EXTENDED TO NOVEMBER 15, 2017

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 16

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	ror the	20 to calendar year, or tax year beginning and e	enaing					
В	Check if applicable	C Name of organization		D Employer identification number				
	Addres							
	Name change	Doing business as		23-2	836648			
	Initial return		Room/suite	E Telephone numbe	r			
	Final return/		50	(717)464-3220			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,035,357.			
	Ameno			H(a) Is this a group re				
	Application			for subordinates				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in				
$\overline{\Gamma}$	Тах-ехе	empt status: X 501(c)(3)	r 527	1 ' '	list. (see instructions)			
		e: WWW.HOPEINTERNATIONAL.ORG	027	H(c) Group exemptio	,			
		organization: X Corporation Trust Association Other ▶	I Vear		State of legal domicile: PA			
		Summary	L Tour	oriorination. 2000 N	Totate of logal dofficile. 2 22			
		Briefly describe the organization's mission or most significant activities: AT HO	PE IN	TERNATIONAL	. WE			
Activities & Governance	' '	PROVIDE DISCIPLESHIP AND FINANCIAL SERVICES.	ES TH	AT RESTORE	DIGNITY			
naı		Check this box if the organization discontinued its operations or dispose						
Ver	1			1 1	8			
ဗ္ဗ		Number of independent voting members of the governing body (Part VI, line 1b)			7			
∞ ∞		Total number of individuals employed in calendar year 2016 (Part V, line 1a)			103			
ţį	1				200			
ξį		Total number of volunteers (estimate if necessary)			0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	D	Net unrelated business taxable income from Form 990-T, line 34	·····					
		Contributions and monte (Dort VIII line 11)		Prior Year 17,710,999.	Current Year 16,342,109.			
ine	1	Contributions and grants (Part VIII, line 1h)		0.	0.			
Revenue		Program service revenue (Part VIII, line 2g)		184,813.	202,207.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-319,707.	-344,087.			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,576,105.	16,200,229.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,736,953.	7,199,368.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	7,199,300.			
	l	Benefits paid to or for members (Part IX, column (A), line 4)		5,242,845.	5,362,726.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,242,645.	5,302,720.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25) 1,824,40	4 -	2 052 746	2 405 164			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,952,746. 14,932,544.	3,405,164.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			15,967,258.			
	19	Revenue less expenses. Subtract line 18 from line 12		2,643,561.	232,971.			
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year			
Ssel	20	Total assets (Part X, line 16)		15,198,543.	15,449,522.			
et A	21	Total liabilities (Part X, line 26)		944,261.	843,428.			
	22	Net assets or fund balances. Subtract line 21 from line 20		14,254,282.	14,606,094.			
	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	cn preparer	nas any knowledge.				
		Signature of officer		 Date				
Sig			(MD 3 M					
He	re	JESSE CASLER, VP OF FINANCE AND ADMINI Type or print name and title	STRAT	TON				
			- 11	Date Check	PTIN			
Da'	,	Print/Type preparer's name Preparer's signature		0 / 0 0 / 1 7 if				
Pai		STACY CULLEN	Į0	8/09/17 self-employe				
	parer	Firm's name TAIT, WELLER & BAKER LLP		Firm's EIN	23-1144520			
Use Only Firm's address 1818 MARKET STREET; SUITE 2400								
		PHILADELPHIA, PA 19103		Phone no.21	5.979.8800			
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO INVEST IN THE DREAMS OF FAMILIES IN THE WORLD'S UNDERSERVED
	COMMUNITIES AS WE PROCLAIM AND LIVE THE GOSPEL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,936,477. including grants of \$ 2,931,389.) (Revenue \$)
	SAVINGS-LED THE HOPE NETWORK OF SAVINGS AND CREDIT ASSOCIATIONS (SCAS) PROVIDE
	INDIVIDUALS WITH A SAFE PLACE TO SAVE. FACILITATORS TRAIN GROUPS OF
	10-30 MEMBERS TO POOL THEIR SAVINGS ON A REGULAR BASIS, SOMETIMES AS
	LITTLE AS 20-50 CENTS A WEEK. MEMBERS USE THEIR SAVINGS OR TAKE OUT
	LOANS FROM THE GROUP TO USE AS A BUFFER AGAINST EMERGENCIES, MAKE
	IMPORTANT HOUSEHOLD PURCHASES, OR INVEST IN BUSINESSES. AS MEMBERS MEET
	REGULARLY, THEY FELLOWSHIP WITH ONE ANOTHER, PRAY TOGETHER, AND STUDY
	GOD'S WORD. HOPE-MANAGED AND PARTNER SCAS CURRENTLY SERVE IN BURUNDI,
	HAITI, INDIA, MALAWI, PERU, THE PHILIPPINES, RWANDA, ZAMBIA AND
	ZIMBABWE.
4b	(Code:) (Expenses \$ 6,127,100. including grants of \$ 4,016,377.) (Revenue \$)
	CREDIT-LED
	HOPE-NETWORK MICROFINANCE INSTITUTIONS (MFIS) PROVIDE ENTREPRENEURS
	WITH SAVINGS ACCOUNTS AND SMALL LOANS TYPICALLY RANGING FROM
	\$100-\$2,000 TO INVEST IN THEIR BUSINESSES. WHEN INDIVIDUALS MEET
	REGULARLY TO REPAY THEIR LOANS, THEY ALSO WORSHIP TOGETHER, RECEIVE
	BUSINESS TRAINING, STUDY SCRIPTURE, AND ENCOURAGE EACH OTHER. ONCE
	REPAID, LOAN CAPITAL REVOLVES BACK INTO THE FUND TO LEND TO MORE
	ENTREPRENEURS. HOPE-MANAGED AND PARTNER MFIS CURRENTLY SERVE IN
	BURUNDI, CENTRAL ASIA, CHINA, THE DOMINICAN REPUBLIC, THE DEMOCRATIC
	REPUBLIC OF CONGO, HAITI, MOLDOVA, THE PHILIPPINES, THE REPUBLIC OF
	CONGO, ROMANIA, RUSSIA, RWANDA, AND UKRAINE.
	0.00
4c	(Code:) (Expenses \$ 973,886. including grants of \$ 251,601.) (Revenue \$)
	OTHER
	HOPE'S OTHER PROGRAM SERVICES INCLUDE EDUCATION, THE PATHWAYS OUT OF
	POVERTY EXHIBIT, AND THE TOMORROW CLUBS. EDUCATION: HOPE REGIONAL
	REPRESENTATIVES INTRODUCE INDIVIDUALS TO THE WORK OF HOPE AND SHARE A BIBLICAL PERSPECTIVE ON POVERTY, SPEAKING AT CHURCHES, CONFERENCES, AND
	OTHER COMMUNITY EVENTS NOT SPONSORED BY HOPE. PATHWAYS OUT OF POVERTY
	EXHIBIT: THIS MULTI-SENSORY EXHIBIT USES STORIES OF INDIVIDUALS AROUND
	THE WORLD TO PORTRAY PEOPLE WORKING THEMSELVES OUT OF POVERTY. TOMORROW
	CLUBS: .A CHRIST-CENTERED WEEKLY CHILDREN'S MINISTRY BEGUN IN UKRAINE,
	THE TOMORROW CLUBS REACHES OVER 13,000 CHILDREN. TOMORROW CLUBS HAS
	SINCE EXPANDED TO MULTIPLE COUNTRIES IN EASTERN EUROPE.
	DITTOL DITTING TO MODIFIED COUNTINIED IN EMPIRICA BOROLE.
44	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\) 13,037,463.
	Form 990 (2016)

09450809 758275 3102.000

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	х	
•	If "Yes," complete Schedule A	1	X	
2		2	Λ	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	100		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		- ^
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
	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	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
			000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		Х
	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		
	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			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			Х
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	Х	- 22
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	21	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	-25	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
01	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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		Х
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		Х
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	<u></u>	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	34			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	lem:lem:lem:lem:lem:lem:lem:lem:lem:lem:					
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		400			
	filed for the calendar year ending with or within the year covered by this return	_	103			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
	•			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	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 se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					37
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:	۔مدا	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	ı			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
D	amounts due or received from them.)	11b				
192	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>1</u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	I			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand					
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
	Too, The Rand at 1 offit 120 to report those payments: If The, provide an explanation in contedu.				990	(2016

