

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2012 calendar year, or tax year beginning 7/01, 2012, and ending 6/30, 2013	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> SHARED HOPE INTERNATIONAL P.O. BOX 65337 VANCOUVER, WA 98665
<b>D</b> Employer Identification Number 91-1938635	
<b>E</b> Telephone number 360-693-8100	
<b>G</b> Gross receipts \$ 3,171,478.	
<b>F</b> Name and address of principal officer:	
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: WWW.SHAREDDHOPE.ORG	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of Formation: 1998 <b>M</b> State of legal domicile: WA	

<b>Part I Summary</b>				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a).....	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	10	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a).....	30	
	6	Total number of volunteers (estimate if necessary).....	93	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34.....	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h).....	2,253,367.	3,080,797.
	9	Program service revenue (Part VIII, line 2g).....	22,545.	46,745.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	1,210.	89.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	2,277,122.	3,127,631.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	568,123.	506,028.
	14	Benefits paid to or for members (Part IX, column (A), line 4).....		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	935,853.	903,509.
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....		42,108.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 220,468.		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	756,943.	873,606.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	2,260,919.	2,325,251.
	19	Revenue less expenses. Subtract line 18 from line 12.....	16,203.	802,380.
	20	Total assets (Part X, line 16).....	692,632.	1,555,545.
	21	Total liabilities (Part X, line 26).....	116,903.	177,436.
22	Net assets or fund balances. Subtract line 21 from line 20.....	575,729.	1,378,109.	

<b>Part II Signature Block</b>			
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.			
Sign Here	Signature of officer		Date 2/3/2014
	LINDA A. SMITH Type or print name and title.		PRES/EXEC. DIR
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	TERRENCE L KUENZI		
	Firm's name ▶ KUENZI & COMPANY, LLC	Check <input checked="" type="checkbox"/> if self-employed PTIN P00009441	
	Firm's address ▶ 650 HAWTHORNE AVENUE SE SUITE 110 SALEM, OR 97301	Firm's EIN ▶ 93-1235599 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 to any question in this Part III. ....

☒**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

☒

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

☒

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 \$ 1,125,481. including grants of \$ ) (Revenue \$ )SEE FEDERAL SUPPLEMENTAL INFORMATION**4b** (Code: ) (Expenses \$ 314,730. including grants of \$ 270,655. ) (Revenue \$ )SEE FEDERAL SUPPLEMENTAL INFORMATION**4c** (Code: ) (Expenses \$ 264,094. including grants of \$ 235,373. ) (Revenue \$ )SEE FEDERAL SUPPLEMENTAL INFORMATION**4d** Other program services. (Describe in Schedule O.) SEE SCHEDULE O(Expenses \$ 148,075. including grants of \$ ) (Revenue \$ )**4e** Total program service expenses ► 1,852,380.

**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)? If 'Yes,' complete Schedule A.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If 'Yes,' complete Schedule C, Part 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? If 'Yes,' complete Schedule C, Part II.....	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? If 'Yes,' complete Schedule C, Part III.....		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.....		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		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? If 'Yes,' complete Schedule D, Part IV.....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.....	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? If 'Yes,' complete Schedule D, Part VI.....	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.....		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? If 'Yes,' complete Schedule D, Part VIII.....		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.....	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.....	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		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? If 'Yes,' complete Schedule F, Parts I and IV.....	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV.....	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).....	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? If 'Yes,' complete Schedule G, Part II.....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.....		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		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
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and 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
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	<b>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
25b	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
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b	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
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	X	
34	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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>		
36	<b>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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2012)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question 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. ....	<b>1 a</b> 12		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....	<b>1 b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1 c</b>	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. ....	<b>2 a</b> 30		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2 b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3 a</b>		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O .....	<b>3 b</b>		
<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)? .....	<b>4 a</b>		X
<b>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? .....	<b>5 a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5 b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5 c</b>		
<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? .....	<b>6 a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6 b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>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? .....	<b>7 a</b>		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....	<b>7 b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7 c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year. ....	<b>7 d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7 e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7 f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7 g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7 h</b>		
<b>8 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>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966? .....	<b>9 a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? .....	<b>9 b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. ....	<b>10 a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....	<b>10 b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders .....	<b>11 a</b>		
<b>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>11 b</b>		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12 a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....	<b>12 b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....	<b>13 a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>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 b</b>		
<b>c</b> Enter the amount of reserves on hand. ....	<b>13 c</b>		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14 a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. ....	<b>14 b</b>		



**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 to any question 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> 12		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent. .... <b>1 b</b> 10		
<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>	<b>X</b>	
<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? ....		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ....		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ....		<b>X</b>
<b>6</b> Did the organization have members or stockholders? ....		<b>X</b>
<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? ....		<b>X</b>
<b>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? ....		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ....	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? ....	<b>X</b>	
<b>9</b> Is there any officer, director or 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. ....		<b>X</b>

