Amount of your (f) Mothod of volvetion

501 (c) 3

1,835,638 FMV

(g) Description of

non-cash assistance

Medicine

(h) Purpose of grant

or assistance

Disaster relief

Health care

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

StThomas, VI 00802

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9312	7014	598
Schedule J (Form 990)		Cor	npensati	on Information	ОМІ	В По	1545-0	0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		► Complete if the organ		ited Employees ered "Yes" on Form 990, Part IV, line	23.	2()	17	7
Б	64 7		▶ Attach	to Form 990. (Form 990) and its instructions is at			o Pul	
•	tment of the Treasurv al Revenue Service	P Information abo		gov/form990.			ectio	
	me of the organiza RLD HOPE INTERNAT			Emp	loyer identificati	on nu	ımber	
	NED HOFE INTERNAL	TONAL INC		35-1	985485			
Pa	rt I Questi	ons Regarding Compensation	on					
_					_ г		Yes	No
1a				the following to or for a person listed on ly y relevant information regarding these itel				
		or charter travel		Housing allowance or residence for perso				
	_	companions	片	Payments for business use of personal re				
		nification and gross-up payments	H	Health or social club dues or initiation fee				
	LI Discretion	ary spending account		Personal services (e g , maid, chauffeur,	cner)			
b		xes in line 1a are checked, did the ill of the expenses described above		ollow a written policy regarding payment o plete Part III to explain	r reimbursement	1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/Exe	ecutive Director	r, regarding the items checked in line 1a?				
3				d to establish the compensation of the				
	_	EO/Executive Director Check all to dorganization to establish compe		ot check any boxes for methods CEO/Executive Director, but explain in Par	t III			
	✓ Compens		<b>✓</b>	Mustberg and a support as about				
	_ '	ation committee ent compensation consultant	Ĭ	Written employment contract Compensation survey or study				
		of other organizations	<b>☑</b>	Approval by the board or compensation of	ommittee			
4	During the year	, did any person listed on Form 99	0, Part VII, Se	ction A, line 1a, with respect to the filing c				
	related organiza	tion						
а	Receive a sever	ance payment or change-of-contro	ol payment?			4a		No
b	•	r receive payment from, a supplen	•	'		4b		No
С		r receive payment from, an equity	,	nsation arrangement? Hicable amounts for each item in Part III		4c		No
	If les to any t	n inles 4a-c, list the persons and p	novide the app	incable amounts for each item in Part III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) o	rganizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section a ontingent on the revenues of		the organization pay or accrue any				
а	The organization	٦٦				5a		No
b	Any related orga					5b		No
	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section a ontingent on the net earnings of	A, line 1a, did t	the organization pay or accrue any				
а	The organization	٦٦				6a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section a escribed in lines 5 and 6? If "Yes,"		the organization provide any nonfixed rt III		7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," describ	e	8		No
9	If "Yes" on line : 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in Regu	lations section	9		140
For I	Danarwark Badı	iction Act Notice, see the Instri	uctions for Ea	rm 990 Cat No 50053	T Schedule 1 (	Form	990)	2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (E) Total of columns (C) Retirement and (F) Compensation in other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation compensation compensation reportable Form 990 compensation

column (B) reported as deferred on prior 1 John Lyon 132,070 (i) Ω 5,974 36,834 174,878 CEO 0 (ii)

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation Schedule J. Part I. Line 3 For the CEO's compensation to change, the Compensation Committee, comprised of board members, performs a study by compiling comparative data of salaries and benefits paid to the CEOs of like NGOs utilizing information from the most recent Form 990s to determine a fair and reasonable salary. The Committee then recommends the compensation package to the full Board of Directors for discussion and approval