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
	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	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $_{\hdots}$		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approve				
	$persons, comparability\ data, and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure	T 03 TT 170 17	7 1/10	3677	340
17	List the states with which a copy of this Form 990 is required to be filed AL, CA, CO, CT, F				, MS
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s only	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
		in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy, a	nd finan	icial	
	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 bo	oks and records:			
	JESSE CASLER - (717)464-3220	7601			
	CEE COUEDINE O EOD EULI I TOM OF CMAMEC	7601		000	/0C : =:
63200	SEE SCHEDULE O FOR FULL LIST OF STATES		Forn	1 990	(2016)

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C) Position					(D)	(E)	(F) Estimated amount of other	
Name and Title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from		
	(list any hours for related organizations below line)	pelow hard trustee or dire employee employee less compensated lookee hard to the properties of the pro		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
(1) PETER GREER PRESIDENT & CEO	40.00	x		х				138,631.	0.	18,942
(2) JEFFREY C. RUTT	1.00	125	\vdash	22	\vdash	\vdash	\vdash	130,031.	0.	10,542
CHAIRMAN OF THE BOARD	100	x		Х				0.	0.	0
(3) BRIAN LEWIS	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0
(4) ANDRE MANN	1.00	I								
SECRETARY	1 00	Х		Х				0.	0.	0
(5) CATHI LINCH	1.00	x		х				20 140	0.	0
TREASURER (6) DOUGLAS BOLLES	1.00	^	_	Λ	<u> </u>		⊢	20,148.	0.	U
DIRECTOR	1.00	X						0.	0.	0
(7) KATELYN BEATY	1.00						\vdash			
DIRECTOR		Х						0.	0.	0
(8) DURWOOD SNEAD	1.00									_
DIRECTOR	40.00	Х			_		_	0.	0.	0
(9) JESSE CASLER VP OF FINANCE AND ADMINISTRATION	40.00	1		х				94,958.	0.	4,149
(10) DAVE WASIK	40.00									
VP OF OPERATIONS				Х				90,697.	0.	19,286
(11) KEVIN TORDOFF	40.00									
VP OF MARKETING	40.00			Х				84,710.	0.	19,273
(12) CHRISTOPHER HORST	40.00	-		х				90,224.	0.	18,842
VP OF DEVELOPMENT				Δ				90,224.	0.	10,042
		_								
		$\frac{1}{2}$								
							_			
		1								
										Eorm 990 (201

Pai	T VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C						
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable			timate	
		hours per week					is bot or/trus		compensation	compensation		ar	nount	of
		(list any	io.					Ė	from the	from related organization		com	other pensa	tion
		hours for	direct				p		organization	(W-2/1099-MI		l	om the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** = 2 ** 5 5 5 *****	,		anizat	
		organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee					an	d relat	ed
		below	ividua	itutio	Officer	Key employee	hest o	mer				orga	anizati	ons
		line)	Pul	lust)#0	Key	Hig	윤						
			-											
			_		_	_		_						
1h	Sub-total								519,368.		0.	8	0,4	92.
	Total from continuation sheets to Part VI								0.		0.		 	0.
	Total (add lines 1b and 1c)								519,368.		0.	8	0,4	
2	Total number of individuals (including but n									,000 of reportab	le	·		
	compensation from the organization									•				1
•	Did the conscionation list on the second					1 -			h:-hk				Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	,		,	,		,	,		. ,		3		Х
4	For any individual listed on line 1a, is the su											-		
7	and related organizations greater than \$15	-		-					•	irie organization		4	х	
5	Did any person listed on line 1a receive or a									dual for services	3			
	rendered to the organization? If "Yes," com	-				-			-			5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation '	from	
	(A)	trio odioridai y	oui	oriai	ng v	VICII	01 11		(B)	your.		((
	Name and business	address	N	INC	3				Description of s	ervices	C		nsatio	n
								\dashv						
								\dashv						
2	Total number of independent contractors (i	including but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation >				(0					Form	000 "	2010)

Form 990 (20	16)	HOPE	IN
Part VIII	Statem	ent of Reve	nue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			<u> </u>	,	(A) Total revenue	(B) Related or	(C) Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
(A) (A)			1.1			revenue	revenue	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
اع ق		Membership dues						
ts,		Fundraising events		2,343,628.				
를 금		Related organizations						
ns, Sim		Government grants (contributi	· —					
e Ë	f	All other contributions, gifts, grant	· I I					
듗된		similar amounts not included abov	/e 1f	13,998,481.				
ont od (_	Noncash contributions included in lines		417,599.				
<u>a</u> 0	h	Total. Add lines 1a-1f			16,342,109.			
				Business Code				
<u>e</u>	2 a							
er Ye	b							
n S en	С							
Zev Zev	d							
Program Service Revenue	е							
٦	f	All other program service reve						
\blacksquare	g							
	3	Investment income (including						
		other similar amounts)		197,766.			197,766.	
	4	Income from investment of tax	c-exempt bond p	roceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	45,981.					
	b	Less: rental expenses	35,953.					
		Rental income or (loss)	10,028.					
	d	d Net rental income or (loss)		▶	10,028.			10,028.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	320,624.					
	b	Less: cost or other basis						
		and sales expenses	316,183.					
	С	Gain or (loss)	4,441.					
	d	Net gain or (loss)			4,441.			4,441.
ne	8 a	Gross income from fundraising						
		including \$ 2,343	,628. of					
Other Rever		contributions reported on line	•					
ē		Part IV, line 18						
₽		Less: direct expenses		482,992.				
		Net income or (loss) from fund			-365,056.			-365,056.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sales						
		Miscellaneous Revenue	e	Business Code	10.041	10.041		
		OTHER INCOME		900099	10,941.	10,941.		
	b							
	C	A.I						
		All other revenue			10.011			
		Total. Add lines 11a-11d			10,941.	10.044		150 001
\Box	12	Total revenue. See instructions.			16,200,229.	10,941.	0	-152,821.