**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? ....		<b>X</b>
<b>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? ....	<b>X</b>	
<b>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. ....	<b>X</b>	
<b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ....	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. .... <b>SEE SCHEDULE O</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy? ....	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy? ....	<b>X</b>	
<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>a</b> The organization's CEO, Executive Director, or top management official. <b>SEE SCHEDULE O</b>	<b>X</b>	
<b>b</b> Other officers of key employees of the organization. <b>SEE SCHEDULE O</b>	<b>X</b>	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<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? ....		<b>X</b>
<b>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)

**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 to any question 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) CURTIS LIND JR DIRECTOR	1 0							0.	0.	0.
(2) SANDRA GOH DIRECTOR	1 0							0.	0.	0.
(3) DAN O' BRYANT DIRECTOR	1 0							0.	0.	0.
(4) NICK LEMBO DIRECTOR	1 0							0.	0.	0.
(5) LINDA A. SMITH PRES/EXEC. DIR	48 0	X		X				119,543.	0.	2,014.
(6) LES PETTIT DIRECTOR	1 0	X						0.	0.	0.
(7) MARJIE AUSTEN DIRECTOR	1 0	X						0.	0.	0.
(8) SUE HOTELLING DIRECTOR	1 0	X						0.	0.	0.
(9) PASTOR RONALD L. HART DIRECTOR	20 0	X						9,600.	0.	0.
(10) DAVID AUSTEN SEC/TREASURER	1 0	X		X				0.	0.	0.
(11) DR. FERNANDO D. PROANO DIRECTOR	1 0	X						0.	0.	0.
(12) VERNON SMITH DIRECTOR	1 0	X						0.	0.	0.
(13)										
(14)										

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

(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> .....								129,143.	0.	2,014.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								129,143.	0.	2,014.

**2** 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 in compensation from the organization **0**



**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question 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, 513, or 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> 3,080,797.				
	<b>g</b> Noncash contributions included in lns 1a-1f: \$ 300,369.				
<b>h Total.</b> Add lines 1a-1f..... ▶	3,080,797.				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> <u>DOMESTIC PUBLIC EDUCATION</u> <b>Business Code</b> 611710	46,745.	46,745.		
	<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..... ▶	46,745.			
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)..... ▶	918.			918.
	<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 (ii) Other	43,018.			
	<b>b</b> Less: cost or other basis and sales expenses..... 43,847.				
	<b>c</b> Gain or (loss)..... -829.				
	<b>d</b> Net gain or (loss)..... ▶	-829.			-829.
	<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..... ▶				
<b>11 a</b> Miscellaneous Revenue <b>Business Code</b>					
<b>b</b> -----					
<b>c</b> -----					
<b>d</b> All other revenue.....					
<b>e Total.</b> Add lines 11a-11d..... ▶					
<b>12 Total revenue.</b> See instructions..... ▶	3,127,631.	46,745.	0.	89.	

**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 to any question 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.	270,655.	270,655.		
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.	235,373.	235,373.		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	129,143.	100,378.	8,872.	19,893.
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.	642,512.	528,779.	81,899.	31,834.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	131,854.	107,519.	15,416.	8,919.
11 Fees for services (non-employees):				
a Management.				
b Legal.	165.		165.	
c Accounting.	48,636.		48,636.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	42,108.			42,108.
f Investment management fees.				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O.)	16,232.	15,372.	860.	
12 Advertising and promotion.	14,246.	13,366.	880.	
13 Office expenses.	49,934.	47,933.	686.	1,315.
14 Information technology.	12,626.	9,711.	1,515.	1,400.
15 Royalties.				
16 Occupancy.	83,661.	65,064.	9,567.	9,030.
17 Travel.	138,634.	124,674.	8,411.	5,549.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	8,531.	620.	7,911.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	12,428.	9,599.	1,569.	1,260.
23 Insurance.	11,160.	8,759.	1,328.	1,073.
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>	120,695.	52,410.	4,685.	63,600.
b <u>FACILITIES</u>	88,842.	88,046.		796.
c <u>CONTRACT LABOR</u>	72,092.	49,331.	22,450.	311.
d <u>WEBSITE</u>	56,374.	45,174.	8,400.	2,800.
e All other expenses.	139,350.	79,617.	29,153.	30,580.
25 Total functional expenses. Add lines 1 through 24e.	2,325,251.	1,852,380.	252,403.	220,468.
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).	445,593.	257,940.	2,800.	181,853.

