For Paperwork Reduction Act Notice, see the separate instructions.

# DLN: 93493137079121

2019

OMB No. 1545-0047

Department of the

**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.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		nue Service								
			alendar year, or tax year begin	ning 07-01-2019 , and endi	ing 06-30	-2020				
_	dress	pplicable: change	C Name of organization SHARED HOPE INTERNATIONAL				<b>D Employer</b> 91-19386		ication number	
☐ Ini		-	Doing business as							
		n/terminated	Number and street (or D.O. how if we	ail is not delivered to street address	I Da ana (auit	-	E Telephone	number		
		d return on pending	PO BOX 65337	ail is not delivered to street address)	Room/suit		(360) 693	3-8100		
			City or town, state or province, cour VANCOUVER, WA 98665	ntry, and ZIP or foreign postal code			<b>G</b> Gross rece	ipts \$ 3,	.890,490	
			F Name and address of principa	l officer:		H(a) Is this	a group retu	rn for		
			LINDA A SMITH PO BOX 65337				dinates?		□Yes 🗹 No	
			VANCOUVER, WA 98665			H(b) Are all includ	l subordinate: ed?	5	☐ Yes ☐No	
I Tax	(-exer	mpt status:	<b>✓</b> 501(c)(3)	insert no.)	☐ 527		," attach a lis	•	•	
J W	ebsit	te:▶ WW	/W.SHAREDHOPE.ORG			H(c) Group	exemption n	umber	<b>&gt;</b>	
<b>K</b> Forn	n of o	rganization:	: 🗹 Corporation 🗆 Trust 🗀 Asso	ciation		<b>L</b> Year of forma		<b>M</b> State VA	of legal domicile:	
Pa	ırt I	Sum	mary							
Activities & Governance		SHARED H	scribe the organization's mission o HOPE INTERNATIONAL EXISTS TO IDE EFFORT TO PREVENT AND ERA	RESCUE AND RESTORE WOMEN						
Ē	-									
0 Ve	,	Check thi	is box $\blacktriangleright \Box$ if the organization dis	continued its operations or disp	osed of m	ore than 25%	of its net ass	ete		
ত অ			of voting members of the governin				01 113 1101 435	3	8	
~ Se	4	Number o	of independent voting members of	the governing body (Part VI, lin	ne 1b) .		-	4	6	
Ě	5	Total num		5	25					
Ç	6	Total nun	nber of volunteers (estimate if neo			6	115			
•			elated business revenue from Part	* **				7a	0	
	b	Net unrel	lated business taxable income fron	n Form 990-T, line 39			or Year	7b		
ēn.	_		_	Current Year						
			cions and grants (Part VIII, line 1h)		•		4,850,44		3,455,172	
Ravenue		-	service revenue (Part VIII, line 2g)			381,15	_	416,256		
æ			ent income (Part VIII, column (A), I	, , ,	•		-8,98	19	5,743	
			venue (Part VIII, column (A), lines enue—add lines 8 through 11 (mu		5,222,61	9	10,768 3,887,939			
			nd similar amounts paid (Part IX, c			261,00	_	210,000		
			paid to or for members (Part IX, co	* **			201,00		0	
S			other compensation, employee be	* **	s 5–10)		1,346,756			
Expenses		-	onal fundraising fees (Part IX, colur		,		35,16	_	1,402,241	
Ð	b	Total fundr	raising expenses (Part IX, column (D),	ine 25) ▶211,499			•		·	
Д	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)			1,515,98	6	1,326,913	
	18	Total exp	enses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)			3,158,91	.1	2,970,972	
	19	Revenue	less expenses. Subtract line 18 fro	om line 12			2,063,70	8	916,967	
Net Assets or Fund Balances						Beginning	of Current Yea	ar	End of Year	
Asse Bal	20	Total ass	ets (Part X, line 16)		•		4,495,14	.7	5,642,386	
돌			oilities (Part X, line 26)				313,08	5	543,345	
Zű	22	_	ts or fund balances. Subtract line 2	21 from line 20			4,182,06	2	5,099,041	
Pa			ature Block erjury, I declare that I have exam	inad this raturn, including accor	mnanving	schodulos and	statomonts	and to	the best of my	
	edge	and belie	of, it is true, correct, and complete							
		11								
۵.		Signati	* ure of officer			202 Date	1-05-17			
Sign Here		LINDA	A CMITH Descident							
			A SMITH President r print name and title							
		17	rint/Type preparer's name	Preparer's signature	Da	ate	. 🗖 PT			
Paid	i					Che		0009440	)	
Pre		er 🕝	irm's name ► MICHELLE A PECORA C	PA PC			's EIN ► 20-1	726392		
Use		<u> </u>	irm's address ► 537 HIGH STREET SE			Dho	ne no. (503) 77	'9-19N?		
		·   '	SALEM, OR 97301				(303) //	J 170Z		
May +	ho ID	)C dianus	this return with the preparer show	un abovo? (coo instructions)					/es □ No	

Cat. No. 11282Y

Form 990 (2019)

Form	990 (2019)					Page <b>2</b>							
Pa	Statement	of Program Se	rvice Accomplis	hments									
	Check if Sche	dule O contains a r	esponse or note to a	any line in this Part III		🗹							
1	Briefly describe the o	rganization's missi	on:	•									
					REN IN CRISIS. WE ARE LEADERS	IN A WORLDWIDE EFFORT							
TO P	REVENT AND ERADICA	TE SEX TRAFFICKI	NG AND SLAVERY T	HROUGH EDUCATION	AND PUBLIC AWARENESS.								
	Did the constant of		·c		obiek orang makiliska dan m								
2	=	, -		<del>-</del> ,	vhich were not listed on	□ Yes ☑ No							
	the prior Form 990 o					⊔ Yes ⊻ No							
	If "Yes," describe the												
3	Did the organization	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?	services?											
	If "Yes," describe the	se changes on Sch	edule O.										
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total												
	expenses, and reven				or grants and anocations to others,	the total							
4a	(Code:	) (Expenses \$	2,067,249	including grants of \$	) (Revenue \$	)							
	See Additional Data												
4b	(Code:	) (Expenses \$	123,943	including grants of \$	120,000 ) (Revenue \$	)							
	See Additional Data	, (=	,	<b>y y</b> +	, ( ,	,							
	-												
4c	(Code:	) (Expenses \$	97,147	including grants of \$	90,000 ) (Revenue \$	)							
	See Additional Data												
4d	Other program servi	ces (Describe in Sc	hedule O.)										
	(Expenses \$	83,441	including grants of	\$	) (Revenue \$	)							
4e	Total program serv	/ice expenses ►	2,371,7	80									
						Form <b>990</b> (2019)							

Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ref{Solution}$ .	5		No
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6		No
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🥞	8		No
	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
.0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V "	10	Yes	
.1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 👺	11e		No
	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	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	110
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	1.		N-
4-2	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		No No
b	Did the organization maintain an office, employees, or agents outside of the officed states?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	14a	Yes	140
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
L <b>7</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Yes

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orm	990 (2019)			Page <b>4</b>
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	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	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 🕏	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• ;		
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   20		Yes	No
	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		, l	
	(gambling) winnings to prize winners?	1c	Yes	ı

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F	BAR).		
	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
	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 organiz solicit any contributions that were not tax deductible as charitable contributions?			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif not tax deductible?	s were 6b		
	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 provided to the payor?			No 
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282?	d to file 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	0		
е	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 required?	as <b>7g</b>		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
	,	. 9a		
		9b		
10	Section 501(c)(7) organizations. Enter:			
_	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	.? <b>12a</b>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	· · 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
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or parachute payment(s) during the year?	. 15		No
	16		No	

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	Governance, Management, and Disclosure 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. Check if Schedule O contains a response or note to any line in this Part VI	" respo	nse to i	ines  ✓
Se	ction A. Governing Body and Management		· ·	
1.	Enter the number of voting members of the governing body at the end of the tax year   1a   8		Yes	No
Ia	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  1b			
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		No
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?	3		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
	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
	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 
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	· Code	Yes	No.
100	Did the organization have local chapters, branches, or affiliates?	10a	res	No 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?	10a		110
11a	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			
12a	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	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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?	164		
		16b		
<u>5e</u> 17	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶			
-,	AK , AR , CA , CT , FL , GA , IL , KS , F , MS , NC , NH , NJ , NY , OH , OK , OR , P, VA , WI , WV			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.	_		_
19	Own website Another's website Upon request Other (explain in Schedule O)  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:  REBECCA ADAMS 12500 SE 2ND CIRCLE SUITE 125 VANCOUVER, WA 98684 (360) 693-8100			

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

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

Section A. Officers, Directors, Trustees, Key Employees, 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.