Schedule J (Form 990) 2017

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	9349312	7014	1598
	EDULE M			loncach Contri	hutione		OMB No 1	.545-0	047
(For	m 990)		Noncash Contributions					2017	
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	1/	/
		► Attach to Form	990.						
Depar	tment of the Treasury	▶Information abo	ut Schedu	ile M (Form 990) and its i	nstructions is at <u>www.ir</u>	s.gov/form990	Open to	o Put	olic
	al Revenue Service						Insp		
	e of the organizat D HOPE INTERNATIO					Employer identif	fication n	umbe	r
						35-1985485			
Pa	rt I Types	of Property							
			(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on	Method noncash cor	of determi		te.
			аррисавіс	items contributed	Form 990, Part VIII, line	noneasii coi	iti bation t	iiiiouii	
					1g				
1	Art—Works of art								
2	Art—Historical tr								
3 4	Art—Fractional in Books and public								
	Clothing and hou								
,	goods								
6	Cars and other v	ehicles							
7	Boats and planes								
8	Intellectual prope								
9	Securities—Public	•							
10	Securities—Close	•							
11	Securities—Partr or trust interest								
12	Securities—Misce								
13	Qualified conserv								
	contribution—Hi								
1.4	structures . Qualified conserv								
14	contribution—Of								
15	Real estate—Res	idential .							
16	Real estate—Cor	mmercial							
17	Real estate—Oth	er							
18	Collectibles .								
19	Food inventory		X	1	· · ·	6 Fair Value			
20	Drugs and medic	cal supplies .	X	3	9,154,2/	9 Fair Value			
21	Taxidermy . Historical artifact								
	Scientific specim								
24	Archeological art								
25	Other ▶ (								
26	Other ▶ (	)							
27	Other ► (	)							
28	Other ▶ (	)							
29		,	_	ation during the tax year for		29			0
	for which the org	janization completed	FORM 8283	3, Part IV, Donee Acknowled	gement	23		<b>V</b>	
30-	During the year	did the organization	n receive b	y contribution any property r	reported in Part I lines 1 th	arough 28 that it		Yes	No
30a				e of the initial contribution, a			pt		
	purposes for the	e entire holding perio	od?				30a		No
h	If "Yes " describ	e the arrangement II	n Part II				304		INO
	•	_					1 24	V	
31	· · · · · · · · · · ·	_		olicy that requires the reviev	,		31	Yes	$\vdash$
32a		zation hire or use th		or related organizations to so	olicit, process, or sell nonce	ash 	32a		   <sub>N/-</sub>
Ь	If "Yes," describ		- •						l No
	•		amount in	column (c) for a type of pro	perty for which column (=)	is checked			
	describe in Part	·	amount III	column (e) for a type of pro	For the tenter column (a)	criconcu,			
For D		on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Schadu	ıle M (Form	. 000)	(2017)

Schedule M (Fo	rm 990) (2017)	Page <b>2</b>			
Part II	Supplemental Info	rmation.			
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in I					
I, column (b), the number of contributions, the number of items received, or a combination of both. Also compl					
	this part for any add	itional information.			
Return Reference		Explanation			
		Schedule M (Form 990) (2017)			

efile GRAPH	IIC print -	- DO NOT PROCESS	As Filed Data -		DLN	l: 93493127014598	
SCHEDULE O		Supplemen	tal Informatio	n to Form 990 or 9	190-F7	OMB No 1545-0047	
(Form 990 or EZ)	I	Complete to pro	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.				
	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						
Internal Revenue Service Name of the organization WORLD HOPE INTERNATIONAL INC  35-1985485							
Return Reference	e O, Supp	olemental Informatio	on	Explanation			
Form 990, Part V, Line 2a	receive W e national	'-2s are included in the tot	al World Hope has off	t are paid by US headquarters a ices in other countries that hir eir respective countries as rep	nd		

# 990 Schedule O, Supplemental Information Return Explanation

Reference

Form 990,	The Form 990 is completed internally and is then reviewed by a tax attorney whose firm spe
Part VI,	cializes in the matters of exempt organizations. After the review, and any corrections are
Section B,	made, the draft 990 is emailed to the Board of Directors for review. The board members ar
Line 11b	e required to electronically acknowledge that they have read the Form 990, have no questio
	ns and give their consent to file the form as presented

### Return Explanation Reference

990 Schedule O, Supplemental Information

Form 990. Annually, the Board of Directors are required to complete and sign a conflict of interest questionnaire The questionnaire requests disclosure about partner and related organizatio Part VI. Section B. ns to identify individuals who would need to recuse themselves from discussion and voting

Line 12c regarding such entities as specified in the conflict of interest policy. Conflicts of inte

rest would be brought to the attention of the Executive Committee for appropriate action

