

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## 2013

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2013 calendar year, or tax year beginning** 7/01, **2013, and ending** 6/30, **2014**

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer Identification Number
<input type="checkbox"/> Address change	SHARED HOPE INTERNATIONAL P.O. BOX 65337 VANCOUVER, WA 98665	91-1938635
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		360-693-8100
<input type="checkbox"/> Terminated		<b>G</b> Gross receipts \$ 3,072,475.
<input type="checkbox"/> Amended return		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer:	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>I</b> Tax-exempt status	<b>J</b> Website: WWW.SHAREDDHOPE.ORG	
<input checked="" type="checkbox"/> 501(c)(3)	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<input type="checkbox"/> 501(c) ( ) (insert no.)	<b>L</b> Year of formation: 1998	
<input type="checkbox"/> 4947(a)(1) or	<b>M</b> State of legal domicile: WA	
<input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶	

### Part I Summary

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SHARED HOPE INTERNATIONAL EXISTS TO RESCUE AND RESTORE WOMEN AND CHILDREN IN CRISIS. WE ARE LEADERS IN A WORLDWIDE EFFORT TO PREVENT AND ERADICATE SEX TRAFFICKING AND SLAVERY THROUGH EDUCATION AND PUBLIC AWARENESS.</u>			
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		10
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		8
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>		32
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>		84
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>		<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,080,797.		2,861,287.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,745.		101,406.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89.		877.
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,821.
		3,127,631.		2,965,391.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	506,028.		448,676.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	903,509.		1,032,987.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	42,108.		44,954.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 243,017.			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	873,606.		1,180,311.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,325,251.		2,706,928.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	802,380.		258,463.
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>		<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	1,555,545.		1,777,652.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	177,436.		117,493.
	1,378,109.		1,660,159.	

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer: <i>Linda Smith</i>	Date: 12/24/14			
	LINDA A. SMITH Type or print name and title.	PRES/EXEC. DIR			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	TERRENCE L KUENZI				P00009441
	Firm's name ▶ KUENZI & COMPANY, LLC	Firm's EIN ▶ 93-1235599			
	Firm's address ▶ 650 HAWTHORNE AVENUE SE SUITE 110 SALEM, OR 97301	Phone no. (503) 399-7306			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SHARED HOPE INTERNATIONAL EXISTS TO RESCUE AND RESTORE WOMEN AND CHILDREN IN CRISIS. WE ARE LEADERS IN A WORLDWIDE EFFORT TO PREVENT AND ERADICATE SEX TRAFFICKING AND SLAVERY THROUGH EDUCATION AND PUBLIC AWARENESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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 and section 4947(a)(1) trusts 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 \$ 1,438,447. including grants of \$ ) (Revenue \$ )

DOMESTIC PUBLIC EDUCATION

SEE FEDERAL SUPPLEMENTAL INFORMATION

4b (Code: ) (Expenses \$ 316,325. including grants of \$ 231,575.) (Revenue \$ )

DOMESTIC PARTNERS

SEE FEDERAL SUPPLEMENTAL INFORMATION

4c (Code: ) (Expenses \$ 274,981. including grants of \$ 217,101.) (Revenue \$ )

INTERNATIONAL PARTNERS

SEE FEDERAL SUPPLEMENTAL INFORMATION

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 132,706. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,162,459.

**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)? <i>If 'Yes,' complete Schedule A.</i> .....	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....	X	
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? <i>If 'Yes,' complete Schedule C, Part III.</i> .....		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? <i>If 'Yes,' complete Schedule D, Part I.</i> .....		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? <i>If 'Yes,' complete Schedule D, Part II.</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> .....	X	
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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> .....	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? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....		X
c 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? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....		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? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....		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)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i> .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> .....	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? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....	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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....		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? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i> .....	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....		X
20 a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> 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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		X
<b>26</b> 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? <i>If so, complete Schedule L, Part II.</i> .....		X
<b>27</b> 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 of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>c</b> 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? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

BAA

Form 990 (2013)

**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

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">19</span>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">0</span>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">32</span>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6 a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9 b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders.		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13 b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13 c</b>	Enter the amount of reserves on hand.		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 10 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>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1 b</b> 8		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . . . <b>SEE SCHEDULE O</b>	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	a The governing body? . . . . .	X	
<b>8 b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10 a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10 b</b>	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11 a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11 b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. <b>SEE SCHEDULE O</b>		
<b>12 a</b>	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	X	
<b>12 b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12 c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. . . . . <b>SEE SCHEDULE O</b>	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15 a</b>	a The organization's CEO, Executive Director, or top management official. <b>SEE SCHEDULE O</b>	X	
<b>15 b</b>	b Other officers of key employees of the organization. . . . . <b>SEE SCHEDULE O</b> If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>16 b</b>	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O) **SEE SCH. O**
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **SEE SCHEDULE O**
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ SHEILA AVERY 2906 E EVERGREEN BLVD VANCOUVER WA 98661 360-693-8100

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA A. SMITH PRES/EXEC. DIR	48 0	X		X			123,608.	0.	2,460.	
(2) DAN O'BRYANT BOARD CHAIR	1 0	X		X			0.	0.	0.	
(3) DAVID AUSTEN CO-SEC/TREAS	2 0	X		X			0.	0.	0.	
(4) CURTIS LIND JR CO-SEC/TREAS	1 0	X		X			0.	0.	0.	
(5) VERNON SMITH DIRECTOR	1 0	X					0.	0.	0.	
(6) MARJIE AUSTEN DIRECTOR	1 0	X					0.	0.	0.	
(7) DR. FERNANDO D. PROANO DIRECTOR	1 0	X					0.	0.	0.	
(8) SUE HOTELLING DIRECTOR	1 0	X					0.	0.	0.	
(9) SANDRA GOH DIRECTOR	1 0	X					0.	0.	0.	
(10) NICK LEMBO DIRECTOR	1 0	X					0.	0.	0.	
(11) -----	-----									
(12) -----	-----									
(13) -----	-----									
(14) -----	-----									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1 b Sub-total</b> .....							123,608.	0.	2,460.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							123,608.	0.	2,460.	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1										