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

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensate employee Individual to or director Officer organizations MISC) MISC) related nstitutional below dotted organizations employee line) trustee Trustee 40.00 (1) LINDA A SMITH Х 125,227 3,228 President 1.20 40.00 (2) BONNIE AGER ................. Х 86,026 C 2,592 SR DIR FINANCE 1.20 1.00 (3) LEONARD BUTCH YARNELL ...... Χ 0 Χ ....... 1.20 1.00 (4) CHRISTINE HARMON Χ Χ 0 0 0 BOARD CHAIR 0.00 1.00 (5) DAN O'BRYANT 0 0 Х O Director 0.00 1.00 (6) MARJIE AUSTEN 0 0 Director 0.00 1.00 (7) NICK LEMBO 0 Х 0 X Secretary 0.00 1.00 (8) DONNA LANCASTER 0 0 0 Х Director 0.00 1.00 (9) ROBERT KYTE ..... Х 0 Secretary 0.00

(A)

compensation from the organization  $\blacktriangleright$  0

(B)

Part VII

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

Page 8

	Name and title	Average hours per week (list any hours for related	than c	one bo	ox, ι n of	t cho unles ficer	eck moss ss pers r and a tee)	son	Reportable compensation from the organization (W-2/1099	on compens from rela on organizat	able ation ated tions	Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC		re	elated nizations	
					_	L								
					_	igdash	-							
						_								
c T	Sub-Total	art VII, Section					<b>&gt;</b>		211,25	3			5,820	
2	Total number of individuals (including of reportable compensation from the	g but not limited	l to thos				e) who	rece	eived more tha	n \$100,000	•			
												Yes	s No	
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>			ee, ke			oyee, o		ghest compens	ated employee or	n <b>3</b>		No	
4	For any individual listed on line 1a, is organization and related organization													
5	individual		•			•			-		. 4		No	
	services rendered to the organization		lete Sch	edule	J fo	r su	ıch per	rson			5		No	
	cction B. Independent Contract  Complete this table for your five high from the organization. Report compe	nest compensate									f comper	 nsation		
		(A) and business addre		уеаг	end	iiig	WICH O	I VVIC		(B) Description of servi	ces	Com	(C) pensation	

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

(C)

(D)

(E)

orm 9			of E	Pavanua						Page <b>9</b>
Part	VIII				respo	nse or note to any	/ line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
" s	1a	Federated campa	aigns		<b>1</b> a		1	Tevende		312 317
ants	ŀ	<b>b</b> Membership dues	s.		<b>1</b> b					
Ame		c Fundraising even		L.	1c					
Sifts Iar /		d Related organiza		Ŀ	1d					
ıs, ( imi		<ul><li>Government grants</li><li>All other contribution</li></ul>		Ļ	1e					
Contributions, Gifts, Grants and Other Similar Amounts	'	and similar amounts above			1f	3,455,172				
ribu Oth	و	y Noncash contributio	ons in	cluded in	10					
on ind		<b>h Total.</b> Add lines :	1a-1	L f	1g	•				
9		- I o can / to a miles				Business Code	3,455,172	T		
	2a	TRAINING/REGISTRA	NOITA	I FEE		611710	416,256	416,256		
же						011/10				
ever	b									
Program Service Revenue	c									
	d									
rogr	е									
۵	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	•	416,256		I		1
	3 ]	Investment income imilar amounts)	(inc	luding divide			7,586	5		7,586
		Income from invest						)		
	5 F	Royalties	_			1	•	D		
				(i) Rea	al .	(ii) Personal				
		Gross rents	6a		768	,				
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c		768					
	d	Net rental income		(loss)				3		768
				(i) Securi	ties	(ii) Other				
	7a	a Gross amount from sales of assets other than inventory			708					
	b	Less: cost or other basis and sales expenses	7b		734	1,81	L7			
	С	Gain or (loss)	7c		-26	-1,81	17			
	d	Net gain or (loss)	) .			· · · •	-1,843	3		-1,843
Other Revenue	8a	Gross income from fur (not including \$ contributions reported See Part IV, line 18	d on	of	8a					
Re	b	Less: direct expen	ises		8b					
ther	C	Net income or (los	ss) fr	om fundraisi	ing eve	ents 🕨		D .		
	9a	Gross income from								
		See Part IV, line 19			9a					
		Less: direct expen Net income or (los			9b activiti	Δς .				
	Ĭ	The meanie of (100	33) 11	om gaming		es <b>&gt;</b>				
	10a	Gross sales of inve returns and allowa	entor	ry, less	10a					
	b	Less: cost of good	ls sol	ld	10a					
		Net income or (los			invent	ory ►		D		
	11	Miscellaneo	us R	evenue		Business Code	10,000	10.000		
	11	aeidl advance					10,000	10,000		
	b	,								
	C									
			_							
		All other revenue								
		Total. Add lines 1					10,000			
	12	Total revenue. S	ee ir	nstructions .	• •	• • • •	3,887,939	426,256		6,511