Pa	rt IX Statement of Functional Expens	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	F 016 614	F 216 614		
	and domestic governments. See Part IV, line 21	5,216,614.	5,216,614.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 000 754	1 000 754		
	individuals. See Part IV, lines 15 and 16	1,982,754.	1,982,754.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	599,860.	366,120.	95,656.	138,084.
•	trustees, and key employees	333,000.	300,120.	35,050.	130,004.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		3,651,982.	2,192,195.	589,904.	869,883.
7 8	Other salaries and wages Pension plan accruals and contributions (include	5,051,502.	2,102,100	303,304.	005,005
o	section 401(k) and 403(b) employer contributions	174,764.	97.563	29,563.	47.638.
9	Other employee benefits	597,734.	97,563. 346,973.	97,594.	47,638. 153,167.
10	Payroll taxes	338,386.	201,249.	55,441.	81,696.
11	Fees for services (non-employees):	330,7300		30,111	0=7000
a	Management				
	Legal	3,364.	3,364.		
	Accounting	40,372.	40,372.		
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	278,545.	238,812.	10,603.	29,130. 97,742.
12	Advertising and promotion	99,876.	438.	1,696.	97,742.
13	Office expenses	462,458.	266,173.	33,965.	162,320.
14	Information technology				
15	Royalties				
16	Occupancy	160 202	201 152	10 200	66 750
17	Travel	468,302.	391,153.	10,399.	66,750.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Payments to affiliates	86,141.	62,811.	6,272.	17,058.
23	Insurance	9,885.	6,101.	3,243.	541.
24	Other expenses. Itemize expenses not covered		7, 2, 2, 2	7,	
	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 0.)				
а	OTHER STAFF EXPENSES	613,232.	485,212.	64,398.	63,622.
b	EDUCATION	465,128.	465,128.		
С	MISSION TRIPS	318,592.	318,592.		
d	OTHER EXPENSES HOPE INT	292,624.	142,758.	53,175.	96,691.
е	All other expenses	266,645.	213,081.	53,484.	80.
25	Total functional expenses. Add lines 1 through 24e	15,967,258.	13,037,463.	1,105,393.	1,824,402.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2016)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,428,945.	1	1,075,680.
	2	Savings and temporary cash investments	895,083.		306,668.
	3	Pledges and grants receivable, net	1,689,612.	3	2,647,775.
	4	Accounts receivable, net	2,131.	4	3,870.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\dots\dots}$	070 720	6	107 007
Assets	7	Notes and loans receivable, net	270,730.	7	187,837.
_	8	Inventories for sale or use	260 220	8	460 170
	9	Prepaid expenses and deferred charges	360,339.	9	469,178.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,092,294 10b 444,724	F76 20F		647 570
		1	576,385. 8,967,815.	10c	647,570. 8,853,227.
	11	Investments - publicly traded securities	0,907,015.	11	0,000,441.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	1,257,717.
	15	Other assets. See Part IV, line 11	15,198,543.	15	15,449,522.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	554,356.	16 17	516,613.
	17	Accounts payable and accrued expenses	334,330.	18	310,013.
	18 19	Grants payable		19	
	20	Deferred revenue		20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
m	22	Loans and other payables to current and former officers, directors, trustees,		21	
iţi		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	387,160.	24	322,270.
	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	2,745.	25	4,545.
	26	Total liabilities. Add lines 17 through 25	944,261.	26	4,545. 843,428.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and 34.			
ü	27	Unrestricted net assets	10,668,105.	27	12,126,896.
Fund Balances	28	Temporarily restricted net assets	2,042,981.	28	530,883.
βE	29	Permanently restricted net assets	1,543,196.	29	1,948,315.
표		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	44.054.000	32	11 606 606
Z	33	Total net assets or fund balances	14,254,282.	33	14,606,094.
	34	Total liabilities and net assets/fund balances	15,198,543.	34	15,449,522.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	,96		
3	Revenue less expenses. Subtract line 2 from line 1	3				71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	, 25		
5	Net unrealized gains (losses) on investments	5		7	<u>5,5</u>	82.
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		4	3,2	59.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	14	,60	6,0	94.
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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 23-2836648 HODE THREENATIONAT

			THIRMAIT					3-2030040
Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) S	ee instructions.	
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti						
3	一	A hospital or a cooperative					ii)	
	П						-	the beenitel's name
4	ш	A medical research organization	ation operated in co	njunction with a nospital	i described	ı III Seculo	ii iro(b)(i)(A)(iii). Enter	the nospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit descri	oed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6	Ш	A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the genera	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)					
8		A community trust describe		1)(A)(vi), (Complete Par	HII.)			
9	Ħ	An agricultural research org				ad in coniu	inction with a land-grant	college
9		-				-	_	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state of the collec	ge or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	iired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	•	· · ·	•		· · · · · · · · · · · · · · · · · · ·	
		lines 12a through 12d that						
_		Type I. A supporting orga	* *			•		, giving
а			•	· ·				
		the supported organization			a majority	of the dire	ctors or trustees of the	supporting
		organization. You must c	-					
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the su	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV. Se	ections A.	D. and E.	
d		Type III non-functionally						ization(s)
-		that is not functionally int					• • • • • •	
		•		•	•		•	liveriess
		requirement (see instructi	•	-				
е		Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or		nally integrated support	ing organi	zation.		
f	Ente	r the number of supported o	organizations					
g		ide the following information			Cul la tha anna	ninalian liated		1
	(1) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
ota	ıl							1

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Calendar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(f) Total .71261288.
membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organ- 10605191.11934207.14668782.17710999.16342109	.71261288.
include any "unusual grants.") 10605191.11934207.14668782.17710999.16342109 2 Tax revenues levied for the organ-	.71261288.
2 Tax revenues levied for the organ-	.71261288.
ization's benefit and either naid to	
ization o pononit and oldrior paid to	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3 10605191.11934207.14668782.17710999.16342109	.71261288.
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	8343940.
6 Public support. Subtract line 5 from line 4.	62917348.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016	(f) Total
7 Amounts from line 4 10605191.11934207.14668782.17710999.16342109	.71261288.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties	
and income from similar sources 101,751. 197,197. 141,316. 182,124. 207,794	. 830,182.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.) 503. 18. 84. 10,941	. 11,546.
11 Total support. Add lines 7 through 10	72103016.
12 Gross receipts from related activities, etc. (see instructions)	556,146.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	>
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	87.26 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	85.71 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	
stop here. The organization qualifies as a publicly supported organization	▶ X
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check	this box
and stop here. The organization qualifies as a publicly supported organization	▶□
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10	% or more,
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	anization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how	he
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction	ons ▶

Schedule A (Form 990 or 990-EZ) 2016

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
٥	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
/ -	, ,						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
'	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						<u> </u>
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi	zation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (line 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2015					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2016. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	_		
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-	2		
	За		
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	3b		
-	SD		
	3с		
	4a		
ı	4 a		
-	4b		
H	4c		
	5a		
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ł	5c		
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ŀ			
-	8		
	9a		
	OI-		
-	9b		
	9с		
	10a		
j			
	10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations			
		Ī	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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
000	aon o. Type ii oupporting organizationo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	' '		
000	tion 5. 7th Type in 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		163	140
•	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	_		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	2		
Sact	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
ı a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
C	The organization is the parent of each of its supported organizations. Complete line organization supported a government entity (see instru	ctions		
2	Activities Test. <i>Answer (a) and (b) below.</i>	[Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
и	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b	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		
2		ZÜ		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or to supported organizations: if 100, decembe in tall vi the role played by the organization in this regard.	UI		

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

Schedule A (Form 990 or 990-EZ) 2016

ı aı	Type iii Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns .	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
. :	on E. Dictribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
ecti	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Scriedule A	(Form 990 of 990-EZ) 2016 HOLL INTERMITED 23 2030 40 Fage 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HOPE INTERNATIONAL

Employer identification number 23-2836648

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc-	ture
	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemer	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 900 Part Y		•

632051 08-29-16

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

Pai	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or O	ther	Similar A	ssets	continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a signi	ificant use	of its col	lection it	tems
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's	exemp	t purpose i	n Part X	III.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			\	res [☐ No
Pai	t IV Escrow and Custodial Arran						rt IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets	not inc	luded			
	on Form 990, Part X?						🔲 ነ	res [O No
b	If "Yes," explain the arrangement in Part XIII								
							Aı	mount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe					?		/es	No
	If "Yes," explain the arrangement in Part XIII.				-				
Pai									
	·	(a) Current year	(b) Prior year	(c) Two years bac		Three years	back (e	e) Four ye	ars back
1a	Beginning of year balance	3,492,247.	3,200,888.	3,610,03		2,869,		, .	24,816.
	Contributions	427,803.	486,242.	159,02	$\overline{}$	690,			89,737.
	Net investment earnings, gains, and losses	229,579.	-142,582.	52,05		106,			98,824.
	Grants or scholarships	,	,	,		,			
	Other expenditures for facilities								
Ū	and programs	50,854.	52,301.	52,35	0.	56	096.	,	44,179.
f	Administrative expenses	, , , , , ,	7 - 7 - 7 - 2	567,87					
	End of year balance	4,098,775.	3,492,247.	· ·		3,610,	037.	2 8	69,198.
2	Provide the estimated percentage of the curr					,,,,,,,			,
	Board designated or quasi-endowment	52.47	%	y) Hold do.					
	Permanent endowment 47.53	%							
	Temporarily restricted endowment	. 000 %							
C	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse	·	ation that are hold a	nd administered f	or tho	organizatio	n		
Ja		331011 Of the organize	ation that are neid a	na administered i	or tile t	organizatio	''	V.	es No
	by: (i) unrelated organizations						Г	3a(i)	X
								3a(ii)	X
h	(ii) related organizations							3b	+
_							L	30	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		willetit turius.						
ı aı	Complete if the organization answere		Dort IV line 11a S	oo Form 000 Par	t V lin	. 10			
							(4)	N Daales	
	Description of property	(a) Cost or of basis (investm		-	depre	mulated	(a	l) Book v	alue
	Land	<u> </u>	nent) basis	(Otrier)	aepie	JIALIUIT			
	Land		17	8,759.	1 2	0 1/0		330	610
	Buildings			5,860.		9,149 4,995			,610.
	Leasehold improvements			2,675.		$\frac{4}{0,580}$,005.
	Equipment			5,000.	т/	0,500	•		
	Other (Och as (i))			-			+		,000.
ı ota	. Add lines 1a through 1e. (Column (d) must e	guai Form 990, Part .	x, coiumn (B), line 1	UC.)			1	Ο± / ,	, , , , , , , , ,