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing .....	250.	1	250.
	2 Savings and temporary cash investments .....	447,204.	2	981,713.
	3 Pledges and grants receivable, net .....	123,810.	3	166,709.
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....	1,900.	7	2,890.
	8 Inventories for sale or use .....	43,705.	8	45,805.
	9 Prepaid expenses and deferred charges .....	18,067.	9	46,604.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 425,984.		
	b Less: accumulated depreciation .....	10b 148,931.	23,043.	10c 277,053.
	11 Investments — publicly traded securities .....		11	
	12 Investments — other securities. See Part IV, line 11 .....		12	
	13 Investments — program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	34,653.	15	34,521.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	692,632.	16	1,555,545.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses .....	32,374.	17	85,598.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 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 .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	84,529.	25	91,838.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	116,903.	26	177,436.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	293,043.	27	330,685.
	28 Temporarily restricted net assets .....	282,686.	28	1,047,424.
	29 Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ▶ <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances.</b> .....	575,729.	33	1,378,109.
34 <b>Total liabilities and net assets/fund balances.</b> .....	692,632.	34	1,555,545.	

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Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,127,631.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,325,251.
3	Revenue less expenses. Subtract line 2 from line 1	3	802,380.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	575,729.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,378,109.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 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.		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 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	2 a	X
b Were the organization's financial statements audited by an independent accountant?..... 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	2 b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?..... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2 c	X
3 a 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?.....	3 a	X
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.....	3 b	

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Form 990 (2012)

**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. ► See separate instructions.

OMB No. 1545-0047

**2012**

**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
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(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) 2012



**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) .....	2,104,124.	1,877,771.	1,985,272.	2,253,367.	3,080,797.	11,301,331.
<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. ....	2,104,124.	1,877,771.	1,985,272.	2,253,367.	3,080,797.	11,301,331.
<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). ..						419,372.
<b>6 Public support.</b> Subtract line 5 from line 4. ....						10,881,959.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4. ....	2,104,124.	1,877,771.	1,985,272.	2,253,367.	3,080,797.	11,301,331.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. ....	6,424.	4,157.	3,069.	1,319.	918.	15,887.
<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.	73,469.
<b>11 Total support.</b> Add lines 7 through 10. ....						11,390,687.
<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 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	95.53 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14. ....	<b>15</b>	96.72 %
<b>16a 33-1/3% support test – 2012.</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 – 2011.</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 – 2012.</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 – 2011.</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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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.) .....						
<b>14 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>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 .....	<b>18</b>	%
<b>19a 33-1/3% support tests — 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ....	<input type="checkbox"/>	
<b>b 33-1/3% support tests — 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ....	<input type="checkbox"/>	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ....	<input type="checkbox"/>	

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**ADDITIONAL EXPLANATION OF OTHER INCOME**

**REVENUE FROM EDUCATIONAL EVENTS**

2012

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 0993

SHARED HOPE INTERNATIONAL

91-1938635

1/29/14

09:05AM

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2012	2011	2010	2009	2008
TRAINING AND REGISTRATION FEES					
	\$ 46,745.	\$ 22,545.	\$ 4,179.		
TOTAL	<u>\$ 46,745.</u>	<u>\$ 22,545.</u>	<u>\$ 4,179.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

► **Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.**  
► **See separate instructions.**

OMB No. 1545-0047

**2012**

**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 35a (Proxy Tax), then**

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

Name of organization

SHARED HOPE INTERNATIONAL

Employer identification number

91-1938635

**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) 2012

**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.

**Limits on Lobbying Expenditures**  
(The term 'expenditures' means amounts paid or incurred.)

<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) .....		44,517.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		44,517.	0.												
<b>d</b> Other exempt purpose expenditures .....		2,280,782.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		2,325,299.	0.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns. ....		266,265.													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><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></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) .....		66,566.	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.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2 a</b> Lobbying non-taxable amount .....		265,429.	263,046.	266,265.	794,740.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) .....					1,192,110.
<b>c</b> Total lobbying expenditures .....		43,374.	13,435.	44,517.	101,326.
<b>d</b> Grassroots nontaxable amount .....		66,357.	65,762.	66,566.	198,685.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) .....					298,028.
<b>f</b> Grassroots lobbying expenditures .....		1,558.			1,558.