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must	complete all columns.	All other organization	ns must complete colu	mn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			$\square$
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	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	90,000	90,000	general expenses	охранесе
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	120,000	120,000		
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	129,605	114,181	5,055	10,369
<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			
<b>7</b> Other salaries and wages	1,090,718	873,745	181,676	35,297
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,660	12,449	2,766	445
9 Other employee benefits	62,857	50,893	9,624	2,340
<b>10</b> Payroll taxes	103,401	83,689	15,881	3,831
11 Fees for services (non-employees):				· · · · · ·
a Management	0			
b Legal	0			
c Accounting	24,767		24,767	
d Lobbying	0		2.1/1.21	
e Professional fundraising services. See Part IV, line 17	31,818			31,818
f Investment management fees	0		-	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	245,315	211,124	21,568	12,623
12 Advertising and promotion	20,760	15,099	5,661	
13 Office expenses	138,690	64,846	42,670	31,174
14 Information technology	56,066	44,331	8,360	3,375
15 Royalties	0	,	,	<u> </u>
<b>16</b> Occupancy	132,816	101,802	20,208	10,806
17 Travel	113,395	103,035	3,985	6,375
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	200,000	3,755	
19 Conferences, conventions, and meetings	289,552	284,982	3,933	637
20 Interest	0	·	-	_
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,508	4,409	734	365
23 Insurance	55,333	42,341	8,674	4,318
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	33,555		3,3.1	.,,,,,,
a Printing and Publications	123,515	76,607		46,908
b LICENSES, FEES, SUBSCRIPTIONS	110,707	74,010	26,059	10,638
	,	·	,	, 
c OTHER COSTS	10,489	4,237	6,072	180
d				
e All other expenses	0	2 62 : 22 :	207 200	
<ul> <li>Total functional expenses. Add lines 1 through 24e</li> <li>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</li> </ul>	2,970,972	2,371,780	387,693	211,499
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form	1 990	(2019)					Page <b>11</b>
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
		·			<b>(A)</b> Beginning of year		( <b>B)</b> End of year
	1	Cash-non-interest-bearing			470,268	1	207,515
	2	Savings and temporary cash investments .		[	3,339,792	2	1,179,481
	3	Pledges and grants receivable, net		,	148,107	3	112,991
	4	Accounts receivable, net		[	13,188	4	575,632
	5 6	Loans and other payables to any current or form key employee, creator or founder, substantial co- entity or family member of any of these persons Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se	ontribu s . fied pe	tor, or 35% controlled		5	0
	_					6	
Assets	7	Notes and loans receivable, net		<u> </u>	02.722	7	2,608,580 82,351
	8	Inventories for sale or use			93,723	8	183,099
	-	Prepaid expenses and deferred charges	' ⊢	41,203	9	103,099	
	10a	nd, buildings, and equipment: cost or other sis. Complete Part VI of Schedule D		848,484			
	ь	Less: accumulated depreciation	10b	169,741	375,227	<b>10</b> c	678,743
	11	Investments—publicly traded securities .				11	0
	12	Investments—other securities. See Part IV, line	11 .		7,173	12	7,173
	13	Investments—program-related. See Part IV, line	11 .			13	0
	14	Intangible assets		[		14	0
	15	Other assets. See Part IV, line 11			386	15	6,821
	16	Total assets. Add lines 1 through 15 (must equ	ual line	: 34)	4,495,147	16	5,642,386
	17	Accounts payable and accrued expenses			150,263	17	233,831
	18	Grants payable				18	
	19	Deferred revenue		162,822	19	27,210	
	20	Tax-exempt bond liabilities		20			
Ś	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
abilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor,	or 35% controlled entity		22	

	24	Unsecured notes and loans payable to unrelated third parties		24	282,304
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	313,085	26	543,345
sex		Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.			
Balance	27	Net assets without donor restrictions	2,421,156	27	3,480,787
	28	Net assets with donor restrictions	1,760,906	28	1,618,254
or Fund	29	Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.  Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
Asse	31	Retained earnings, endowment, accumulated income, or other funds		31	
_	32	Total net assets or fund balances	4,182,062	32	5,099,041
Net	33	Total liabilities and net assets/fund balances	4,495,147	33	5,642,386

Secured mortgages and notes payable to unrelated third parties

22

23

Form **990** (2019)

Form	990 (2019)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	,887,939
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	,970,972
3	Revenue less expenses. Subtract line 2 from line 1	3			916,967
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		182,062	
5	Net unrealized gains (losses) on investments	5			12
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5	,099,041
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	За		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

# **Additional Data**

Software ID: 19009920

Software Version: 2019v5.0

EIN: 91-1938635

Name: SHARED HOPE INTERNATIONAL

Form 990 (2019)

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

DOMESTIC PUBLIC EDUCATIONEvery victimized and vulnerable person deserves to be surrounded by an alert community, trained professionals, strong laws and policies, and shelter and service options. SHARED HOPE INTERNATIONAL (SHI) strives to inspire a nation of informed activists to combat societal norms, misconceptions, and ignorance through awareness initiatives, training conferences, research, advocacy and collaborations and to equip stakeholders to restore and bring justice for survivors through the following programs: AMBASSADORS OF HOPE -- SHI's Ambassadors of Hope are passionate, trained volunteers who impact their community and the movement to end sex trafficking. Their vision statement: The more people who know the signs of trafficking, the smaller the world for those who would buy and sell our children. Ambassadors help expand the organization's impact around the nation through prevention education, legislative advocacy and grass roots awareness. There are currently 1,296 trained Ambassadors across the nation. In spite of the pandemic restrictions, 107 new Ambassadors of Hope joined our ranks in FY 2020. The DEFENDERS, USA -- The Defenders Take the Pledge Campaign launched in 2002 as a national mens awareness and action campaign. The campaign mobilizes an army of 5,360 Defenders to date to protect and defend exploited victims of trafficking. Defenders are men of all ages who take a pledge and take action to fight against the commercial sex industry. Their goal is to prevent and stop sex trafficking by banding together to make others aware of the danger and harm of prostitution, pornography, and exploitation in all its forms. Sixty-three new Defenders joined our ranks in FY2020.INTERNET SAFETY AWARENESS PROGRAM - SHIs Internet Safety Series offers free online resources to parents and youth to help protect children and youth from online predators. Internet Safety Basics provided back-to-school webinars with panelists discussing predator tactics, youth vulnerabilities, screen-time psychology, warning signs and more. Materials targeting Gen Z were released to empower youth to make safe choices online. A free downloadable booklet, Your Kids and Technology: A Parents Safety Guide, addresses device monitoring and sexting, and provides guidance for talking to your children. CHOSEN -- This film series is designed to teach teens the warning signs and indicators of trafficking through the true stories of teenage girls who were tricked by traffickers. Brianna, Lacy and Maria discuss how modern American pimps and gangs are luring youth into the commercial sex industry and how teens can protect themselves and others from being chosen. The resource packages include additional educational tools to further discussion, learning and action!JuST (JUVINILE SEX TRAFFICKING) CONFERENCE SHIs annual conference draws more than 1.000 attendees from across the nation and abroad each year to learn more about child and youth sex trafficking, cutting edge developments and approaches to combating and responding to the crime, and to network for more effective and efficient responses. The 2019 conference took place in Cincinnati, Ohio bringing together over 1,100 attendees from 46 states, DC, Guam, Ecuador and Canada. There were 71 workshops presented by and for stakeholders from diverse disciplines and experiences. Notably, both Senator Brown and Senator Portman provided opening remarks and Assistant Attorney General Beth A. Williams from the Department of Justice Office of Legal Policy presented DOJs efforts to combat DEMAND.STATE LAWS -- The Protected Innocence Challenge is a comprehensive study of existing state laws designed to inspire and equip advocates. Under the Challenge, every state receives a Report Card that grades the state on 41 key legislative components that must be addressed in a states laws in order to effectively respond to the crime of domestic minor sex trafficking. In addition, each state receives a complete analysis of this 41-component review and practical recommendations for improvement. In November 2019, SHI released the final Protected Innocence Challenge report cards ending a decade of evaluating under the basic framework. SHI has designed an advanced legislative framework to hold states to a higher standard as nearly all states had progressed to a passing grade. The first state report cards will issue in November 2021 and will begin the project titled Report Cards on Child & Youth Sex Trafficking: State Action, National Change, SHI provides assistance with legislative drafting and advocacy to bring stronger laws to the states and improve their individual grades. JUST RESPONSE -- JuST Response brings together Shared Hopes research on services for domestic minor sex trafficking victims with its analysis of state statutory protective responses. By merging research on implementation and policy analysis, JuST Response seeks to broaden the research in this emerging area to inform legislative efforts and the implementation of existing responses. To ground the research in practice and thought leadership, the JuST Response Council was formed. Consisting of 40 anti-trafficking stakeholders ranging from child welfare to law enforcement to service delivery from across the nation, these individuals give their time and experience to SHI to convene, train, publish industry leading position papers and provide thought leadership for the coming challenges in fighting child and youth sex trafficking ENDING ONLINE EXPLOITATION -- Child sex trafficking in the U.S. is increasingly moving onto the internet. Online classifieds and review boards, online gaming sites and social media sites are now primary venues for traffickers to recruit, exploit and sell sex with minors and for buyers to purchase sex with these children. Shared Hope International has joined policy, law enforcement, faith and NGO leaders in national advocacy efforts to hold websites liable for their role in facilitating sex trafficking STOP THE INJUSTICE CAMPAIGN -- Contrary to common belief, child sex trafficking is not an issue reserved for faraway places and third world countries. Thousands of children are bought and sold for sex in the U.S. every day. SHI and others are concerned with ending trafficking and bringing justice to survivors. Stop the Injustice Campaign aims to stop the practice of holding juveniles criminally culpable for crimes committed while being trafficked, usually crimes of prostitution but too often extending to a range of crimes from small to large. The issue is complex, but Shared Hopes research has shown that change begins when we as citizens advocate for laws that effectively address child sex trafficking. Engaged citizens are essential as SHI supports legislators in drafting and passing laws that both protect victims of juvenile sex trafficking and hold offenders accountable POLICY RESEARCH AND RESOURCES -- SHI proactively supports the legislative, law enforcement, and social services communities with timely and effective reports, studies, surveys and exemplary legislation aimed at eradicating human trafficking COMBATING DEMAND -- The Demanding Justice Project is a research and advocacy initiative designed to promote demand deterrence through increased attention and advocacy on demand enforcement. The research report documents the outcomes of federal and state arrests, charges and prosecutions of buyers of sex acts with children. The findings of this research inform advocacy efforts to strengthen anti-demand legislation and enforcement.