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 2,861,287.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	128,398.				
<b>h Total.</b> Add lines 1a-1f .....		2,861,287.				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> TRAINING/REG. FEES					
		Business Code				
		611710	101,406.	101,406.		
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		101,406.				
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		1,413.		1,413.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	106,548.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	107,084.			
		<b>c</b> Gain or (loss) .....	-536.			
	<b>d</b> Net gain or (loss) .....		-536.		-536.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		Business Code				
<b>11 a</b> INSURANCE REIMBURSEMENT	900099	1,821.			1,821.	
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		1,821.				
<b>12 Total revenue.</b> See instructions .....		2,965,391.	101,406.	0.	2,698.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	231,576.	231,576.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	217,100.	217,100.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	96,208.	77,528.	7,376.	11,304.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	790,796.	637,409.	106,288.	47,099.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	145,983.	118,012.	18,489.	9,482.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	49,493.		49,493.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	44,954.			44,954.
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	208,129.	180,595.	26,989.	545.
12 Advertising and promotion	11,411.	9,150.	2,261.	
13 Office expenses	144,340.	104,572.	4,658.	35,110.
14 Information technology	15,012.	11,228.	2,050.	1,734.
15 Royalties				
16 Occupancy	96,470.	74,168.	12,346.	9,956.
17 Travel	125,512.	118,814.	5,436.	1,262.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	226,240.	207,810.	17,673.	757.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,975.	16,706.	2,881.	2,388.
23 Insurance	15,386.	10,126.	5,001.	259.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PRINTING AND PUBLICATIONS</u>	131,153.	58,807.	3,700.	68,646.
b <u>WEBSITE</u>	40,555.	35,162.	1,742.	3,651.
c <u>VIDEO PRODUCTION &amp; DIST.</u>	23,591.	23,591.		
d <u>LICENSES, FEES, &amp; SUBSCRIPTION</u>	20,373.	10,990.	8,100.	1,283.
e All other expenses	50,671.	19,115.	26,969.	4,587.
25 Total functional expenses. Add lines 1 through 24e	2,706,928.	2,162,459.	301,452.	243,017.
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	551,417.	360,295.	1,742.	189,380.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
ASSETS	<b>1</b> Cash – non-interest-bearing	250.	<b>1</b>	250.
	<b>2</b> Savings and temporary cash investments	981,713.	<b>2</b>	797,871.
	<b>3</b> Pledges and grants receivable, net	166,709.	<b>3</b>	346,277.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	2,890.	<b>7</b>	3,925.
	<b>8</b> Inventories for sale or use	45,805.	<b>8</b>	87,085.
	<b>9</b> Prepaid expenses and deferred charges	46,604.	<b>9</b>	59,708.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 611,847.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 170,906.	277,053.	<b>10c</b> 440,941.
	<b>11</b> Investments – publicly traded securities		<b>11</b>	
	<b>12</b> Investments – other securities. See Part IV, line 11		<b>12</b>	7,574.
	<b>13</b> Investments – program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	34,521.	<b>15</b>	34,021.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,555,545.	<b>16</b>	1,777,652.	
LIABILITIES	<b>17</b> Accounts payable and accrued expenses	177,436.	<b>17</b>	117,493.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	177,436.	<b>26</b>	117,493.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	330,685.	<b>27</b>	828,732.
	<b>28</b> Temporarily restricted net assets	1,047,424.	<b>28</b>	831,427.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	1,378,109.	<b>33</b>	1,660,159.
<b>34</b> Total liabilities and net assets/fund balances	1,555,545.	<b>34</b>	1,777,652.	

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Form 990 (2013)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,965,391.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,706,928.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	258,463.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,378,109.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	23,587.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,660,159.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
<b>2 a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2 b</b>	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2 c</b>	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3 a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3 b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

SHARED HOPE INTERNATIONAL

Employer identification number

91-1938635

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	1,877,771.	1,985,272.	2,253,367.	3,080,797.	2,861,386.	12,058,593.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>4 Total.</b> Add lines 1 through 3.	1,877,771.	1,985,272.	2,253,367.	3,080,797.	2,861,386.	12,058,593.
<b>5</b> 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).						647,483.
<b>6 Public support.</b> Subtract line 5 from line 4.						11,411,110.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4.	1,877,771.	1,985,272.	2,253,367.	3,080,797.	2,861,386.	12,058,593.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	4,157.	3,069.	1,319.	918.	877.	10,340.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.		4,179.	22,545.	46,745.	103,227.	176,696.
<b>11 Total support.</b> Add lines 7 through 10.						12,245,629.
<b>12</b> Gross receipts from related activities, etc (see instructions).					12	0.
<b>13 First five years.</b> 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 <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	<b>14</b>	93.19 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14.	<b>15</b>	95.53 %
<b>16a 33-1/3% support test – 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
<b>b 33-1/3% support test – 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test – 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b> Add lines 10a and 10b. . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total Support.</b> (Add lns 9,10c, 11 and 12.) . . . . .						

**14 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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15. . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17. . . . .	<b>18</b>	%

**19a 33-1/3% support tests – 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . .

**b 33-1/3% support tests – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . .



CLIENT 0993

SHARED HOPE INTERNATIONAL

91-1938635

12/24/14

12:18PM

**PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE	2013	2012	2011	2010	2009
TRAINING AND REGISTRATION FEES	\$ 101,406.	\$ 46,745.	\$ 22,545.	\$ 4,179.	
INSURANCE REIMBURSEMENT FOR WATER DAMAGE	1,821.				
TOTAL	<u>\$ 103,227.</u>	<u>\$ 46,745.</u>	<u>\$ 22,545.</u>	<u>\$ 4,179.</u>	<u>\$ 0.</u>

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2013**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>SHARED HOPE INTERNATIONAL</b>	Employer identification number <b>91-1938635</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. **SEE PART IV**
- 2 Political expenditures ..... \$ **▶** \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ **▶** 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ **▶** 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  **Yes**  **No**
- 4a Was a correction made? .....  **Yes**  **No**
- b If 'Yes,' describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ **▶** \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ **▶** \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ **▶** \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  **Yes**  **No**
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2013

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b> <b>(The term 'expenditures' means amounts paid or incurred.)</b>		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying).....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying).....		9,295.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b).....		9,295.	0.												
<b>d</b> Other exempt purpose expenditures.....		2,694,604.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d).....		2,703,899.	0.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.....		285,195.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f).....		71,299.	0.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-.....		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-.....		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> Total
<b>2 a</b> Lobbying non-taxable amount.....	265,429.	263,046.	266,265.	285,195.	1,079,935.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)).....					1,619,903.
<b>c</b> Total lobbying expenditures.....	43,374.	13,435.	44,517.	9,295.	110,621.
<b>d</b> Grassroots nontaxable amount.....	66,357.	65,762.	66,566.	71,299.	269,984.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)).....					404,976.
<b>f</b> Grassroots lobbying expenditures.....	1,558.				1,558.