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV (b) Book value			d-of-year market value
7.35	(b) Book value	(C) Method of V	aluation. Cost of end	d-or-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.		•		
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
	Description	,	·	(b) Book value
(1) OTHER RECEIVABLE				1,257,717.
(2)				, ,
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tabel (Column (b) must equal Form 000 Part V and (P) line	1 1			1,257,717.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<i>i 15.)</i>			1,251,111.
	on Forms 000 Dort IV	/ line 11 e eu 11f Cee Feur	- 000 Dart V line 05	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV	(b) Book value	n 990, Part X, Ilne 25).
		(b) BOOK Value		
(1) Federal income taxes		4 545		
(2) OTHER LIABILITIES		4,545.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ►	4,545.		
2. Liability for uncertain tax positions. In Part XIII, provide	41 4 4 41 4 4	-4-4-4-4	inancial statements	that raparta tha

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

Part XI Reconciliation of Revenue per Audited Financial Statements Witl	n Revenue per R	eturı	n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
Total revenue, gains, and other support per audited financial statements		1	17,940,658
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments 2a	75,582.		
b Donated services and use of facilities	16,535.		
c Recoveries of prior year grants 2c			
d Other (Describe in Part XIII.)	1,825,083.		
e Add lines 2a through 2d		2e	1,917,200.
3 Subtract line 2e from line 1		3	16,023,458.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIII.)	176,771.		
c Add lines 4a and 4b		4c	176,771.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,200,229.
Part XII Reconciliation of Expenses per Audited Financial Statements Wit	th Expenses per	Retu	ırn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
Total expenses and losses per audited financial statements		1	16,374,983.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	16,535.		
b Prior year adjustments 2b			
c Other losses 2c			
d Other (Describe in Part XIII.)	6,904,327.		
e Add lines 2a through 2d		2e	6,920,862.
3 Subtract line 2e from line 1		3	9,454,121.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	6 540 405		
b Other (Describe in Part XIII.)	6,513,137.		
c Add lines 4a and 4b		4c	6,513,137
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	15,967,258.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b	b and 2b; Part V, line	4; Part	t X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	rmation.		
PART V, LINE 4:			
THE BOARD-DESIGNATED ENDOWMENT FUNDS ARE TO BE US	ED AS EMERG	ENC	Y RESERVE
FUNDS AT THE DISCRETION OF THE HOPE INTERNATIONAL	BOARD OF D	IRE	CTORS.
PART X, LINE 2:			
MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR EACH	H OF THE OP	EN	TAX YEARS
(2013-2015) OR EXPECTED TO BE TAKEN IN HOPE'S 2010			
(2013-2013) OR EAFECIED TO BE TAKEN IN HOPE 5 2010	O IAA KEIUK	74 Y	MD UVO
CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN	TAX POSITI	ONS	THAT WOULD

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE OF FOREIGN MICROFINANCE ENTITIES REPORTED IN

REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2016 HOPE INTERNATIONAL	23-2836648 Page 5
Part XIII Supplemental Information (continued)	
FINANCIAL STATEMENTS	19,149.
HGIF GAIN REPORTED ON FINANCIAL STATEMENTS	109,500.
REVENUE OF HOPE ADVANCEMENT REPORTED IN FINANCIAL	
STATEMENTS	1,696,434.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,825,083.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT INCOME INCLUDED IN OTHER CHANGES ON FINANCIAL	
STATEMENTS	176,771.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES OF FOREIGN MICROFINANCE ENTITIES REPORTED IN	
FINANCIAL STATEMENTS	6,903,545.
EXPENSES OF HOPE ADVANCEMENT REPORTED ON FINANCIAL	
STATEMENTS	782.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	6,904,327.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANT TO HOPE ADVANCEMENT	5,135,249.
EXPENSES FOR RWANDA FIELD OFFICE	841,679.
EXPENSES FOR MALAWI FIELD OFFICE	515,694.
VARIOUS FOREIGN GRANTS ELIMINATED IN CONSOLIDATION	20,515.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	6,513,137.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

Employer identification number

HOPE INTERNATIONAL

23-2836648

Par	General Infor	mation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "Y	'es" on
	Form 990, Part IV	/, line 14b.				
				ds to substantiate the amount of its gra		
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes No
2	For grantmakers Desc	rihe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the
	United States.	indo in i die v ene	o organization o	procedures for mornioring the use of it	o granto and other accionance can	olde tile
		ne following Part	I line 3 table ca	an be duplicated if additional space is i	needed)	
	(a) Region	(b) Number of		1	(e) If activity listed in (d)	(f) Total
	(4) 1109.0	offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region		gram services, investments, grants to	describe specific type	for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
			iii tilo region			
					ASSIST WITH GROWING	
				PROGRAM SERVICES, GRANTS TO	MICROENTERPRISE	
SOUTI	H ASIA	0		'	OPERATIONS IN INDIA	610,121.
RUSSI	IA AND				ASSIST WITH GROWING	,
NEIGH	HBORING STATES -				MICROENTERPRISE	
ARMEI	NIA, AZERBIJAN,			PROGRAM SERVICES, GRANTS TO	OPERATIONS IN UKRAINE,	
BELA	RUS,	0	0	PROGRAMS	RUSSIA, AND MOLDOVA	1,157,842.
	•					
					ASSIST WITH GROWING	
EAST	ASIA AND THE			PROGRAM SERVICES, GRANTS TO	MICROENTERPRISE	
PACII	FIC	0	1	PROGRAMS	OPERATIONS IN EAST ASIA	857,688.
SUB-S	SAHARAN AFRICA -				ASSIST WITH GROWING	
ANGOI	CA, BENIN,				MICROENTERPRISE	
BOTSV	WANA, BURKINA			PROGRAM SERVICES, GRANTS TO	OPERATIONS IN THE	
FASO	,	2	7	PROGRAMS	DEMOCRATIC REPUBLIC OF	8,543,527.
EUROI	PE (INCLUDING					
ICELA	AND & GREENLAND)				ASSIST WITH GROWING	
- ALI	BANIA, ANDORRA,			PROGRAM SERVICES, GRANTS TO	MICROENTERPRISE	
AUSTI	RIA, BELGIUM	0	0	PROGRAMS	OPERATIONS IN ROMANIA	48,576.
CENTI	RAL AMERICA AND				ASSIST WITH GROWING	
THE (CARIBBEAN -				MICROENTERPRISE	
ANTIC	GUA & BARBUDA,			PROGRAM SERVICES, GRANTS TO	OPERATIONS IN THE	
ARUBA	A, BAHAMAS,	0	2	PROGRAMS	DOMINICAN REPUBLIC AND	1,108,067.
	H AMERICA -					
ARGEI	NTINA, BOLIVIA,				ASSIST WITH GROWING	
BRAZI	IL, CHILE,			PROGRAM SERVICES, GRANTS TO	MICROENTERPRISE	
COLUI	MBIA, ECUADOR,	0	0	PROGRAMS	OPERATIONS IN PERU	100,135.
	Sub-total	2	10			12,425,956.
	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3b)	2	10			12,425,956.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