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	A committee of the board called the Executive Compensation Review Committee will meet ever y year prior to the September board meeting to set Executive Compensation for the coming f iscal year. The committee will be comprised of the Treasurer and two other independent board members. The committee will elect a chair. The committee shall 1 conduct review using salary guides, studies and/or the Form 990's of similar NGOS 2 study comparable salary and benefits data, such as data available from salary and benefit surveys, to learn what e imployers of a similar budget size that are located in the same, or a similar geographic region, pay their senior leaders. The comparison will include data from other nonprofits of a similar mission focus. The data shall be updated at least every other year 3 document who was involved and the process used to conduct the review, as well as the disposition of the full board's decision to approve officer compensation. The document of the process shall be attached to the minutes and copies of both shall be kept in personnel files. The documentation should demonstrate that the board took the comparable data into consideration when it approved the compensation.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section C,
Line 19

The Audited Financial Statements, the Annual Report and the Form 990 are posted on World H
ope's website as well as on ECFA's (Evangelical Council for Financial Accountability) webs
ite The Audited Financial Statements, the Annual Report and the Form 990 are available up
on request

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	127014	598
SCHEDULE R (Form 990) Department of the Treasury	Form 990)  Partment of the Treasury  Complete if the organi  Information about S			rganizations and Unrelated Partnerships ration answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  Attach to Form 990. chedule R (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .								7		
Internal Revenue Service  Name of the organization  WORLD HOPE INTERNATIONAL INC								loyer identif 985485	icatior		ection			
Part I Identification	of Disregarded E	<b>ntities</b> Complete If t	he organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line 3						
Name, address, and	(a)  Name, address, and EIN (if applicable) of disregarded entity			<b>(b)</b> Primary acti		(c) Legal domicile (state or foreign country)		(d) Total inc	ome End-of-year assets		sets	<b>(f</b> Direct co ent	ntrolling	
Part II Identification of related tax-exen	of Related Tax-Ex		<b>s</b> Comple	te if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or	more	
Name, address, an	(a) d EIN of related organizati	on	Prima	<b>(b)</b> ary activity	Legal dom	c) ucile (state n country)	(d) Exempt Cod			(e) harity status in 501(c)(3))	Dii	<b>(f)</b> rect controlling entity	Section (13) cor enti	512(b) trolled
For Paperwork Reduction Ac	t Notice, see the Inc	structions for Form 99	20.			t No 5013	RSY				Sch	edule R (Form	990) 20	17