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

INTERNATIONAL PARTNERSShared Hope International (SHI) has worked around the world since 1998 to rescue and restore victims of sexual slavery. Recognizing the intense trauma experienced by victims through the commercial sex industry, SHI has formed lasting partnerships with local organizations in three countries to fund five programs that offer holistic, long-term care to women and children. Each of these programs offers a survivor-informed model of care that focuses on counseling, empowerment, and healing. Villages of Hope, SHI's restoration programs, are developed and operated by local partners, addressing both immediate and long-term needs of each victim of trauma, exploitation, or trafficking. Restoration services include a holistic approach with residential facilities, medical and mental health care, education, job training, and economic development programs. Villages of hope are safe communities that offer refuge and restoration to rescued victims of sexual slavery and their children. During FY2020, SHI funded partners in Nepal, India, and Jamaica. SHI partners with an organization in India to run both a stationary and mobile HIV/Aids clinic in the heart of Mumbai's red-light district. Both clinics provide contact to 3,600 women and children in the infamous district every month, offering compassion, counseling, and life-saving medications to those who need help or who wish to flee the sex industry. The stationary clinic provides a haven for those women infected with HIV to receive proper testing, medicine, and nutrition. It is the only area clinic offering free assistance for treatment. The mobile clinic brings supplies and food into remote parts of the city. reaching those who may not be bold enough to visit the stationary clinic. The Women's Investment Network (WIN) program focuses on developing small businesses around the world that provide training and employment for the women in SHI 's Villages of Hope. Studies show that providing victims with the skills and means of creating their own economic sustainability helps remove the risk of re-victimization found in areas of extreme poverty and exploitation. The residents receive leadership development and financial independence. This year, SHI 's successful win program was active in India, Jamaica and Nepal. Training programs include sewing, jewelry, leather-making, bagweaving, painting, henna designing, and embroidery.

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

DOMESTIC PARTNERSShared Hope International partners with organizations providing services to domestic trafficking victims across the country. Guided by principles garnered through over a decade of research and partnerships with international and local partners, SHI provides small grants to support emerging trends in service delivery, building upon the goal of our National Restoration Initiative to build an array of service options to provide tailored, trauma-informed services to survivors. During FY2020, Shared Hope provided grants to six domestic nonprofit organizations. The following are four of those programs: CALIFORNIA Saving Innocence, Inc. provides emergency crisis response, case management, awareness of sex trafficking, workshops for high-risk youth, and other restorative services. Shared Hope partnered with Saving Innocence to add a bilingual case manager to their team and support Saving Innocences Partnership with LA County child welfare and police department in their

groundbreaking First Responder Protocol, created by several members of Shared Hopes JuST Response Council and highlighted in our ongoing JuST Response work, FLORIDA USIAHT - The U.S. Institute Against Human Trafficking is working to end Human Trafficking in the United States through prevention, combating demand, rescuing victims. influencing government policy and providing safe refuge for the restoration of survivors. They run a Safe Home for Boys located in an undisclosed location in Central Florida, the Florida Safe Home is designed to serve any biologically born male under 18, no matter where they identify on the gender spectrum. Each child has their own bedroom and bathroom in the home, enabling this unique program focus, VIRTUAL -- Rebecca Bender Ministries (RBM) Virtual Mentoring Program is committed to changing the mindset of our culture. RBM assists victims of sex trafficking in finding true freedom. This is accomplished through restoring individuals through virtual mentoring services and informing front line advocates about major issues that affect our culture today. KANSAS Veronicas Voice - Mission: To empower women to exit from, to prevent the entry into, and to end all demand for prostitution-sex trafficking in the United States through survivor leadership. Creating a survivor-informed, realistic, and meaningful alternative to prostitution. Two years of free transitional housing, in a supportive, non-judgmental environment, empowering the women of Magdalene KC to become thriving and contributing members of their community. Located in Kansas City, KS

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	m 990		Complete if t	he org	ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>ww</u>	w.irs.	gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
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1 1	rganiz		onvention of churches,		•	•		(A)(i)	
2		·	scribed in section 170						
3						,			
4		·	or a cooperative hospita		_			-	ntor the beenitel's
7	Ш	name, city,	esearch organization op and state:	perateo	a in conjunction with	a nospital descri	ibed in <b>Section</b> .	170(D)(1)(A)(III). E	nter the hospital's
5			ition operated for the b ( <b>iv).</b> (Complete Part II.		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local governme	nt or o	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	✓		ition that normally rece <b>0(b)(1)(A)(vi).</b> (Com			s support from a	governmental u	init or from the gener	al public described in
8			ty trust described in <b>se</b>		· ·	(Complete Part I	I.)		
9			ural research organizati ant college of agricultu						ege or university or a
10		from activit investment	ition that normally rece ies related to its exemp income and unrelated fee <b>section 509(a)(2)</b>	ot func busine	tions—subject to cer ss taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ition organized and ope	rated	exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).	
12		more public	ition organized and ope ly supported organizati through 12d that desc	ons de	escribed in <b>section 5</b>	09(a)(1) or se	ction 509(a)(2	). See <mark>section 509(</mark> a	
a		<b>Type I.</b> A so	upporting organization n(s) the power to regul Part IV, Sections A ai	opera	ted, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization nt of the supporting org plete Part IV, Section	n supe janizat	tion vested in the sar			• • • • • • • • • • • • • • • • • • • •	-
С		Type III f	unctionally integrated organization(s) (see ins	d. A su	upporting organizatio				ted with, its
d		Type III n	on-functionally integ integrated. The organi ). You must complete	<b>rated</b> zation	. A supporting organi generally must satis	zation operated fy a distribution	in connection wi	th its supported orgar	
e		Check this	oox if the organization or Type III non-function	receive	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizat		· · · · · · · · · ·	-			
g	Provi	de the follow	ing information about t	he sup	pported organization(	s).			_
	(i) Name of supported (organization			N	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			I						
Tota			tion Act Notice, see t			Cat. No. 11285		 Schedule A (Form 9	