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)
		SOUTH ASIA - AFGHANISTAN,	ASSIST WITH GROWING					
		BANGLADESH,	MICROENTERPRISE					
		BHUTAN, INDIA,	OPERATIONS	150,515.	WIRE TRANSFER	0		
		RUSSIA AND	ASSIST WITH GROWING					
		NEIGHBORING	MICROENTERPRISE					
		STATES - ARMENIA,	OPERATIONS AND					
		AZERBIJAN,	CHILDREN'S MINISTRIES	42,600.	42,600.WIRE TRANSFER	0.		
		RUSSIA AND						
		NEIGHBORING	ASSIST WITH GROWING					
		STATES - ARMENIA,	MICROENTERPRISE					
		AZERBIJAN,	OPERATIONS	15,543.	543.WIRE TRANSFER	0		
		EAST ASIA AND THE						
		PACIFIC -	ASSIST WITH GROWING					
		AUSTRALIA,	MICROENTERPRISE					
		BRUNEI, BURMA,	OPERATIONS	252,000.	WIRE TRANSFER	0.		
			ASSIST WITH GROWING					
		CENTRAL AMERICA	MICROENTERPRISE					
		AND THE CARIBBEAN	OPERATIONS	100,024.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA - ANGOLA,	ASSIST WITH GROWING					
		BENIN, BOTSWANA,	MICROENTERPRISE					
		BURKINA FASO,	OPERATIONS	55,604.	WIRE TRANSFER	0.		
			ASSIST WITH GROWING					
		SUB-SAHARAN	MICROENTERPRISE					
		AFRICA	OPERATIONS	87,943.	WIRE TRANSFER	0.		
		SOUTH ASIA -						
		AFGHANISTAN,	ASSIST WITH GROWING					
		BANGLADESH,	MICROENTERPRISE					
		BHUTAN, INDIA,	OPERATIONS	97,500.	97,500.WIRE TRANSFER	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-e>	empt by		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Confination of Grafts and Other Assistance to Organizations or Entities Guiside the United States, Schedule F (Form 590), Part Inn 1)	Assistance to Organizat (c) Region SUB-SAHARAN AFRICA - ANGOLA, A BENIN, BOTSWANA, M BURKINA FASO, O SOUTH AMERICA - ARGENTINA, BAZIL, M CHILE, COLUMBIA, O SOUTH ASIA - A AFGHANISTAN, A BANGLADESH, M	(d) Purpose of grant ASSIST WITH GROWING MICROENTERPRISE OPERATIONS ASSIST WITH GROWING MICROENTERPRISE OPERATIONS ASSIST WITH GROWING MICROENTERPRISE OPERATIONS ASSIST WITH GROWING	(e) Amount of cash grant of 36,620.	(schedule F (Form 9) (f) Manner of cash disbursement	(g) Part II, line 1 (g) Amount of non-cash assistance	٤	(i) Method of valuation (book, FMV,
and EIN (if applicable) SUB-SAHA AFRICA - BENIN, BC BUTH AM ARGENTIN BOLIVIA, CHILE, CC SOUTH AS: AFGHANIS: BANGLADES BANGLADES BANGLADES BANGLANIS: BENIN, BC BENIN, BC BENIN, BC BURKINA I SUB-SAHAI AFRICA AFRICA AFRICA SUB-SAHAI AFRICA AFRICA AFRICA AFRICA	LA, NA, IL, IL, IA, IA,	SSIST WITH GROWING ICROENTERPRISE PERATIONS SSIST WITH GROWING ICROENTERPRISE PERATIONS SSIST WITH GROWING ICROENTERPRISE PERATIONS SSIST WITH GROWING		cash disbursement	assistance	in the second	למוממנוסון (סכסול, ו ואו א,
SUB-SAHARAN AFRICA - ANGG BENIN, BOTSWI BURKINA FASO SOUTH AMERICI ARGENTINA, BOLIVIA, BRA CHILE, COLUM SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDI SUB-SAHARAN AFRICA - ANG BENIN, BOTSWI BURKINA FASO SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA	LA, NA, IIL, IIL, IIA,	SSIST WITH GROWING ICROENTERPRISE SSIST WITH GROWING ICROENTERPRISE PERATIONS SSIST WITH GROWING SSIST WITH GROWING CROENTERPRISE PERATIONS	36,620.			assistance	appraisal, other)
BENIN, BOTSWA BURKINA FASCO SOUTH AMERICA ARGENTINA, BOLIVIA, BRAJ CHILE, COLUMI SOUTH ASIA - AFGHANISTAN, BANGLADESH, BANGLADESH, BHUTAN, INDII SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA AFRICA SUB-SAHARAN AFRICA AFRICA	NA, IL, IA,	ICROENTERPRISE SSIST WITH GROWING ICROENTERPRISE PERATIONS SSIST WITH GROWING ICROENTERPRISE PERATIONS	36,620.				
BURKINA FASO SOUTH AMERICA ARGENTINA, BOLIVIA, BRAZ CHILE, COLUMI SOUTH ASIA - AFGHANISTAN, BANGLADESH, BANGLADESH, BHUTAN, INDII SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA AFRICA AFRICA AFRICA AFRICA AFRICA AFRICA AFRICA AFRICA	LIL,	SSIST WITH GROWING ICROENTERPRISE PERATIONS SSIST WITH GROWING ICROENTERPRISE PERATIONS	36,620.				
SOUTH AMERICA ARGENTINA, BOLIVIA, BRAZ CHILE, COLUM SOUTH ASIA - AFGHANISTAN, BANGLADESH, BANGLADESH, BHUTAN, INDII SUB-SAHARAN AFRICA - ANG BENIN, BOTSW BURKINA FASO SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA	- IL, IA,	SSIST WITH GROWING ICROENTERPRISE PERATIONS SSIST WITH GROWING ICROENTERPRISE PERATIONS	20,013.	36,620.WIKE TRANSFER	0		
ARGENTINA, BOLIVIA, BRAI CHILE, COLUMI SOUTH ASIA - AFGHANISTAN, BANGLADESH, BANGLADESH, BHUTAN, INDII SUB-SAHARAN AFRICA - ANG BENIN, BOTSW BURKINA FASO BURKINA FASO SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA AFRICA	RAZIL, UMBIA, -	SSIST WITH GROWING ICROENTERPRISE PERATIONS SSIST WITH GROWING ICROENTERPRISE PERATIONS	20,013.				
BOLIVIA, BRAZ CHILE, COLUMI SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDII SUB-SAHARAN AFRICA - ANG(BENIN, BOTSWI BURKINA FASO SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA AFRICA AFRICA AFRICA AFRICA	RAZIL, UMBIA, -	PERATIONS SSIST WITH GROWING ICROENTERPRISE PERATIONS	20,013.				
CHILE, COLUMI SOUTH ASIA - AFGHANISTAN, BANGLADESH, BANGLADESH, BHUTAN, INDII SUB-SAHARAN AFRICA - ANG(BENIN, BOTSWI BURKINA FASO SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA AFRICA SUB-SAHARAN AFRICA AFRICA	UMBIA, - N,	PERATIONS SSIST WITH GROWING ICROENTERPRISE PERATIONS	20,013.				
SOUTH ASIA – AFGHANISTAN, BANGLADESH, BHUTAN, INDII SUB-SAHARAN AFRICA – ANGC BENIN, BOTSWI BURKINA FASO SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA AFRICA AFRICA AFRICA	- 'N	SSIST WITH GROWING ICROENTERPRISE PERATIONS		20,013.WIRE TRANSFER	0.		
AFGHANISTAN, BANGLADESH, BANGLADESH, BHUTAN, INDII SUB-SAHARAN AFRICA - ANG BENIN, BOTSWI BURKINA FASO SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA AFRICA SUB-SAHARAN AFRICA AFRICA AFRICA		SSIST WITH GROWING ICROENTERPRISE PERATIONS					
BANGLADESH, BHUTAN, INDII SUB-SAHARAN AFRICA - ANG BENIN, BOTSWI BURKINA FASO SUB-SAHARAN AFRICA AFRICA AFRICA AFRICA AFRICA AFRICA AFRICA AFRICA AFRICA		ICROENTERPRISE PERATIONS COLOR WITH COOMING					
BHUTAN, INDIZ SUB-SAHARAN AFRICA - ANG BENIN, BOTSW BURKINA FASO SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA AFRICA		PERATIONS					
SUB-SAHARAN AFRICA - ANGG BENIN, BOTSWI BURKINA FASO SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA	BHUTAN, INDIA, O	ONIMOGO HEIM ESISS	54,000.	54,000.WIRE TRANSFER	0.		
AFRICA - ANG BENIN, BOTSW BURKINA FASO SUB-SAHARAN AFRICA AFRICA SUB-SAHARAN AFRICA AFRICA	SUB-SAHARAN	SULMODE HILL BOLDING					
BENIN, BOTSWI BURKINA FASO, SUB-SAHARAN AFRICA AFRICA SUB-SAHARAN AFRICA AFRICA	- ANGOLA,	DALLI GROWING					
BURKINA FASO SUB-SAHARAN AFRICA AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA	BOTSWANA,	MICROENTERPRISE					
SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN	BURKINA FASO, O	OPERATIONS	21,086.	WIRE TRANSFER	0.		
SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA AFRICA AFRICA SUB-SAHARAN AFRICA	Æ.	ASSIST WITH GROWING					
AFRICA SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA AFRICA		MICROENTERPRISE					
SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA		OPERATIONS	52,388.	WIRE TRANSFER	0.		
SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA	- A	ASSIST WITH GROWING					
AFRICA SUB-SAHARAN AFRICA		MICROENTERPRISE					
SUB-SAHARAN AFRICA		OPERATIONS	28,287.	WIRE TRANSFER	0.		
SUB-SAHARAN AFRICA							
AFRICA		ASSIST WITH GROWING					
		MICROENIERFRISE OPERATIONS	189 703 1	WIRE TRANSPER	C		
	æ	ASSIST WITH GROWING					
SUB-SAHARAN		MICROENTERPRISE					
AFRICA		OPERATIONS	80,792.	80,792.WIRE TRANSFER	0.		
	ď	ASSIST WITH GROWING					
SUB-SAHARAN		MICROENTERPRISE					
AFRICA		OPERATIONS	62,051.	62,051.WIRE TRANSFER	0.		