**BAA**

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912.			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'**

1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2a	
b Carryover from last year.	2b	
c Total.	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions).	5	

**Part IV Supplemental Information**

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

**PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES**

SHARED HOPE INTERNATIONAL IS WORKING IN VARIOUS STATES TO SUPPORT THE DEVELOPMENT OF TARGETED LAWS. THE PROTECTED INNOCENCE LEGISLATIVE FRAMEWORK ASSURES THAT A SAFE ENVIRONMENT IS CREATED FOR CHILDREN BY PROSECUTING DEMAND AND THE TRAFFICKERS; IDENTIFYING THE CHILD AS A VICTIM; AND DIRECTING THAT SERVICES AND SAFE SHELTER BE PROVIDED FOR THE CHILD VICTIM. IN ADDITION TO STATE LAW ADVOCACY, SHI PURSUES

**Part IV** Supplemental Information (continued)

**PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES (CONTINUED)**

FEDERAL LEGISLATION THAT WILL ALLOCATE RESOURCES TO VICTIMS OF SEX TRAFFICKING,  
CONTINUE TO STRENGTHEN THE FEDERAL RESPONSES TO SEX TRAFFICKING, AND SUPPORT THE  
CLOSING OF ANY GAPS IN PREVENTION OF TRAFFICKING, PROTECTION OF THE VICTIMS AND  
PROSECUTION OF THE OFFENDERS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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.

Open to Public Inspection

Name of the organization

Employer identification number

SHARED HOPE INTERNATIONAL

91-1938635

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	103,431.	95,813.	99,709.	86,068.	0.
b Contributions					7,223.
c Net investment earnings, gains, and losses	15,283.	9,875.	-1,809.	15,528.	
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	1,848.
f Administrative expenses	2,433.	2,257.	2,087.	1,887.	86,068.
g End of year balance	116,281.	103,431.	95,813.	99,709.	86,068.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  61.00 %
  - c Temporarily restricted endowment  39.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations	X	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	X	

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		88,000.		88,000.
b Buildings		178,897.	2,755.	176,142.
c Leasehold improvements		154,260.	46,522.	107,738.
d Equipment		8,435.	8,435.	0.
e Other		182,255.	113,194.	69,061.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				440,941.

BAA

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B), line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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. **SEE PART XIII.**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
3	Subtract line 2e from line 1		3	
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

**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 and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V. LINE 4 - INTENDED USES OF ENDOWMENT FUND**

TO PROVIDE FOR THE HOUSING, EDUCATION, AND MEDICAL NEEDS OF YOUNG WOMEN RESCUED FROM HUMAN TRAFFICKING.

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI), AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION

**Part XIII** Supplemental Information (continued)

**PART X - FIN 48 FOOTNOTE (CONTINUED)**

509(A) (2). ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN FIFTY PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

EFFECTIVE WITH THE YEAR ENDED JUNE 30, 2011, THE ORGANIZATION ELECTED THE EXPENDITURE TEST UNDER SECTION 501(H) AS AN ALTERNATIVE METHOD FOR MEASURING LOBBYING ACTIVITY. THE ELECTION PROVIDES A SPECIFIC DOLLAR AMOUNT THE ORGANIZATION CAN SPEND ON LOBBYING ACTIVITIES DURING THE YEAR, WITHOUT THE BURDEN OF PROVING THE AMOUNT IS NOT SUBSTANTIAL. MANAGEMENT BELIEVES THE ORGANIZATION'S LOBBYING ACTIVITIES ARE WITHIN THE LIMITS ALLOWED BY RELEVANT TAX LAW.

THE ORGANIZATION'S FEDERAL FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) FOR THE YEARS ENDED JUNE 30, 2011, 2012, AND 2013 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. NO PENALTIES OR INTEREST WERE ASSESSED ON TAX FILINGS FOR THE YEARS ENDED JUNE 30, 2014 AND 2013.

**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. ▶ See separate instructions.
  - ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

SHARED HOPE INTERNATIONAL

Employer identification number

91-1938635

**Part I General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. **PART V**
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
					PT V	PT V
(1)				RESCUE AND RESTORATION		
(2)				OF HUMAN TRAFFICKING		
(3) SOUTH ASIA			PROGRAM SERVICES	VICTIMS RESCUE AND RESTORATION		195,261.
(4) CENTRAL AMERICA AND THE				OF HUMAN TRAFFICKING		
(5) CARIBBEAN			PROGRAM SERVICES	VICTIMS		80,253.
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
<b>3 a</b> Sub-total.....						275,514.
<b>b</b> Total from continuation sheets to Part I.....						
<b>c</b> Totals (add lines 3a and 3b)...	0	0				275,514.

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

Schedule F (Form 990) 2013

**Part II 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable) PART V	(c) Region PART V	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				RESCUE AND RESTORATIO					
(2)			CENTRAL AMERICA	N OF HUMAN TRAFFICKIN		CASH WIRE			
(3)				G VICTIMS RESCUE AND	19,918.	PAYMENT			
(4)				RESTORATIO N OF HUMAN					
(5)			CENTRAL AMERICA	TRAFFICKIN G VICTIMS	41,717.	CASH WIRE PAYMENT			
(6)				RESCUE AND RESTORATIO					
(7)				N OF HUMAN TRAFFICKIN		CASH WIRE			
(8)			SOUTH ASIA	G VICTIMS RESCUE AND	41,500.	PAYMENT			
(9)				RESTORATIO N OF HUMAN					
(10)			SOUTH ASIA	TRAFFICKIN G VICTIMS	46,622.	CASH WIRE PAYMENT			
(11)				RESCUE AND RESTORATIO					
(12)				N OF HUMAN TRAFFICKIN		CASH WIRE			
(13)			SOUTH ASIA	G VICTIMS RESCUE AND	60,000.	PAYMENT			
(14)				RESTORATIO N OF HUMAN					
(15)			SOUTH ASIA	TRAFFICKIN G VICTIMS	7,343.	CASH WIRE PAYMENT			
(16)									