<b>(a)</b> Name, address, and related organizal	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or	<b>(d)</b> Direct controlling entity	(e) Predominan income(relate unrelated, excluded fro	d, total incom		( <b>H</b> Disprop alloca	tions?	(I) Code V- amount ir 20 of Schedule	box K-1	<b>(j)</b> Genera managi partne	ng ow	(k) rcent vners
			foreign country)	ſ	tax under sections 512 514)	-				(Form 10	165)			
					, 			Yes	No			Yes I	ło	
												_	-	
IV Identification of Related O because it had one or more re						nization ans	swered "Yes	" on Fo	orm 99	90, Part	: IV,	ine 3	4	
		s a corporatio	n or trus gal nicile	st during th	e tax year.  (d) controlling To	(e) /pe of entity corp, S corp,	(f) Share of total income	Share	( <b>g)</b> e of end-o year	of- F	(h) Percent	tage	Section (13)	cor
because it had one or more re  (a)  Name, address, and EIN of related organization	elated organizations treated a  (b)  Primary activity	(state or cour	n or trus gal nicile r foreign ntry)	Direct	e tax year.  (d) controlling cntity  (C	(e) /pe of entity	(f) Share of total Income	Share	(g) e of end-o year assets	of- F	(h) Percent owners	tage ship	Section (13) of ell	cor nti
because it had one or more re  (a)  Name, address, and EIN of related organization  Step EOZ addock Place	elated organizations treated a	s a corporatio	n or trus gal nicile r foreign ntry)	st during th	e tax year.  (d) controlling Tentity  (C)	(e) /pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	( <b>g)</b> e of end-o year	of- F	(h) Percent	tage ship	Section (13) of eight	cor nti
because it had one or more re  (a)  Name, address, and EIN of related organization  Step EOZ addock Place	elated organizations treated a  (b)  Primary activity  Economic opportunity	(state or cour	n or trus gal nicile r foreign ntry)	Direct World H	e tax year.  (d) controlling Tentity  (C)	(e) /pe of entity corp, S corp,	(f) Share of total Income	Share	(g) e of end-o year assets	of- F	(h) Percent owners	tage ship	Section (13) of ell	cor nti
because it had one or more re  (a)  Name, address, and EIN of related organization  Step EOZ addock Place	elated organizations treated a  (b)  Primary activity  Economic opportunity	(state or cour	n or trus gal nicile r foreign ntry)	Direct World H	e tax year.  (d) controlling Tentity  (C)	(e) /pe of entity corp, S corp,	(f) Share of total Income	Share	(g) e of end-o year assets	of- F	(h) Percent owners	tage ship	Section (13) of ell	cor nti
because it had one or more re  (a)  Name, address, and EIN of related organization  Step EOZ  addock Place	elated organizations treated a  (b)  Primary activity  Economic opportunity	(state or cour	n or trus gal nicile r foreign ntry)	Direct World H	e tax year.  (d) controlling Tentity  (C)	(e) /pe of entity corp, S corp,	(f) Share of total Income	Share	(g) e of end-o year assets	of- F	(h) Percent owners	tage ship	Section (13) of ell	cor nti
because it had one or more re  (a)  Name, address, and EIN of related organization  Step EOZ addock Place	elated organizations treated a  (b)  Primary activity  Economic opportunity	(state or cour	n or trus gal nicile r foreign ntry)	Direct World H	e tax year.  (d) controlling Tentity  (C)	(e) /pe of entity corp, S corp,	(f) Share of total Income	Share	(g) e of end-o year assets	of- F	(h) Percent owners	tage ship	Section (13) of ell	cor nti
because it had one or more re  (a)  Name, address, and EIN of	elated organizations treated a  (b)  Primary activity  Economic opportunity	(state or cour	n or trus gal nicile r foreign ntry)	Direct World H	e tax year.  (d) controlling Tentity  (C)	(e) /pe of entity corp, S corp,	(f) Share of total Income	Share	(g) e of end-o year assets	of- F	(h) Percent owners	tage ship	Section (13) of ell	ntı

Part	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
N	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 Duri	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a R	eceipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> G	Sift, grant, or capital contribution to related organization(s)	1b		No
<b>c</b> G	ift, grant, or capital contribution from related organization(s)	1c		No
d L	oans or loan guarantees to or for related organization(s)	1d	Yes	
	oans or loan guarantees by related organization(s)	1e		No
<b>f</b> D	ıvıdends from related organızatıon(s)	1f		No
g S	ale of assets to related organization(s)	<b>1</b> g		No
h P	urchase of assets from related organization(s)	1h		No
i E>	change of assets with related organization(s)	<b>1</b> i		No
j Le	ease of facilities, equipment, or other assets to related organization(s)	1j		No
k L	ease of facilities, equipment, or other assets from related organization(s)	1k		No
I Pe	erformance of services or membership or fundraising solicitations for related organization(s)	11		No
m Pe	erformance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sł	naring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
<b>o</b> S	haring of paid employees with related organization(s)	10		No
p R	leimbursement paid to related organization(s) for expenses	<b>1</b> p		No
<b>q</b> R	eimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r O	ther transfer of cash or property to related organization(s)	1r		No
<b>s</b> 0	ther transfer of cash or property from related organization(s)	1s		No
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	<u> </u>		
	(a) Name of related organization  (b) (c)  Method of determining	amount	ınvolve	——— -l

III Terrormance of services of membership of fundralshing solicitations by related organization(s):			• •		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n N	No
o Sharing of paid employees with related organization(s)				10 N	No
p Reimbursement paid to related organization(s) for expenses				1p   N	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q N	No
r Other transfer of cash or property to related organization(s)				1r N	No
s Other transfer of cash or property from related organization(s)				1s N	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	including covered r	elationships and trar	nsaction thresholds		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining a	amount involved	

Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See histractions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017