04-01-16

Page 2		(i) Method of valuation (book, FMV, appraisal, other)						
	(1	(h) Description of non-cash assistance						
23-2836648	990), Part II, line 1	(g) Amount of non-cash assistance	0.	0.	0.			
23-28	Schedule F (Form 9	(f) Manner of cash disbursement	208,898.WIRE TRANSFER	215,336.WIRE TRANSFER	18,000. WIRE TRANSFER			
	United States.	(e) Amount of cash grant	208,898.	215,336.	18,000.			
Į.	tions or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(d) Purpose of grant	ASSIST WITH GROWING MICROENTERPRISE OPERATIONS	ASSIST WITH CHILDREN'S MINISTRY	ASSIST WITH GROWING MICROENTERPRISE OPERATIONS			
INTERNATIONAL	Continuation of Grants and Other Assistance to Organizations	(c) Region	SUB-SAHARAN AFRICA	RUSSIA AND NEIGHBORING STATES	SUB-SAHARAN AFRICA			
HOPE	Grants and Other	(b) IRS code section and EIN (if applicable)						
Schedule F (Form 990)	Continuation of	1 (a) Name of organization						
Schedule	Part II	1 (a) Nam						

Page 3

HOPE INTERNATIONAL

Schedule F (Form 990) 2016 HOPE INTERNATIONAL 23–2836648

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

1	I	<u> </u>	<u> </u>	1	1	1	1	1	1	<u> 9</u>
(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2016
(g) Description of noncash assistance										Sched
(f) Amount of noncash assistance	.0									
(e) Manner of cash disbursement	191,393.WIRE TRANSFER									
(d) Amount of cash grant	191,393.									
(c) Number of (d) Amount of recipients cash grant	1									
(b) Region	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,									
(a) Type of grant or assistance	FUNDING OF EAST ASIA OPERATION AND FINANCING OF LOANS TO CLIENTS									

Page 4

Schedule F (Form 990) 2016 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

FOREIGN ENTITIES THAT RECEIVE GRANTS FROM HOPE INTERNATIONAL ARE ALL

FOCUSED ON MICROENTERPRISE DEVELOPMENT AND ARE IN LINE WITH HOPE'S

MISSION TO ALLEVIATE BOTH PHYSICAL AND SPIRITUAL POVERTY. FOREIGN

ENTITIES THAT RECEIVE FUNDING FROM HOPE ARE REQUIRED TO SUBMIT FINANCIAL

INFORMATION WHICH DEPICTS BOTH THEIR FINANCIAL AND MISSION STATUS ON AT

LEAST A QUARTERLY BASIS. THIS INFORMATION IS THEN REVIEWED BY HOPE

INTERNATIONAL'S VICE PRESIDENT OF OPERATIONS ON A REGULAR BASIS.

FURTHERMORE, REPRESENTATIVES OF HOPE INTERNATIONAL REGULARLY VISIT THE

FOREIGN ENTITIES THAT RECEIVE HOPE'S FUNDING.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(E) SPECIFIC TYPES OF SERVICES IN REGION: ASSIST WITH GROWING

MICROENTERPRISE OPERATIONS IN THE DEMOCRATIC REPUBLIC OF CONGO, THE

REPUBLIC OF CONGO, RWANDA, MALAWI, BURUNDI, ZAMBIA AND ZIMBABWE.

(A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,

(E) SPECIFIC TYPES OF SERVICES IN REGION: ASSIST WITH GROWING

MICROENTERPRISE OPERATIONS IN THE DOMINICAN REPUBLIC AND HAITI

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number HOPE INTERNATIONAL 23-2836648 Fundraising Astivities

Part I required to complete this par	 Complete if the organization answers t. 	erea "Y	es" oi	n Form 990, Part IV,	line 17. Form 990-E2	Tillers are not
Indicate whether the organization rais A	e Solicita	tion of tion of	non-g gover	overnment grants nment grants		
 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	art VII) or entity in connection with point viduals or entities (fundraisers) pursu	orofess	ional f	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
-						
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration
or noorioning.						

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro			events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				PA GOLF		(add col. (a) through
			INVESTING IN	TOURNAMENT	20	col. (c))
Φ			(event type)	(event type)	(total number)	001. (0))
Revenue			500 650	245 450	4 545 345	0 400 400
Rev	1	Gross receipts	599,673.	315,472.	1,515,345.	2,430,490.
	2	Less: Contributions	550,155.	290,155.	1,479,597.	2,319,907.
			49,518.	25,317.	35,748.	110,583.
	3	Gross income (line 1 minus line 2)	45,510.	25,517	33,740.	110,303.
	4	Cash prizes	40.		905.	945.
			40.404	40.05	05 004	45 450
Ś	5	Noncash prizes	10,101.	12,365.	25,004.	47,470.
Direct Expenses	6	Rent/facility costs	75,696.	23,955.	98,142.	197,793.
ЕХР						
rect	7	Food and beverages		719.	21,229.	21,948.
ቯ	0	Entartainment	5,803.		1,150.	6,953.
	8 9	Entertainment Other direct expenses	53,616.	4,617.	42,151.	100,384.
	_	Direct expense summary. Add lines 4 through		270270		375,493.
		Net income summary. Subtract line 10 from li				-264,910.
Pa	rt l	III Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
<u>e</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Re						
	1	Gross revenue				
	2	Cash prizes				
ses	_	Odsii piizes				
per	3	Noncash prizes				
Direct Expenses						
)irec	4	Rent/facility costs				
	5	Other direct expenses				
		Valuatasy labor	Yes %	Yes%	Yes %	
	0	Volunteer labor	L No	∟ No	∟ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
			(a)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
10-	\//-	ore any of the organization's seminalises as	avokod augrandad anti	arminated during the tarr	voor?	Yes No
		ere any of the organization's gaming licenses re Yes," explain:	•	_	y = al :	∟ res ∟ N0
- L						
	"	res, explain.				