	membership fees received. (Do not include any "unusual grant.") .	3,021,267	3,000,729	3,315,136	4,850,449	;	3,455,172	17,642,753
	Tax revenues levied for the organization's benefit and either paid							0
	to or expended on its behalf							U
	The value of services or facilities							
	furnished by a governmental unit to							0
	the organization without charge							
	Total. Add lines 1 through 3	3,021,267	3,000,729	3,315,136	4,850,449		3,455,172	17,642,753
5	The portion of total contributions by							
	each person (other than a governmental unit or publicly							
	supported organization) included on							0
	line 1 that exceeds 2% of the							Ü
	amount shown on line 11, column (f)							
	<u> </u>							
	Public support. Subtract line 5							17,642,753
	from line 4.							
	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
7	Amounts from line 4.	3,021,267	3,000,729	3,315,136	4,850,449		3,455,172	17,642,753
8	Gross income from interest,	3,021,207	3,000,723	3,313,130	4,030,449		5,455,172	17,042,733
·	dividends, payments received on	4 040	4 200	4 200	7 440		F 743	12.000
	securities loans, rents, royalties and	1,042	1,280	-1,309	7,110		5,743	13,866
	income from similar sources							
9	Net income from unrelated business							_
	activities, whether or not the							0
10	business is regularly carried on Other income. Do not include gain						+	
10	or loss from the sale of capital	422,226	292,539	402,975	381,159		416,256	1,915,155
	assets (Explain in Part VI.).	,,		,,	,		,	_,,-
11	Total support. Add lines 7 through							19,571,774
	10							19,371,774
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	tion 501(	c)(3) organ	nization,
	check this box and <b>stop here</b>						▶ □	
S	ection C. Computation of Public							
14	Public support percentage for 2019 (lin	ne 6, column (f) di	vided by line 11, c	olumn (f))		14		90.140 %
15	Public support percentage for 2018 Sc		•			15		90.510 %
	33 1/3% support test—2019. If the						heck this h	
тоа								. <b>► ☑</b>
b	and stop here. The organization quali 33 1/3% support test—2018. If the							this
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organizatio in Part VI how the organization meets	t— <b>2019.</b> If the ord n meets the "facts	ganization did not o -and-circumstance	check a box on line s" test, check this	e 13, 16a, or 16b, box and <b>stop he</b>	and line <b>re.</b> Expla	e 14 ain	. ▶⊔
b	organization	st— <b>2018.</b> If the or zation meets the "f	acts-and-circumst	ances" test, check	this box and stop	here.		▶□

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

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
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						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

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. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b 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 **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

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

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

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

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	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 <b>Part VI</b> .	11c		
S	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	-		
2	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	2		
	organization.			
S	ection C. Type II 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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <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	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	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		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 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? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

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

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <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 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.						
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	sive (provide					
9 Distributable amount for 2019 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions if any for years prior to 2019	2. Underdictributions if any few years prior to 2010					

	***				
7 Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions					
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.					
<b>3</b> Excess distributions carryover, if any, to 2019:					
a From 2014					
<b>b</b> From 2015					
c From 2016					

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
<b>Total</b> of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019. . . . .

# **Additional Data**

**Software ID:** 19009920 Software Version: 2019v5.0

**EIN:** 91-1938635

Name: SHARED HOPE INTERNATIONAL

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Part VI

# **Political Campaign and Lobbying Activities**

DLN: 93493137079121

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

**SCHEDULE C** (Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

• 5 • 5 f the • 5 • 5 f the Prox	Section 501(c) (other than section 5 Section 527 organizations: Comple e organization answered "Yes" o Section 501(c)(3) organizations that Section 501(c)(3) organizations that e organization answered "Yes" o by Tax) (see separate instruction Section 501(c)(4), (5), or (6) organication 501(c)(4), (5), or (6)	n Form 990, Part IV, Line 4, or Form 9 it have filed Form 5768 (election under s it have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax is), then	s I-A and C below. 90-EZ, Part VI, Iir ection 501(h)): Co nder section 501(h	te <b>47 (Lobbying Activities</b> mplete Part II-A. Do not co )): Complete Part II-B. Do r	mplete Part II-B. not complete Part II-A.
Nan	ne of the organization RED HOPE INTERNATIONAL	·		Employer iden	tification number
эпа	RED HOPE INTERNATIONAL			91-1938635	
Pari	I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section 527 organiz	zation.
1	"political campaign activities")	nization's direct and indirect political can	-		
2		ditures (see instructions)			\$
3 •}=1=		paign activities (see instructions) Inization is exempt under sectio			
1		ax incurred by the organization under se		<b>&gt;</b>	ф
2	·	ax incurred by the organization under se ax incurred by organization managers u			\$ \$
3		tion 4955 tax, did it file Form 4720 for t			Ψ □ Yes ☑ No
	-		•		
4a	was a correction made?				☐ Yes 🗹 No
b Para	If "Yes," describe in Part IV.	nization is exempt under sectio	n 501(c) evce	ant section 501(c)(3)	
1		ded by the filing organization for section			• \$
2	, ,	qanization's funds contributed to other o			₽
_			-	·	\$
3	Total exempt function expenditur	es. Add lines 1 and 2. Enter here and or	Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file Fo	rm 1120-POL for this year?			Yes No
5	organization made payments. For of political contributions received	employer identification number (EIN) of r each organization listed, enter the amo that were promptly and directly deliver ee (PAC). If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds. olitical organization, such a	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
1					
5					
5					

3.700

3,700

5,120

Grassroots lobbying expenditures

2,016

Da	dule C (Form 990 or 990-EZ) 2019  rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file	ed			Pa	age <b>3</b>
14.	Form 5768 (election under section 501(h)).	Cu				
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)		
activ	, , , , , , , , , , , , , , , , , , , ,	Yes	No	A	moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
С.	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sect	ion		
	W		_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				<b>01</b> (c	)(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Description	SHARE HOPE INTERNATIONAL IS WORKING IN VARIOUS STATES TO SUPPORT THE DEVELOPMENT OF TARGETED LAWS. THE PROTECTED INNOCENSE LEGISLATIVE FRAMEWORK ASSURES THAT A SAFE ENVIRONMENT IS CREATED FOR CHILDREN BY PROSECUTING DEMAND AND THE TRAFFICKERS, INDENTIFYING THE CHILD AS A VICTIM AND DIRECTING THAT SERVICES AND SAFE SHELTER BE PROVIDED FOR THE CHILD VICTIM OF SEX TRAFFICKING. IN ADDITION TO STATE LAW ADVOCACY, SHARE HOPE PURSUES FEDERAL LEGISLATION THAT WILL ALLOCATE RESOURCES TO THE VICTIMS OF SEX TRAFFICKING, CONTINUE TO STREGTHN THE FEDERAL RESPONSE TO SEX TRAFFICKING AND SUPPORT THE CLOSING OF ANY GAPS IN PREVENTION OF TRAFFICING, PROTECTION OF THE VICTIMS AND PROSECUTION OF THE OFFENDERS.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493137079121

Cat. No. 52283D Schedule D (Form 990) 2019

OMB No. 1545-0047

# **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. 
► Attach to Form 990.

Open to Public

2019

Department of the Treasury

(Form 990)