2 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. ▶ 6

3 Enter total number of other organizations or entities ▶ 0

**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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to 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).* .....  Yes  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  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  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  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 file Form 5713, International Boycott Report (see Instructions for Form 5713).* .....  Yes  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 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US**

THE ORGANIZATION REQUIRES ALL PARTNERS TO SUBMIT QUARTERLY REPORTS IN ACCORDANCE WITH SHARED HOPE INTERNATIONAL'S PRESCRIBED FORMAT. QUARTERLY REPORTS ARE REQUIRED FOR EACH PROGRAM, ALONG WITH A BUDGET. THE PARTNERS' QUARTERLY REPORTS ALIGN TO THE SPECIFIC GRANT PROGRAM/PROJECT REQUIREMENTS OF SHARED HOPE INTERNATIONAL. IN ADDITION, SITE VISITS ARE MADE TO MONITOR THE GRANTEE'S PROJECTS.

**PART I, LINE 3F - METHOD OF ACCOUNTING**

TOTAL EXPENDITURES ARE ACCOUNTED FOR ON AN ACCRUAL BASIS, ACCORDING TO HOW THE ORGANIZATION RECORDS AND ACCOUNTS FOR EXPENDITURES IN ITS FINANCIAL STATEMENTS.

**PART I, LINE 3F - INVESTMENTS & EXPENDITURES PER REGION**

TOTAL EXPENDITURES INCLUDE PRIMARILY GRANTS TO FOREIGN ORGANIZATIONS, AND ALLOCATIONS OF SALARIES, TRAVEL, COMMUNICATION, AND OTHER RELATED COSTS. ALLOCATIONS OF COSTS ARE MADE BASED ON HOW THE ORGANIZATION'S EMPLOYEES SPEND THEIR TIME.

**PART II, LINE 1 - ADDITIONAL SUPPLEMENTAL INFORMATION**

SCHEDULE F

PART II

LINE 1

CASH GRANTS REPRESENT CASH ASSISTANCE TO VARIOUS FOREIGN CHARITABLE ORGANIZATIONS AND ARE GENERALLY RECORDED UPON DISBURSEMENT.

**PART II, LINE 1 - METHOD OF ACCOUNTING**

CASH GRANTS ARE ACCOUNTED FOR ON AN ACCRUAL BASIS, ACCORDING TO HOW THE ORGANIZATION RECORDS AND ACCOUNTS FOR THEM IN ITS FINANCIAL STATEMENTS.

**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' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
 ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

SHARED HOPE INTERNATIONAL

Employer identification number

91-1938635

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BBS & ASSOCIATE 130 SPRINGDALE AKRON OH 44333	CONSULTING		X		60,584.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....▶					60,584.	0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK AL AR CA CO CT FL GA IL KS KY MA MD MI MN NC ND NH NJ NM NY OH OK OR PA RI SC TN  
 UT VA WA WI WV

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to 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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	NONE (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts .....			
	2	Less: Charitable contributions .....			
	3	Gross income (line 1 minus line 2) .....			
DIRECT EXPENSES	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
REVENUE	1	Gross revenue .....			
	2	Cash prizes .....			
DIRECT EXPENSES	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_

-----

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_

-----



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

SHARED HOPE INTERNATIONAL

Employer identification number

91-1938635

**Part I General Information on Grants and Assistance**

- 1 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 criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HUMAN TRAFFICKING RESCUE ASSI 4801 MAIN ST STE 1000 KANSAS CITY, MO 64112	46-5089620		20,000.	0.			
(2) MISSION 21 3240 40TH AVE NE ROCHESTER, MN 55901	27-3355341		50,103.	0.			
(3) OASIS OF HOPE P.O. BOX 406 TROY, PA 16947	45-1662708		25,100.	0.			
(4) ON EAGLES' WINGS MINISTRIES PO BOX 9737 ASHEVILLE, NC 28815	59-3628171		56,250.	0.			
(5) REDEFINING REFUGE, INC. PO BOX 10504 TAMPA, FL 33607	27-2126223		34,622.	0.			
(6) TURNAROUND INC. 401 WASHINGTON AVE STE 300 TOWSON, MD 21204	52-1159135		40,941.	0.			
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6

3 Enter total number of other organizations listed in the line 1 table ▶ 0

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

THE ORGANIZATION REQUIRES ALL PARTNERS TO SUBMIT QUARTERLY REPORTS IN ACCORDANCE WITH SHARED HOPE INTERNATIONAL'S PRESCRIBED FORMAT. QUARTERLY REPORTS ARE REQUIRED FOR EACH PROGRAM, ALONG WITH A BUDGET. THE PARTNERS' QUARTERLY REPORTS ALIGN TO THE SPECIFIC GRANT PROGRAM/PROJECT REQUIREMENTS OF SHARED HOPE INTERNATIONAL. IN ADDITION, SITE VISITS ARE MADE TO MONITOR THE GRANTEE'S PROJECTS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Employer identification number

SHARED HOPE INTERNATIONAL

91-1938635

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	5	107,084.	DONATION FMV
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous	X	1	7,574.	DONATION FMV
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				
25 Other ▶ (INVENTORY)	X	1	2,000.	DONATION FMV
26 Other ▶ (OFFICE EQUIPT.)	X	1	11,740.	DONATION FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If 'Yes,' describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2013

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES**

A MORGAN STANLEY BROKER IS USED TO FACILITATE THE SALE OF DONATED SECURITIES

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2013**

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

SHARED HOPE INTERNATIONAL

91-1938635

**FORM, 990 PART XII - FINANCIAL STATEMENTS AND REPORTING**

SHARED HOPE INTERNATIONAL'S FINANCIAL STATEMENTS ARE PART OF THE CONSOLIDATED  
AUDITED FINANCIAL STATEMENTS OF SHARED HOPE INTERNATIONAL, SHARED HOPE FOUNDATION,  
AND TRAFFICKING MARKETS, LLC. FORM 990 INSTRUCTIONS INDICATE THAT UNDER THESE  
CIRCUMSTANCES, PART XII ANSWERS REGARDING THE AUDIT SHOULD BE "NO," AND NO  
RECONCILIATION IS REQUIRED ON SCHEDULE D. THE BOARD'S FINANCE COMMITTEE IS  
RESPONSIBLE FOR THE AUDIT PROCESS AND SELECTING THE AUDITING FIRM.