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 HOPE INTERNATIONAL	23-2836648 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amo	unt
of gaming revenue retained by the third party >\$	ant
c If "Yes," enter name and address of the third party:	
- · · · · · · · · · · · · · · · · · · ·	
Name ▶	
Address	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
- · · · · · · · · · · · · · · · · · · ·	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ vaa □ Na
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Port III lines 0 Ob 10b 15b
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	-art III, IIIIes 9, 90, 100, 100,
13c, 10, and 17b, as applicable. Also provide any additional information. See instructions	

Schedule G (Form 990 or 990-EZ) HOPE INTERNATIONAL	23-2836648 Page 4
Schedule G (Form 990 or 990-EZ) HOPE INTERNATIONAL Part IV Supplemental Information (continued)	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public OMB No. 1545-0047 Inspection **Employer identification number**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Schedule I (Form 990) (2016) **2** 23-2836648 OPERATIONS AND MISSION (h) Purpose of grant ΝI ASSIST WITH GROWING or assistance TO INFUSE CAPITAL X Yes MICROENTERPRISE MICROENTERPRISE Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any OPERATIONS, TRIPS. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 76,790 5,135,249 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table HOPE INTERNATIONAL 32-0360887 91-1585511 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1(a) Name and address of organization 227 GRANITE RUN DRIVE, SUITE 250 1611 116TH AVE, NE, SUITE 101 or government HOPE ADVANCEMENT INC. LANCASTER, PA 17601 BELLEVUE, WA 98004 ESPERANZA Partl Part II

Page 2

Schedule I (Form 990) (2016)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THIS INFORMATION IS THEN REVIEWED BY HOPE INTERNATIONAL'S MANAGEMENT Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. NO DEPICTS BOTH THEIR FINANCIAL AND MISSION STATUS ON AT LEAST A QUARTERLY ITSFOCUSED ALLEVIATE BOTH PHYSICAL AND SPIRITUAL POVERTY. ENTITIES THAT RECEIVE FUNDING FROM HOPE ARE REQUIRED TO SUBMIT FINANCIAL INFORMATION WHICH 잂 THOUGH ESPERANZA IS BASED IN WASHINGTON STATE, PRIMARY OPERATIONS ARE IN THE DOMINICAN REPUBLIC AND HAITI. HOPE IN LINE WITH HOPE'S MISSION (d) Amount of non-cash assistance ALL INTERNATIONAL ARE (c) Amount of cash grant (b) Number of recipients FROM HOPE MICROENTERPRISE DEVELOPMENT AND ARE GRANTS (a) Type of grant or assistance RECEIVE A REGULAR BASIS. ENTITIES THAT LINE 632102 11-01-16 Н BASIS. PART NO

09450809 758275 3102.000

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HOPE INTERNATIONAL

Employer identification number 23-2836648

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Desire the control of			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	40		x
a	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	f the following to or for a person listed on Form 990, ant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef) pollow a written policy regarding payment or ve? If "No," complete Part III to explain r allowing expenses incurred by all directors, arding the items checked on line 1a? d to establish the compensation of the organization's poxes for methods used by a related organization to ain in Part III. Written employment contract Compensation survey or study X Approval by the board or compensation committee tion A, line 1a, with respect to the filing 4a		
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?	-		
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	The second any of lines 42.0, list the persons and provide the applicable amounts for each item in that in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	E
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(I)(B)	in column (B) reported as deferred on prior Form 990
(1) PETER GREER	(9)	137,041.	0	1,590.	3,000	15,942.	157,573.	0
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				31			Schedu	Schedule J (Form 990) 2016

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

H	OPE I	NTE	RNATIONA	L					23	-28	366	48			
Part I Excess Bene	efit Trans	acti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50)1(c)	(29) organization	ns only	/).					
Complete if the o	organizatior	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25l	b, or	Form 990-EZ, P	art V,	line 40	Db.				
1		(b) F	elationship betv			lified	-) D	inting of turn				(d)	Corre	cted?	
(a) Name of disqualified p	person		person and or	ganiza	ation	(0	c) De	escription of tran	isactic	n		Ye	es	No	
												<u> </u>			
2 Enter the amount of tax i	incurred by	the o	rganization man	agers	or disc	qualified persons du	ring	the year under							
3 Enter the amount of tax,	if any, on li	ne 2, a	above, reimburs	ed by	the or	ganization				\$					
Part II Loans to and	d/or Fron	n Int	arested Per	eone	:										
						Dort V. line 00e en		- 000 Dart IV II	- 00.	:¢ 41.		!			
reported an amo	-					, Part V, line 38a or	FOIII	11990, Part IV, III	ie ∠6,	Or II tr	ie orga	ınızanı	OH		
(a) Name of	(b) Relation		(c) Purpose		an to or	(e) Original	(f) Balance due	(a)	ln	(h) App	proved	(i) W	ritten	
interested person	with organi		of loan		n the zation?	principal amount	١,) Balarice due	defa		by bo	proved ard or nittee?	agree	ment?	
minorga				То	From				Yes	No	Yes	No	Yes	No	
				1											
														<u> </u>	
														L	
_{Гоtal} Part III ∣ Grants or As	oiotonoo	Dor	ofiting Into		d Da	> \$									
			•												
Complete if the o								(al) Time			1-1	\ D			
(a) Name of interested p	person	(b) Relationship interested pers			assistance	(c) Amount of (d) Type assistance assista						Purpose of assistance		
			the organiza		u										
		1													
										$\neg \dagger$					
										$\neg \uparrow$					
										\perp					

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

Schedule L (Form 990 or 990-EZ) 2016

(a) Name of interested person		8b, or 28c.		17-10:	
	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shari organiza revenu	tion's
ALISA HOOBER	DAUGHTER OF BOARD M	48.154.	EMPLOYMENT	Yes	No X
		10/131			
Part V Supplemental Information					
	ponses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	'ED PERSONS:		
(A) NAME OF PERSON: ALISA	HOOBER				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	ION:		
DAUGHTER OF BOARD MEMBER					
DAGGITTIN OF BOARD HEMBER					
(D) DESCRIPTION OF TRANSA	CTION: EMPLOYMENT OF	QUALIFIED	INDIVIDUAL		

SCHEDULE M (Form 990)

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

16

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Noncash Contributions

Name of the organization

HOPE INTERNATIONAL

Employer identification number 23-2836648

Pai	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de			
		applicable		amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition ar	nount	S
1	Art - Works of art		items contributed	r omi 330, r art viii, line rg				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		10,685.	FAIR MARKET	VA:	LUE	
6	Cars and other vehicles			,				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	26	351,817.	FAIR MARKET	VA:	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ▶ (SILENT AUCTIO)	X	4	17 551	 FAIR MARKET	777	चार	
25	Other Other (SIBENT ACCITO)	X	21		FAIR MARKET			
26 27	Other (CTRD BIOCR/ DIA)	21	21	7,545.	THIN HARREDI	V Z 1.		
28	Other (
29	Number of Forms 8283 received by the organiz	zation durin	I o the tax vear for o	ontributions				
	for which the organization completed Form 828		-					
	Tel milen and enganization completed a comme						Yes	No
30a	During the year, did the organization receive by	y contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that r	equires the review	of any nonstandard contribu	ıtions?	31		Х
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 16 Open to Public Inspection

Name of the organization

HOPE INTERNATIONAL

Employer identification number 23-2836648

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND EMPOWER INDIVIDUALS TO PUT THEIR SKILLS AND CREATIVITY TO WORK.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

UKRAINE, CONGO, DEM REP, CONGO (BRAZZAVILLE), RUSSIA,

RWANDA, BURUNDI, MALAWI, HONG KONG,

ZAMBIA

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFT OF THE 990 IS PROVIDED TO ALL BOARD OF DIRECTOR MEMBERS PRIOR TO FILING WITH THE IRS. THE MANAGER OF INTERNATIONAL ACCOUNTING AND CFO OR VP OF ADMINISTRATION AND FINANCE REVIEW THE 990, AND THE CFO OR VP OF ADMINISTRATION AND FINANCE SIGNS THE 990 UPON SATISFACTORY REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS PERIODIC SIGN OFF ON THE CONFLICT OF INTEREST POLICY. ETHICSPOINT/NAVEX GLOBAL IS USED FOR ANONYMOUS REPORTING ON ALL SORTS OF VIOLATIONS INCLUDING CONFLICT OF INTEREST POLICIES.