		1990 for illistructions and the latest illion			spection
<b>Na</b> i SHA	me of the organization ARED HOPE INTERNATIONAL		Employer ide	entification	number
			91-1938635		
Pa	organizations Maintaining Donor Advistage Complete if the organization answered "Ye		r Accounts.		
	Complete if the organization answered Te	(a) Donor advised funds	<b>(b)</b> Func	s and other	accounts
	Total number at end of year		(-,		
	Aggregate value of contributions to (during year)				
}	Aggregate value of grants from (during year)				
ļ	Aggregate value at end of year				
i	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex				Yes 🗌 No
<b>;</b>	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose c			] Yes □ No
Pai	rt III Conservation Easements.				
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.			
	Purpose(s) of conservation easements held by the organ	nization (check all that apply).			
	$\square$ Preservation of land for public use (e.g., recreation	n or education) $\square$ Preservation of an	historically imp	ortant land	area
	Protection of natural habitat	$\square$ Preservation of a c	ertified historic	structure	
	Preservation of open space				
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for		ation at the End	of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic	c structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d		
}	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	:he organization	n during the	
ļ	Number of states where property subject to conservatio	n easement is located 🕨			
	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, inspection, handling c	of violations,	☐ Yes	□ No
			neer/ation eas		
•	Staff and volunteer hours devoted to monitoring, inspec	ting, nandling of violations, and enforcing co	nservation easi	ements duri	ng the year
•	Amount of expenses incurred in monitoring, inspecting,  \$	handling of violations, and enforcing conserv	/ation easemen	ts during th	e year
,	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		<sup>7</sup> 0(h)(4)(B)(i)	☐ Yes	□ No
ı	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the			and	•
	the organization's accounting for conservation easemen	ts.			
ar	<b>Complete if the organization answered "Ye</b>	s" on Form 990, Part IV, line 8.			
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in fu			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:				
(	i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$_		
(i	i)Assets included in Form 990, Part X		▶\$		
	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		ncial gain, provi	ide the	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	▶\$		
h	Assets included in Form 990, Part X				

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

 ${f c}$  Leasehold improvements

d Equipment . . . .

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

e Other . .

Sche	dule D (Form 990) 2019								Page <b>2</b>
Par	Organizations Ma	intaining Collections	of Art, Histo	rical Tr	eas	ures, or O	ther Similar A	ssets (cont	tinued)
3	Using the organization's acquitems (check all that apply):	ilsition, accession, and other	•	•	the fo	ollowing that	are a significant	use of its col	llection
а	Public exhibition		d		Loar	or exchang	e programs		
b	Scholarly research		e		Othe	er			
С	Preservation for future	generations							
4	Provide a description of the o	rganization's collections and	d explain how	they furth	er th	e organizati	on's exempt purp	ose in	
5								☐ Yes	□ No
Pai			s" on Form 9	90, Part	IV, I	ine 9, or re	eported an amo	unt on Forr	n 990, Part
<b>1</b> a		•						☐ Yes	□ No
b	If "Yes " explain the arranger	ment in Part XIII and compl	ete the followi	na tahle:				 Amount	
c	, , <u>-</u>	•		-		1			
d	3 3					1	d		
e	= -						e		
f							.f		
2a	Did the organization include a	an amount on Form 990. Pa	rt X. line 21. fe	or escrow	or cu	ustodial acco	ount liability?	 . П уес	
	<del>-</del>						•		<b>□ 110</b>
			e ii die explait	acion nas	DCCI	i provided in	THE KILL		
			" on Form 9	90, Part	IV, I	ine 10.			
_					-				
						1		114,421	115,618
								14 450	1 210
		·	2,040				8,710	14,436	
				13	,838				
	and programs								
	,							· ·	
g	•						35,244	126,981	114,421
2 a	·	ndowment 🕨	•	1g, colur	mn (a	a)) held as:			
b	Permanent endowment >								
c	Temporarily restricted endow	rment ▶							
	The percentages on lines 2a,	2b, and 2c should equal 10	0%.						
3a	Are there endowment funds rorganization by:	not in the possession of the	organization t	nat are he	eld ar	nd administe	red for the		Yes No
	(i) unrelated organizations								
b		<del>-</del>	•		?.			3ь	Yes
4 Par	t VI Land, Buildings, a	and Equipment.							
	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.								
1-	Land			0	18 DD0			<del>                                     </del>	88 000
	F						37.124		151,362
-			1			1	,	1	•

421,811

144,944

5,243

2,812

5,243

124,562

418,999

20,382

678,743

<b>Part VII</b> Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990,	Part IV/	no 111	Saa Form 990 [	Dart V li	ine 12
(a) Description of security or category (including name of security)	(b) Book value	lie III	(c) Metho Cost or end-of	d of valua	ation:
(1) Financial derivatives					
(3)Other(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments—Program Related.	<u> </u>				
Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment	Part IV, li	ne 110	(b) Book value		line 13. lethod of valuation:
					r end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX  Other Assets.		<u> </u>			
Complete if the organization answered 'Yes' on Form 990,  (a) Description	Part IV, lir	ne 11d	. See Form 990, Par	t X, line	15. <b>(b)</b> Book value
(1)					(2) 22000 1000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
				•	
Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990,	Part IV, lir	ne 11e	or 11f.See Form	990, Pa	rt X, line 25.
1. (a) Description of liabili (1) Federal income taxes	ty				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)  Takel (Column (b) must equal Form 000 Part V and (B) line 35.)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footn	ote to the o	rganizat	ion's financial state	] ments th	at reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check	horo if the	toxt of	the feetnets has be	on provide	dedin Dem VIII

Schedule D (Form 990) 2019

Page 4

	Complete if the organi	zation answered 'Yes' on Form 990, Part	: IV, I	ine 12a.		<u></u>
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			
С	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 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 40	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	•	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	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses. Add lines 3 and 4	<b>1c.</b> (This must equal Form 990, Part I, line 18.	) .		5	
Pai	t XIIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and a 2d and 4b. Also complete this part to provide			t V, line	e 4; Part X, line 2; Part
	Return Reference		Ex	planation		
See /	Additional Data Table					

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

# **Additional Data**

**Software ID:** 19009920

Software Version: 2019v5.0

**EIN:** 91-1938635

Name: SHARED HOPE INTERNATIONAL

**Supplemental Information** Return Reference

Explanation Part V, Line 4: Intended uses of THE ENDOWMENT FUND IS INTENDED TO PROVIDE FOR THE HOUSING, EDUCATION AND MEDICAL NEEDS OF the endowment fund. YOUNG WOMEN AND YOUNG MEN RESCUED FROM HUMAN TRAFFICKING.

Supplemental Information	upplemental Information						
Return Reference	Explanation						
Part X : FIN48 Footnote	SHARED HOPE AND THE FOUNDATION ARE EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THESE TWO ORGANIZATIONS QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS UNDER SECTION 509(A)(2). ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. AS A SINGLE-MEMBER LIMITED LIABILITY COMPANY OWNED BY SHARED HOPE, TRAFFICKING MARKETS LLC IS TREATED AS A DISREGARDED ENTITY FOR INCOME TAX PURPOSES. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. EFFECTIVE WITH THE YEAR ENDED JUNE 30, 2011, THE ORGANIZATION ELECTED THE EXPENDITURE TEST UNDER SECTION 501(H) AS AN ALTERNATIVE METHOD FOR MEASURING LOBBYING ACTIVITY. THE ELECTION PROVIDES A SPECIFIC DOLLAR AMOUNT THE ORGANIZATION CAN SPEND ON LOBBYING DURING THE YEAR WITHOUT THE BURDEN OF PROVING THE AMOUNT IS NOT SUBSTANTIAL. MANAGEMENT BELIEVES THE ORGANIZATION'S LOBBYING ACTIVITIES ARE WITHIN THE LIMITS ALLOWED BY RELEVANT TAX LAW.						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137079121 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** SHARED HOPE INTERNATIONAL 91-1938635 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 123.940 3a Sub-total . b Total from continuation sheets to Part I . . . 123,940 c Totals (add lines 3a and 3b)