**PART VII (D) - COMPENSATION OF OFFICERS**

SHARED HOPE INTERNATIONAL PRESIDENT LINDA SMITH'S SALARY FOR CALENDAR YEAR END  
DECEMBER 31, 2013 INCLUDES A PAYOUT OF \$30,788 OF ACCRUED PAID TIME OFF AS APPROVED  
BY THE BOARD OF DIRECTORS. MS. SMITH WAS UNABLE TO USE HER ACCRUED PAID TIME OFF  
DUE TO HER CRITICAL ROLE AS THE PRESIDENT OF SHARED HOPE INTERNATIONAL.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

DOMESTIC (WIN) PROGRAM

SEE FEDERAL SUPPLEMENTAL INFORMATION

DEFENDERS/PREDATOR PROJECT

SEE FEDERAL SUPPLEMENTAL INFORMATION

INTERNATIONAL PUBLIC EDUCATION

SEE FEDERAL SUPPLEMENTAL INFORMATION

Name of the organization

Employer identification number

SHARED HOPE INTERNATIONAL

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**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.**

VERN SMITH AND LINDA SMITH ARE HUSBAND AND WIFE. DAVID AND MARJIE AUSTEN ARE HUSBAND AND WIFE.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

REVIEWED BY EXECUTIVE DIRECTOR, FINANCE COMMITTEE MEMBERS, AND THE BOARD OF DIRECTORS.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

CONFLICT OF INTEREST POLICY IS VERBAL. MEMBERS OF THE BOARD OF DIRECTORS REPORT POTENTIAL CONFLICTS TO THE EXECUTIVE DIRECTOR AND RECUSE THEMSELVES WHEN NECESSARY.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT**

THE BOARD OF DIRECTORS REVIEWS COMPENSATION REPORTS AND APPROVES WAGE INCREASES FOR THE EXECUTIVE DIRECTOR.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

THE BOARD OF DIRECTORS REVIEWS COMPENSATION REPORTS AND APPROVES WAGE INCREASES FOR KEY EMPLOYEES AND OFFICERS.

**FORM 990, PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED**

AK AL AR CA CO CT FL GA IL KS KY MA MD MI MN NC ND NH NJ NM NY OH OK OR PA RI SC TN UT VA WA WI WV

**FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION**

FINANCIAL INFORMATION IS AVAILABLE AT SHARED HOPE'S WEBSITE AND THE STATEMENTS AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

FINANCIAL INFORMATION IS AVAILABLE ON SHARED HOPE INTERNATIONAL'S WEBSITE, AND THE FINANCIAL STATEMENTS AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
  - ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

SHARED HOPE INTERNATIONAL

Employer identification number

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) TRAFFICKING MARKETS, LLC PO BOX 65337 VANCOUVER, WA 98665 20-3248901	SHELTER OPERATIONS	WA	130,000.	127,955.	SHARED HOPE INTERNATIONAL
(2) -----					
(3) -----					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) SHARED HOPE FOUNDATION PO BOX 65337 VANCOUVER, WA 98665 41-2084596	FOUNDATION	WA	501 (C) (3)	11A - TYPE I	N/A		X
(2) -----							
(3) -----							
(4) -----							

**Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

**Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(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.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity.....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s).....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s).....		X
<b>d</b> Loans or loan guarantees to or for related organization(s).....		X
<b>e</b> Loans or loan guarantees by related organization(s).....		X
<b>f</b> Dividends from related organization(s).....		X
<b>g</b> Sale of assets to related organization(s).....		X
<b>h</b> Purchase of assets from related organization(s).....		X
<b>i</b> Exchange of assets with related organization(s).....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....		X
<b>o</b> Sharing of paid employees with related organization(s).....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses.....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses.....		X
<b>r</b> Other transfer of cash or property to related organization(s).....		X
<b>s</b> Other transfer of cash or property from related organization(s).....		X

**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													



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FORM 990, PART III, LINE 4A-PROGRAM SERVICE ACCOMPLISHMENTS

DOMESTIC PUBLIC EDUCATION

FEW AMERICANS REALIZE THAT SEX TRAFFICKING IS SO PREVALENT IN THE UNITED STATES. SHARED HOPE INTERNATIONAL (SHI) UNDERSTANDS THAT VICTIMS ARE NOT INVISIBLE, JUST MISIDENTIFIED. BY EDUCATING COMMUNITIES, RAISING AWARENESS, ENGAGING KEY PLAYERS, AND FOCUSING ON DEMAND DETERRENCE, SHI STRIVES TO GENERATE THE CHANGE NEEDED TO PUT A STOP TO CHILD SEX TRAFFICKING. DURING FY2014, SHI ENDEAVORED TO INSPIRE A NATION OF INFORMED ACTIVISTS TO COMBAT SOCIETAL NORMS, MISCONCEPTIONS, AND IGNORANCE THROUGH THE FOLLOWING TRAFFICKING AWARENESS ACTIVITIES AND EVENTS:

SHARING THE HOPE 2013 EVENT WAS HELD IN NOVEMBER 2013 AND INCLUDED GUESTS FROM 39 STATES AND 3 COUNTRIES FOR THREE DAYS OF EDUCATION, DISCUSSION AND CELEBRATION. DURING THE EVENT:

- SHI RELEASED THE 2013 PROTECTED INNOCENCE CHALLENGE REPORT CARDS AT A PRESS CONFERENCE. THESE REPORT CARDS DOCUMENTED SHARED HOPE'S EVALUATION OF ALL FIFTY STATES' LEGISLATION REGARDING DOMESTIC MINOR SEX TRAFFICKING. SHI WAS PROUD TO ANNOUNCE THAT 29 STATES RAISED THEIR GRADES!
- OVER 550 PROFESSIONALS AND COMMUNITY MEMBERS PARTICIPATED IN THE FIRST ANNUAL JUST (JUVENILE SEX TRAFFICKING) TRAINING TO LEARN HOW TO ACCURATELY IDENTIFY VICTIMS OF TRAFFICKING AND RESPOND EFFECTIVELY.
- EXPERTS FROM AROUND THE COUNTRY JOINED SHI AND THE CASEY FAMILY FOUNDATION TO EVALUATE CURRENT SERVICE PROVIDER RESPONSES TO DOMESTICALLY TRAFFICKED YOUTH AND PROPOSE PROMISING PRACTICES FOR FUTURE RESPONDERS. PRACTITIONERS WORKING WITH FORMERLY TRAFFICKED YOUTH CAME FROM ACROSS THE COUNTRY IN A NATIONAL COLLOQUIUM AND DISCUSSED PLACEMENT OPTIONS FOR VICTIMS, CHALLENGES FACING CURRENT SERVICE PROVIDERS, AND WHAT SUCCESSFUL TREATMENT PROGRAMS FOR VICTIMS SHOULD LOOK LIKE. FINDINGS FROM THIS FORUM WERE PUBLISHED IN THE TRAFFIC STOP REPORT RELEASED IN 2014.