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

THE COMPENSATION OF THE PRESIDENT OF HOPE INTERNATIONAL IS DETERMINED BY THE BOARD. HIS COMPENSATION IS BASED ON HIS PERFORMANCE AND THEIR UNDERSTANDING OF COMPENSATION AT OTHER NONPROFITS.

THE COMPENSATION OF ALL OTHER EMPLOYEES IS DETERMINED THROUGH USE OF A PAY SCALE SCHEDULE WHICH SEGREGATES ALL EMPLOYEES INTO FOUR CATEGORIES.

ADMINISTRATIVE ASSISTANTS ARE IN THE LOWEST TIER, AND EXECUTIVES ARE IN THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization HOPE INTERNATIONAL	Employer identification number 23-2836648
TOP TIER. RAISES ARE BASED ON MERIT.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, CA, CO, CT, FL, GA, IL, KS, KY, MD, ME, MS, MI, MN, MA, ND, NH, NJ, NM	NY, NC, OH, OK, OR, PA
RI,SC,TN,UT,VA,WA,WI,WV,DC	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE ON ITS WEBS	SITE OR UPON
REQUEST. THE FORM 1023 IS AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	BY REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GAIN ON FOREIGN CURRENCY TRANSACTIONS RWANDA FIELD OFFICE	3
NOT INCLUDED	69,658.
LOSS ON FOREIGN CURRENCY TRANSLATION RWANDA FIELD OFFICE	
NOT INCLUDED	-26,399.
TOTAL TO FORM 990, PART XI, LINE 9	43,259.

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

Open to Public Inspection

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

HOPE INTERNATIONAL

Name of the organization Department of the Treasury Internal Revenue Service

Part I

2016

OMB No. 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 23-283648

Direct controlling 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. End-of-year assets 418,640. 134,327 **e** 110,144. 45,279 Total income <u>D</u> Legal domicile (state or foreign country) ENNSYLVANIA /ERMONT TO MICROENTERPIRSE PROGRAMS HOLDING COMPANY FOR RENTAL RAISE AND PROVIDE CAPITAL Primary activity FOR POVERTY PROPERTIES HIGHER IMPACT PROPERTIES LLC - 23-2836648 HOPE GLOBAL INVESTMENT FUND - 77-0682619 Name, address, and EIN (if applicable) 227 GRANITE RUN DRIVE, SUITE 250 227 GRANITE RUN DRIVE, SUITE 250 of disregarded entity LANCASTER, PA 17601 LANCASTER, PA 17601 Part II

(g) Section 512(b)(13) ŝ controlled entity? Yes × Direct controlling entity status (if section 501(c)(3)) Public charity 11 **Exempt Code** section 501(C)(3) ₤ Legal domicile (state or foreign country) DELAWARE RAISE AND PROVIDE CAPITAL PROGRAMS TO ALLEVIATE Primary activity TO MICROENTERPRISE HOPE ADVANCEMENT, INC. - 32-0360887 227 GRANITE RUN DRIVE, SUITE 250 Name, address, and EIN of related organization LANCASTER, PA 17601

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2016

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23-2836648

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HOPE INTERNATIONAL Schedule R (Form 990) 2016

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

General or Percentage managing ownership Yes No 9 Code V-UBI amount in box 20 of Schedule 4.4 (Form 1065) Ξ Disproportionate Yes allocations? Ξ Share of end-of-year assets **(**6) Share of total income Œ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity <u>©</u> Legal domicile (state or foreign country) Primary activity <u>@</u> Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(၁)	(p)	(e)	(£)	(b)	Ę)	(E)
Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
	country)		or trast)		g33413		Yes No
	52				Sch	edule R (Forn	1 990) 2
	Primary activity	Legal domicil (state or foreign country)	Legal domicile (state or controlling (state or foreign country) 55	Legal domicile (state or controlling (state or foreign country) 55	Legal domicile (state or controlling Type of entity (state or country) Country) Country) Or trust)	Legal domicile Direct controlling Type of entity Share of total Share of country) Contrust) Or trust) Or trust) Share of total Share of controlling or trust) Or trust) Share of total Share of controlling or trust) Assets Share of total Share of controlling or trust) Assets Share of total Share of controlling or trust) Assets Share of total share of tot	Legal domicile (state or controlling Type of entity or trust) Type of entity or trust) Type of entity or trust) Or trust) Type of entity or entity or trust) Or trust) Share of Percentage end-of-year ownership assets Or trust) Share of Percentage end-of-year ownership or trust) Selection of entity or trust) Schedule R (Forr

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<u>≻</u>	Yes	8
1 During the tax year, did the organization engage in any of the following transactior	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	£			1a		×
b Gift, grant, or capital contribution to related organization(s)				1p	×	
c Gift, grant, or capital contribution from related organization(s)				10	_	×
				19	· `	×
e Loans or loan guarantees by related organization(s)				1 e	· `	×
f Dividends from related organization(s)				+	. ,	×
g Sale of assets to related organization(s)				19	. ,	×
h Purchase of assets from related organization(s)				÷	_	×
				÷	· ·	×
_				Έ		$ \bowtie $
k Lease of facilities, equipment, or other assets from related organization(s)				¥	- ·	×
Performance of services or membership or fundraising solicitations for	related organization(s)			=	· ·	×
m Performance of services or membership or fundraising solicitations by related orga	related organization(s)			1m	_	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			4	. ,	×
o Sharing of paid employees with related organization(s)				9		×
Doing to make a first to valet a valet of the same of				\$	·	×
Definition settlet to leaded organization(s) for expenses Reimbursement hald by related organization(s) for expenses				2 5	1	: ×
				2	+	
r Other transfer of cash or property to related organization(s)				+	- '	×
s Other transfer of cash or property from related organization(s)				1s		×
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.	who must complete the	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ivolved		
(1) HOPE ADVANCEMENT	Д	5,135,249.	CASH PAID			
(2)						
(3)						
(4)						
(5)						
(9)						
632163 09-06-16	26		Schedule	Schedule R (Form 990) 2016	90) 2	016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Schedule R (Form 990) 2016 HOPE INTERNATIONAL

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.

(k) centage nership							Schedule R (Form 990) 2016
Own							સુ ક
(j) General or managing partner?	3					ļ .	Lori
(20)							ule r
Code V-UBI General or Percentage amount in box 20 partner? Ownership (Form 1065)							Sched
Disproportionate allocations?							
(g) Share of end-of-year assets							
of Te							
(f) Share of total income							
(e) Are all Are all 501(c)(3) Are reconstructions and reconstructions are reconstructions.							
Partr 501 Yes							
Predominant income particular (related, unrelated, excluded from tax under sections 512-514)							
e g							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(b) lary a							
Prir							
(a) Name, address, and EIN of entity					$ \ \ \ \ $	$ \ \ \ $	
i, and					$ \ \ \ $		
(a) Idress f entit					$ \ \ \ \ $		
Je, ad					$ \ \ \ \ $		
Nan					$ \ \ \ $		
					$ \ \ \ \ $		
I							