Schedule F (Form 990)	2019					•	•	Page <b>2</b>
			anizations or Entitie eceived more than \$5,					on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CARIBBEAN	OPERATING COSTS	50,000	CASH WIRE			
		SOUTH ASIA	OPERATING COSTS	20,000	CASH WIRE			
		SOUTH ASIA	OPERATING COSTS	50,000	CASH WIRE			
				<u> </u>				
			d above that are recogn unsel has provided a se				,	3
a Fatan tatal annali							-	

Schedule F (Form 990) 2019

ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page <b>4</b>
Par	Toreign 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; don't 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; don't file with Form 990)	☐Yes	<b>✓</b> No

Schedule F (Form 990) 20:	9 Page <b>5</b>					
Provide the amounts of method); a any addition	Information information information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); Part					
Return Reference	Explanation					
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US  THE ORGANIZATION REQUIRES ALL PARTNERS RECEIVING GRANTS TO SUBMIT QUARTERLY REPORTS IN ACCORDAN WITH SHARED HOPE INTERNATIONAL'S PRESCRIBED FORMAT. THE PARTNERS' QUARTERLY REPORTS ALIGN TO THE SPECIFIC GRANT PROGRAM/PROJECT REQUIREMENTS OF SHARED HOPE INTERNATIONAL. IN ADDITION, SITE VISITS						

ARE MADE TO MONITOR THE GRANTEES' PROJECTS.

### **Additional Data**

CARIBBEAN

 Software ID:
 19009920

 Software Version:
 2019v5.0

 EIN:
 91-1938635

Name: SHARED HOPE INTERNATIONAL

svs

RESCUE & RESTORATION

51,549

Form 990 Schedule F Part I - Activities Outside 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
SOUTH ASIA	0	0	PROGRAM SERVICES	RESCUE & RESTORATION SVS	72,391

0 PROGRAM SERVICES

**SCHEDULE G** 

DLN: 93493137079121

OMB No. 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding** Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

SHARED HOPE INTERNATIONAL						p.o, cu.c	intilication number
SHARLD HOFE INTERNATIONAL						91-1938635	
_	•	-		answered "Yes" on F	orm 990,	Part IV, line :	17.
Form 990-EZ filers	•						
1 Indicate whether the organization	ation raised funds thr	ough an	,				
a ✓ Mail solicitations			е	✓ Solicitation of nor	n-governm	ent grants	
<b>b</b> Internet and email solicit	ations		f	Solicitation of gov	ernment o	grants	
c Phone solicitations			g	Special fundraisin	g events		
<b>d</b> In-person solicitations							
2a Did the organization have a vor key employees listed in Fo							es 🗆 No
b If "Yes," list the 10 highest post to be compensated at least \$			draisers)	pursuant to agreements	under wh	ich the fundraise	er is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	) Did ser have ody or crol of outions?	(iv) Gross receipts from activity	or refundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	COUNSEL ON F/R &	Yes	No				
BBS & ASSOCIATES INC 130 SPRINGSIDE DR STE 200	DEVELOP		No			87,465	
AKRON, OH 44333							
Total			. ▶			87,465	
3 List all states in which the orga	nization is registered	or licens	ed to soli	cit contributions or has h	J Deen notifi	ed it is exempt f	rom registration or

AL, AK, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MA, MI, MN, MS, MO, NH, NJ, NM, NC, NY, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA,

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
y T	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zieg Zieg	Sentertainment				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
<b></b>	4 Rent/facility costs	No  through 5 in column (d)  t line 7 from line 1, column  tion conducts gaming activities	No	<ul><li>No</li><li> ▶</li><li> ▶</li></ul>	Ves □No
a b	4 Rent/facility costs	through 5 in column (d)  through 5 in column (d)	nn (d)	No	☐ Yes ☐ No
9 a	4 Rent/facility costs	through 5 in column (d)  thine 7 from line 1, column  tion conducts gaming activations activities in each column.	No  nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d)  thine 7 from line 1, column  cion conducts gaming activaming activities in each column  censes revoked, suspend	No  nn (d)	No	
a b	4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2  8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d)  thine 7 from line 1, column  cion conducts gaming activaming activities in each column  censes revoked, suspend	No  nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· 🗆 Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization ▶ \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	<b>d</b> ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	Ī	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Department of the

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public

DLN: 93493137079121

Inspection

SHARED HOPE INTERNATIONAL						Employer Identific	ation number
Part I General Informa	ation on Grants	and Assistance				91-1938635	
Does the organization main the selection criteria used t	tain records to sub o award the grants	stantiate the amount of or assistance?				e, and	☑ Yes ☐ No
Part III Grants and Other A	Assistance to Don	nestic Organizations a	and Domestic Governme		rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
that received more t  (a) Name and address of organization or government	han \$5,000. Part I:  (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
7)							
(8)							
(9)							
(10)							
[11]							
[12]							
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other</li></ul>	. , . ,	-					5
or Panerwork Reduction Act Notice				Cat No. 50055			edule I /Form 000\ 2010

Page 2

Schedule I (Form 990) 2019

(1) (2)

(3)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

IN ADDITION, SITE VISITS ARE MADE TO MONITOR THE GRANTEES' PROJECTS.

Schedule I (Form 990) 2019

Grants are Used

(4) (5)

(6) (7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Explanation Return Reference Grantmaker's Description of How THE ORGANIZATION REQUIRES ALL PARTNERS RECEIVING GRANTS TO SUBMIT QUARTERLY REPORTS IN ACCORDANCE WITH SHARED HOPE INTERNATIONAL'S

PRESCRIBED FORMAT. THE PARTNERS' QUARTERLY REPORTS ALIGN TO THE SPECIFIC GRANT PROGRAM/PROJECT REQUIREMENTS OF SHARED HOPE INTERNATIONAL.

### **Additional Data**

REBECCA BENDER MINISTRIES

560 NE F STREET SUITE A628 GRANTS PASS, OR 97526 SAVING INNOCENCE INC

1509 WINONA BLVD

LOS ANGELES, CA 90027

45-5100719

45-2049173

**Software ID:** 19009920 **Software Version:** 2019v5.0 **EIN:** 91-1938635

Name: SHARED HOPE INTERNATIONAL

21,000

14,000

Form 990, Schedule I, Part	II, Grants and	Other Assistance to	o Domestic Organiza	tions and Domest	ic Governments.	
( ) )	(L) EIN	( ) IDC	(1) ( )	( ) 4	(C) M 11 1 C 1 1:	Ξ

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	i
organization		if applicable	grant	cash	(book, FMV, appraisal,	l
or government				assistance	other)	l

organization	if applicable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)

(h) Purpose of grant

EMERGENCY SERVICES

SUPPORT OF BILINGUAL

CASE MANAGER

or assistance

(g) Description of

non-cash assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government STARSUNITY CHURCH OF W 34-1973109 10,000 STAFF SALARIES

THE COMEDING HOUSE	27 1272710	11.000		CURRORT FOR NEW
OHIO 1910 E BROADWAY NORTHWOOD, OH 43619				

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

SAINT LOUIS, MO 63157

ISUPPORT FOR NEW THE COVERING HOUSE 27-13/2/48 14,000 PO BOX 12206 CASE MANAGER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-2909861 14.000 US INSTITUTE AGAINST SHELTER OPERATIONS