HUMAN TRAFFICKING TRAINING - SHI'S CONTINUING GOAL IS TO INCREASE THE IDENTIFICATION OF THOSE VICTIMIZED AND VULNERABLE TO TRAFFICKING AND IMPROVE THE RESPONSE OF SERVICE PROVIDERS AND JUSTICE SYSTEMS. THROUGH SHARED HOPE'S TRAINING PROGRAMS AND RESOURCES, SHI IS ABLE TO EQUIP PROFESSIONALS AND COMMUNITY MEMBERS TO ADVANCE THE NETWORK OF PROTECTION OFFERED TO SURVIVORS OF TRAFFICKING.

CHOSEN - DURING FY2014, SHI EXPANDED ON THE SUCCESS OF CHOSEN, A COMPREHENSIVE VIDEO RESOURCE PACKAGE DESIGNED TO TEACH TEENS THE WARNING SIGNS OF TRAFFICKING, BY RELEASING CHOSEN GANG EDITION AND CHOSEN PLUS. THESE RESOURCES AIM TO EDUCATE TEENS ON THE MISCONCEPTIONS OF GANG INVOLVEMENT RELATED TO THE COMMERCIAL SEX INDUSTRY. CHOSEN GANG IS A 12-MINUTE FILM THAT TELLS THE STORY OF ONE GIRL WHO WAS TRAFFICKED BY A GANG BETWEEN THE AGES OF 12 AND 17 AND SHARES HER BRAVE STORY OF SURVIVAL AND ESCAPE. THE CHOSEN FILM AND RELATED MATERIALS WERE PRESENTED TO OVER 30 SCHOOL DISTRICTS AND TO OVER 7,000 INDIVIDUALS AT SCHOOL ASSEMBLIES, YOUTH GROUPS, CIVIC ACTION GROUPS, AND OTHER CLUBS AND TEAMS DURING THE YEAR.

THE DEMANDING JUSTICE PROJECT BENCHMARK ASSESSMENT AND VIDEO WERE RELEASED IN NOVEMBER 2013. THE REPORT DOCUMENTS CASES OF BUYERS CONVICTED OF PURCHASING SEX ACTS WITH MINORS IN THE UNITED STATES. THE REPORT IDENTIFIED 407 BUYERS, OF WHICH 99% WERE MALE. THE CORRESPONDING VIDEO DISPLAYED INTERVIEWS WITH BUYERS, MEDIA ARTICLES AND THE STATE OF BUYER RESPONSE IN AMERICA. THE PROJECT IS DESIGNED TO ELEVATE THE VISIBILITY OF THE CRIMINAL JUSTICE CONSEQUENCES FOR THOSE WHO PURCHASE SEX WITH CHILDREN AND SPARK A NATIONAL SURGE OF SUPPORT FOR STRONGER DETERRENCE FOR BUYERS.

SHELTER AND SERVICE OPTIONS AND METHODS REMAIN LARGELY INCONSISTENT AND MINIMALLY DOCUMENTED. TO HELP ACHIEVE A CONSISTENT STANDARD OF CARE AND BUILD UPON THE LESSONS AND GOOD PRACTICES OF CURRENT SHELTER AND SERVICE PROVIDERS, NATIONAL RESTORATIVE INITIATIVE - BUILDING UPON 15 YEARS OF EXPERIENCE IN DEVELOPING AND PROVIDING RESTORATIVE CARE WORLDWIDE, SHARED HOPE OPERATES THE NATIONAL RESTORATION

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INITIATIVE TO SERVE AS A CATALYST FOR THE ONGOING DEVELOPMENT OF SHELTER AND SERVICES FOR AMERICA'S TRAFFICKED YOUTH. CURRENTLY, SHARED HOPE PROVIDES GROUNDBREAKING RESEARCH, HOSTS NATIONAL FORUMS AND PARTNERS WITH LOCAL SHELTER AND SERVICE ORGANIZATIONS.

DURING THE YEAR, SHI'S IMPACT INCLUDED:

- 3,300 FIRST RESPONDERS, SERVICE PROVIDERS, AND COMMUNITY MEMBERS IN 12 STATES RECEIVED SHARED HOPE TRAINING AT 33 CUSTOMIZED TRAININGS AND TWO STATEWIDE CONFERENCES.
- 793 STATE BILLS RELATED TO DOMESTIC MINOR SEX TRAFFICKING WERE INTRODUCED BETWEEN AUGUST 1, 2013 AND AUGUST 1, 2014, CONTRIBUTING TO 29 STATES RAISING THEIR GRADE ON THE PROTECTED INNOCENCE CHALLENGE REPORT CARDS
- 284 AMBASSADORS OF HOPE TRAINED TO LEAD ANTI-TRAFFICKING EFFORTS
- 20,000 INDIVIDUALS RECEIVED AWARENESS EDUCATION FROM SHI
- 7,000 STUDENTS AND ADULTS RECEIVED CHOSEN YOUTH SEX TRAFFICKING PREVENTION EDUCATION FROM AMBASSADORS

#### DOMESTIC PARTNERS

TO RESPOND TO THE EVER GROWING NEED FOR SHELTER AND SERVICES FOR DOMESTIC MINOR SEX TRAFFICKING (DMST)VICTIMS AND SURVIVORS, SHARED HOPE PARTNERED WITH LOCAL SHELTER AND SERVICE PROVIDERS AROUND THE NATION TO IGNITE THE DEVELOPMENT OF A NATIONAL NETWORK OF PROTECTION FOR SURVIVORS. SHI OFFERED BUSINESS MENTORSHIP, FUNDING, TRAINING, AND TECHNICAL ASSISTANCE TO SUPPORT AND DEVELOP THE FOLLOWING CRITICAL PROGRAMS:

- PROVIDED SUPPORT FOR THE DEVELOPMENT OF A GROUP HOME LICENSED TO PROVIDE RESIDENTIAL CARE FOR AN AVERAGE OF EIGHTEEN MONTHS TO YOUTH 13-17 WHO ARE SURVIVORS OF TRAFFICKING. THE GRANT ALLOWED THEM TO RETAIN THEIR GROUP HOME WHILE THEY WENT THROUGH THE RE-LICENSING PROCESS AND TO LATER SPEND TIME ADAPTING THEIR PROGRAM TO FIT THE NEEDS OF THE SURVIVORS THEY SERVE.
- PROVIDED SUPPORT FOR THE LAUNCH OF A PARTNERSHIP TO PROVIDE TRAINING AND SUPPORT TO THERAPEUTIC FOSTER FAMILIES PROVIDING SPECIALIZED SERVICES TO YOUTH WHO HAVE BEEN TRAFFICKED. THE RESULT OF THE FUNDING AND TECHNICAL ASSISTANCE HAS BEEN THE TRAINING OF THREE FOSTER FAMILIES AND THE CASE MANAGEMENT FOR 22 GIRLS AT RISK OF DMST OR ARE DMST VICTIMS.
- PROVIDED SUPPORT TO OPEN A LICENSED GROUP HOME IN PENNSYLVANIA TO PROVIDE CARE FOR UP TO SEVEN DMST VICTIMS. THE GROUP HOME HAS BUILT UPON THE ASSISTANCE THAT SHARED HOPE GIVES THROUGH COLLABORATION IN A TASK FORCE AND OFFERING TRAINING TO A LOCAL GIRLS' RESIDENTIAL FACILITY.
- PROVIDED SUPPORT THROUGH PRO-BONO LEGAL SERVICE TO SURVIVORS THEY REPRESENT, AIDING IN RESTORATION COSTS, SUCH AS: MEDICAL AND HEALTHCARE COSTS, TEMPORARY HOUSING AND TRANSITION ASSISTANCE, CLOTHING, ETC.
- TARGETED FUNDING AND TECHNICAL ASSISTANCE FOR THE CREATION OF A SEX TRAFFICKING ASSESSMENT BASED ON INTERVENE: IDENTIFYING AND RESPONDING TO AMERICA'S PROSTITUTED YOUTH, AN INNOVATIVE TRAINING COURSE PRODUCED BY SHARED HOPE AND DEVELOPED BY A MULTI-DISCIPLINARY COMMITTEE OF EXPERTS AND SURVIVORS. THE RESULTING ASSESSMENT IS INTENDED FOR USE IN THE JUVENILE COURT SYSTEM TO INCREASE VICTIM IDENTIFICATION AND SERVICE PROVISION FOR VICTIMS AND SURVIVORS.
- PROVIDED FULL FUNDING FOR A FAITH-BASED MINISTRY WHICH OFFERS COUNSELING, LIFE SKILLS, ACADEMIC DEVELOPMENT, AND SPIRITUAL GUIDANCE IN A CARING, FAMILY ENVIRONMENT TO SEX TRAFFICKING SURVIVORS AGED 12 TO 17. IN ADDITION TO PROVIDING COMPLETE

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FINANCIAL SUPPORT, SHARED HOPE OFFERED EXTENSIVE TECHNICAL ASSISTANCE AND SUPPORT THROUGH THE RESTORATIVE SHELTER WORKING GROUP, A NETWORK OF SHELTER AND SERVICE PROVIDERS TO SHARE INSIGHT, RESOURCES, AND SUPPORT, FOR THE DEVELOPMENT OF PROGRAMS AND SERVICES.

- PROVIDED FUNDING FOR THE EMPLOYMENT OF A FULL-TIME CASE MANAGER TO CONTINUE THE DEVELOPMENT AND IMPLEMENTATION OF SHARED HOPE'S INTAKE TOOL, INTERVENE: IDENTIFYING AND RESPONDING TO AMERICA'S PROSTITUTED YOUTH, AND CASE MANAGEMENT IN LOCAL JUVENILE DETENTION FACILITIES. THROUGH THIS COLLABORATIVE PARTNERSHIP, SHI'S PARTNER PROVIDED DETENTION STAFF WITH QUARTERLY TRAINING TO ENSURE PROPER IDENTIFICATION OF POTENTIAL VICTIMS AND SPECIALIZED TREATMENT AND SERVICES TO SURVIVORS.

- PROVIDED SUPPORT FOR THE DEVELOPMENT OF A PARTNER'S YOUTHCONNECT PROGRAM. YOUTHCONNECT IS DESIGNED FOR SURVIVORS AND POTENTIAL VICTIMS OF DOMESTIC MINOR SEX TRAFFICKING TO OFFER EDUCATION, SUPPORT SERVICES, HOUSING, AND GUIDANCE.

IN FY2014, SHARED HOPE INTERNATIONAL ESTABLISHED TERRY'S HOUSE, A TRANSITIONAL LIVING HOME FOR WOMEN BETWEEN 18-24 WHO NEED RESIDENTIAL ASSISTANCE WHILE PURSUING EDUCATION OR CAREER OPPORTUNITIES. THE HOME IS LOCATED IN THE PACIFIC NORTHWEST AND OPENED ITS DOORS IN WINTER 2014.

#### INTERNATIONAL PARTNERS

SHARED HOPE INTERNATIONAL (SHI) HAS WORKED AROUND THE WORLD SINCE 1998 TO RESCUE AND RESTORE VICTIMS OF SEXUAL SLAVERY. RECOGNIZING THE INTENSE TRAUMA EXPERIENCED BY VICTIMS THROUGH THE COMMERCIAL SEX INDUSTRY, SHI HAS FORMED LASTING PARTNERSHIPS WITH LOCAL ORGANIZATIONS IN THREE COUNTRIES TO FUND PROGRAMS THAT OFFER HOLISTIC, LONG-TERM CARE TO WOMEN AND CHILDREN. EACH OF THESE PROGRAMS OFFERS A SURVIVOR-INFORMED MODEL OF CARE THAT FOCUSES ON COUNSELING, EMPOWERMENT, AND HEALING. VILLAGES OF HOPE, SHI'S RESTORATION PROGRAMS, ARE DEVELOPED AND OPERATED BY LOCAL PARTNERS, ADDRESSING BOTH IMMEDIATE AND LONG-TERM NEEDS OF EACH VICTIM OF TRAUMA, EXPLOITATION, OR TRAFFICKING. RESTORATION SERVICES INCLUDE A HOLISTIC APPROACH WITH RESIDENTIAL FACILITIES, MEDICAL AND MENTAL HEALTH CARE, EDUCATION, JOB TRAINING, AND ECONOMIC DEVELOPMENT PROGRAMS. VILLAGES OF HOPE ARE SAFE COMMUNITIES THAT OFFER REFUGE AND RESTORATION TO RESCUED VICTIMS OF SEXUAL SLAVERY AND THEIR CHILDREN. SHI FUNDED VILLAGES OR HOMES OF HOPE IN NEPAL, INDIA, AND JAMAICA.

SHI PARTNERS WITH AN ORGANIZATION IN INDIA TO RUN BOTH A STATIONARY AND MOBILE HIV/AIDS CLINIC IN THE HEART OF MUMBAI'S RED LIGHT DISTRICT. BOTH CLINICS PROVIDE CONTACT TO HUNDREDS OF WOMEN AND CHILDREN IN THE INFAMOUS DISTRICT EVERY MONTH, OFFERING COMPASSION, COUNSELING, AND LIFE-SAVING MEDICATIONS TO THOSE WHO NEED HELP OR WHO WISH TO FLEE THE SEX INDUSTRY. THE STATIONARY CLINIC PROVIDES A HAVEN FOR THOSE WOMEN INFECTED WITH HIV TO RECEIVE PROPER TESTING, MEDICINE, AND NUTRITION. IT IS THE ONLY AREA CLINIC OFFERING FREE ASSISTANCE FOR TREATMENT. THE MOBILE CLINIC BRINGS SUPPLIES AND FOOD INTO REMOTE PARTS OF THE CITY, REACHING THOSE WHO MAY NOT BE BOLD ENOUGH TO VISIT THE STATIONARY CLINIC.

THE WOMEN'S INVESTMENT NETWORK (WIN) PROGRAM FOCUSES ON DEVELOPING SMALL BUSINESSES AROUND THE WORLD THAT PROVIDE TRAINING AND EMPLOYMENT FOR THE WOMEN IN SHI'S VILLAGES OF HOPE. STUDIES SHOW THAT PROVIDING VICTIMS WITH THE SKILLS AND MEANS OF CREATING THEIR OWN ECONOMIC SUSTAINABILITY HELPS REMOVE THE RISK OF RE-VICTIMIZATION FOUND IN AREAS OF EXTREME POVERTY AND EXPLOITATION. THE RESIDENTS RECEIVE LEADERSHIP DEVELOPMENT AND FINANCIAL INDEPENDENCE. THIS YEAR, SHI'S SUCCESSFUL WIN PROGRAM WAS ACTIVE IN INDIA, JAMAICA, AND NEPAL. TRAINING PROGRAMS INCLUDE COSMETOLOGY, JEWELRY-MAKING, BAKING, PRINT SERVICES, TAILORING, AND LEATHER-MAKING.

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## DOMESTIC (WIN) PROGRAM

THE DOMESTIC WIN PROGRAM IS DESIGNED TO HELP WOMEN DEVELOP SKILLS AND GAIN PRACTICAL JOB EXPERIENCE. TYPICALLY, THESE WOMEN HAVE HAD DIFFICULT LIFE EXPERIENCES SUCH AS DOMESTIC ABUSE, CHILDHOOD ABUSE FROM THE COMMERCIAL SEX INDUSTRY, DRUG ADDICTION, AND/OR TIME IN A CORRECTIONAL FACILITY. THESE EXPERIENCES HAVE LEFT THESE WOMEN WITH LOW SELF-ESTEEM AND A LACK OF EMPLOYABLE SKILLS. MANY OF THE WOMEN WHO ENTER THE PROGRAM HAVE FACED HOMELESSNESS AND LOST CUSTODY OF THEIR CHILDREN DUE TO THEIR LIFE CIRCUMSTANCES. DURING THE YEAR ENDED JUNE 30, 2014, THE NINE-MONTH WIN TRAINING PROGRAM PROVIDED AN OPPORTUNITY FOR TWO WOMEN TO LEARN JOB SKILLS SO THEY COULD ENTER/RE-ENTER THE WORK FORCE AND SUPPORT THEMSELVES AND THEIR FAMILIES. IN ADDITION TO JOB SKILLS, THESE WOMEN LEARNED HOW TO WORK IN A PROFESSIONAL ENVIRONMENT AND DEVELOPED PERSONAL LIFE SKILLS SO THEY COULD BUILD CONFIDENCE AND SELF-ESTEEM.

## DEFENDERS/PREDATOR PROJECT

THIS PROGRAM IS REPRESENTED BY THE DEFENDERS USA, A NATIONAL INITIATIVE OF SHARED HOPE DEVELOPED TO MOBILIZE MEN IN THE FIGHT TO END DEMAND FOR PROSTITUTED CHILDREN. THE DEFENDERS IS COMPOSED OF MEN WHO HAVE COME TO UNDERSTAND THE MARKETPLACE OF COMMERCIAL SEXUAL EXPLOITATION AND ARE COMMITTED TO DOING EVERYTHING IN THEIR POWER TO STOP THAT EXPLOITATION. DEFENDERS TAKE A PLEDGE THAT COMMITS THEM TO SAYING "NO" TO PORNOGRAPHY OR ANY SEXUAL ABUSE OF WOMEN AND CHILDREN, AND TO PROTECTING COMMUNITIES FROM SEXUAL PREDATORS. TO DATE, OVER 3,181 MEN HAVE TAKEN THE PLEDGE.

## INTERNATIONAL PUBLIC EDUCATION

THE ORGANIZATION PROVIDED INFORMATION TO EDUCATE THE PUBLIC AND TO MOTIVATE AND PROVIDE OPPORTUNITIES FOR TAKING ACTION CONCERNING THE GLOBAL PROBLEM OF THE TRAFFICKING OF WOMEN AND CHILDREN FOR SEXUAL EXPLOITATION.