HUMAN TR PO BOX 272463 TAMPA, FL 33688

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

VERONICAS VOICE

20-3902846 17.000l SUPPORT FOR 5 PO BOX 172472 SHELTER RESIDENTS KANSAS CITY, MO 66117

efile GRAPHIC	C print - DO N	NOT PROCES	S As	Filed Data -					DL	.N: 93	4931	3707	9121
Schedule L		Tran	sactio	ons with li	ntereste	d Persor	าร			OI	MB No.	1545	-0047
(Form 990 or 990	-EZ) ► Comp	lete if the org	anization	answered "Yes	s" on Form 9	90, Part IV, li	ines 2	5a, 2	25b, 26	5,	20	1	0
		27, 28a,		28c, or Form 99 ach to Form 99			40b.				<b>4</b> U	1	7
Department of the Trea		►Go to <u>www.ii</u>		o <u>rm990</u> for inst			forma	tion.			Open t		
Internal Revenue Servi							l E.				Insp ation n		
Name of the orga SHARED HOPE INTE							[ [	пріо	уег іає	епинса	ition n	umbe	:r
_								-193					
				1(c)(3), section Form 990, Part									
	Name of disqu			Relationship be					escript			Corr	ected?
	'			. (	organization	•		tr	ansacti	on	Υe	es	No
							_						
							-						
							+					-	
2 Enter the ar	nount of tax inc	urred by the or	ganization	managers or dis	qualified pers	ons during the	year u	ınder	section	1	<u> </u>		
4958.				mbursed by the c			•			\$ —			
3 Enter the ar	mount of tax, if a	arry, on three 2, a	above, reii	induised by the c	organización .		•			\$			
Con	ans to and/or aplete if the orga orted an amount	anization answe	red "Yes"	on Form 990-EZ	, Part V, line 3	38a, or Form 99	90, Pai	rt IV,	line 26	; or if	the org	anizat	ion
(a) Name of	(b) Relationshi	ip (c) Purpose	(d) Loa	n to or from the	(e) Original		(g)			h)		<b>)</b> Writ	
interested person	with organization	on of loan	org	ganization?	principal amount	due	defa	ult?	Appro	ved by rd or	agı	reeme	ent?
					annount				1	nittee?			
			То	From			Yes	No	Yes	No	Yes	ı	Vo.
					-								
Total .				1	<b>\$</b>	1							
Part III Gra	nts or Assist	ance Benefit	ing Inte	erested Perso	ns.								
				Yes" on Form 9									
(a) Name of inter		( <b>b)</b> Relationship nterested perso			of assistance	(d) Type (	of assi	stanc	e	<b>(e)</b> Pu	rpose o	f assi	stance
	'	organizat											
						1			-+				
				+									
For Paperwork Red	uction Act Notice	see the Instru	ctions for I	 Form 990 or 990-l	F7 (	at. No. 50056A		Sal	andula I	(Form	990 or	000 1	7) 201

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sl organiz rever	of zation's
				Yes	No
(1) JO LEMBO	DIRECTORS WIFE	67,152	SALARY		No
_					

Return Reference

Schedule L, Part V Supplemental

Supplemental Information

Part V

Information

Provide additional information for responses to questions on Schedule L (see instructions).

COMPENSATION AS AN EMPLOYEE OF THE ORGANIZATION.

Explanation

JO LEMBO IS THE WIFE OF NICK LEMBO WHO IS THE BOARD SECRETARY/TREASURER. JO LEMBO RECEIVES

Schedule L (Form 990 or 990-EZ) 2019

DLN: 93493137079121 OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ 2019 (Form 990 or 990-Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) ▶ Attach to Form 990 or 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Inspection **Employer identification number** Name! Betherofgamization SHARED HOPE INTERNATIONAL 91-1938635 990 Schedule O. Supplemental Information Return **Explanation** Reference Form 990. OTHER PROGRAM SERVICES 4: DOMESTIC WIN PROGRAMThe domestic WIN program is designed to help Part III, Line women develop skills and gain practical job experience. Typically, women enrolled in the 4d: Other program have had difficult life experiences such as domestic abuse, childhood abuse from t he commercial sex industry, drug addiction, and/or time in a correctional facility. These Program Services experiences have left these women with low self-esteem and a lack of employable skills. Ma ny of the women who enter the program have faced homelessness and lost custody of their ch Description ildren due to their life circumstances. The nine-month WIN training program provides an opportunity for women to learn job skills so they can enter/re-enter the work force and supp ort themselves and their families. In addition to job skills, these women learn how to wor k in a professional business environment and develop personal life skills so they can buil d confidence and self-esteem. During 2020, two women participated in SHIs domestic WIN pro gram. OTHER PROGRAM SERVICES 5: INTERNATIONAL PUBLIC EDUCATION

Return Explanation
Reference

Process

Form 990,	THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE AUDIT/FINANCE COMMITTEE MEMBERS
Part VI, Line	ON BEHALF OF THE BOARD OF DIRECTORS PRIOR TO ITS FILING.
11b: Form	
990 Review	

Return Reference Explanation

CONFLICT OF INTEREST FORMS ARE OBTAINED FROM BOARD MEMBERS ANNUALLY.

Part VI, Line
12c:
Explanation
of Monitoring
and
Enforcement
of Conflicts

Return Reference	Explanation
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	THE BOARD OF DIRECTORS REVIEWS COMPENSATION REPORTS AND APPROVES WAGE INCREASES FOR THE EXECUTIVE DIRECTOR.

Return Reference	Explanation
Form 990, Part VI, Line 15b:	THE BOARD OF DIRECTORS REVIEWS COMPENSATION REPORTS AND APPROVES WAGE INCREASES FOR OTHER OFFICERS AND KEY EMPLOYEES.
Compensation	
Review and	
Approval	
Process for	
Officers and	
Key	
Employees	

Return Reference Explanation

Form 990, No documents available to the public.

Part VI, Line
19: Other
Organization
Documents
Publicly
Available

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** 

As Filed Data -

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493137079121

Open to Public Inspection

Vame	of	the	org	aniz	zatio
SHARE	DН	OPE	INT	ERN	ATIO

Department of the Treasury

Internal Revenue Service

(Form 990)

**Employer identification number** 

DNAL 91-1938635 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (d) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) TRAFFICKING MARKETS LLC SHELTER OPERATIONS WA 3 SHARED HOPE INTERNATIONAL PO BOX 65337 VANCOUVER, WA 98665 20-3428901 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (g) Section 512(b) (e) (f) Public charity status Name, address, and EIN of related organization Legal domicile (state Exempt Code section Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)SHARED HOPE FOUNDATION FOUNDATION WA 501(C)(3) 11A SHARED HOPE No PO BOX 65337 INTERNATIONAL VANCOUVER, WA 98665 41-2084596 SHARED HOPE (2)SHI INSTITUTE TITLE HOLDING COMPANY WA APPLIED FOR No PO BOX 65337 INTERNATIONAL VANCOUVER, WA 98665 84-2310524 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	<b>artnership.</b> during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gener mana partr	alor Pe	<b>(k)</b> ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	<b>orporation</b> a corporatio	or Trus n or tru	<b>t.</b> Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	<b>/</b> E	- 000)	2010

Page **3** 

art V	Transactions with i	Related Organizations.	Complete if the organization answered	res on Form 990,	Part IV, line 34, 350, or 36.	
Note	- Complete line 1 if any as	ation is like and in Decade II III .	T\ / - E +  - :      -			

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other 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.			
	(a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining an	nount i	nvolved	

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

Part VI 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.

vas not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicilo	(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?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or 'g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
												П	
				_						Schedul	e R (Form	1990	)) 2019

Schedule R (Form 990) 2019				
Part VII	Supplemental Info	ormation		
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).		
Retu	ırn Reference	Explanation		