BAA

Schedule C (Form 990 or 990-EZ) 2012

**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)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(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	2 a	
b Carryover from last year	2 b	
c Total	2 c	
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

Complete this part to 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 WORKS IN A NUMBER OF STATES TO SUPPORT THE DEVELOPMENT OF TARGETED LAWS. THE PROTECTED INNOCENCE LEGISLATIVE FRAMEWORK ASSURES THAT A SAFE ENVIRONMENT IS CREATED FOR CHILDREN BY PROSECUTING THE CUSTOMERS AND THE TRAFFICKERS. IDENTIFYING THE CHILD AS THE VICTIM, AND DIRECTING THAT SERVICES AND SAFE SHELTER BE PROVIDED IN ADDITION TO STATE LAW ADVOCACY, SHARED HOPE



**Part IV** Supplemental Information *(continued)***PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES (CONTINUED)**

INTERNATIONAL PURSUES FEDERAL LEGISLATION THAT WILL ALLOCATE RESOURCES TO VICTIMS OF  
SEX TRAFFICKING, CONTINUE TO STRENGTHEN THE FEDERAL RESPONSE 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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **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. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
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, subject to the organization's exclusive legal control?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2 a
b Total acreage restricted by conservation easements .....	2 b
c Number of conservation easements on a certified historic structure included in (a) .....	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2 d

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?..... ☐ Yes ☐ No

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)?..... ☐ Yes ☐ No

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:
- (i) Revenues included in Form 990, Part VIII, line 1..... ▶ \$ .....
- (ii) Assets included in Form 990, Part X..... ▶ \$ .....
- 2 If the organization received or held works of art, historical 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:
- a Revenues included in Form 990, Part VIII, line 1..... ▶ \$ .....
- b Assets included in Form 990, Part X..... ▶ \$ .....

**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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance.....	95,813.	99,709.	86,068.	80,693.	0.
b Contributions.....					7,327.
c Net investment earnings, gains, and losses.....	9,875.	-1,809.	15,528.	7,223.	
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....				0.	2,516.
f Administrative expenses.....	2,257.	2,087.	1,887.	1,848.	
g End of year balance.....	103,431.	95,813.	99,709.	86,068.	80,693.

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 ▶ 69.00 %

c Temporarily restricted endowment ▶ 31.00 %

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:

(i) unrelated organizations.....

(ii) related organizations.....

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?.....

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

**Part VI Land, Buildings, and Equipment.** 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.....		167,000.		167,000.
c Leasehold improvements.....		47,220.	46,325.	895.
d Equipment.....		10,555.	8,435.	2,120.
e Other.....		113,209.	94,171.	19,038.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).).....				277,053.

BAA

Schedule D (Form 990) 2012

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12. N/A

(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) .....		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ..		

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13. N/A

(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) .....		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ..		

**Part IX Other Assets.** See Form 990, Part X, line 15. N/A

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

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL EXPENSES	55,853.
(3) ACCRUED PTO	35,985.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .....	

2. FIN 48 (ASC 740) Footnote. 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**

1	Total revenue, gains, and other support per audited financial statements.....	1	3,422,837.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments.....	2a	
	b Donated services and use of facilities.....	2b	285,331.
	c Recoveries of prior year grants.....	2c	
	d Other (Describe in Part XIII.)... SEE PART XIII.....	2d	9,875.
	e Add lines 2a through 2d.....	2e	295,206.
3	Subtract line 2e from line 1.....	3	3,127,631.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
	b Other (Describe in Part XIII.).....	4b	
	c Add lines 4a and 4b.....	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....	5	3,127,631.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements.....	1	2,612,838.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities.....	2a	285,331.
	b Prior year adjustments.....	2b	
	c Other losses.....	2c	
	d Other (Describe in Part XIII.)... SEE PART XIII.....	2d	2,256.
	e Add lines 2a through 2d.....	2e	287,587.
3	Subtract line 2e from line 1.....	3	2,325,251.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4a	
	b Other (Describe in Part XIII.).....	4b	
	c Add lines 4a and 4b.....	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....	5	2,325,251.

**Part XIII Supplemental Information**

Complete this part to 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, 2010, 2011, AND 2012 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, 2013 AND 2012.



2012

**SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4**

CLIENT 0993

SHARED HOPE INTERNATIONAL

91-1938635

1/29/14

09:06AM

**SCHEDULE D, PART XI, LINE 2D**

**OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

SHARED HOPE FOUNDATION REVENUE .....	\$	9,875.
TOTAL	\$	<u>9,875.</u>

**SCHEDULE D, PART XII, LINE 2D**

**OTHER EXPENSES AND LOSSES PER AUDITED F/S**

SHARED HOPE FOUNDATION EXPENSES.....	\$	2,256.
TOTAL	\$	<u>2,256.</u>

**Schedule F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2012**

**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' to 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) EAST ASIA AND THE PACIFIC				OF HUMAN TRAFFICKING		
(3)			PROGRAM SERVICES	VICTIMS		32,647.
(4)				RESCUE AND RESTORATION		
(5) SOUTH ASIA				OF HUMAN TRAFFICKING		
(6)			PROGRAM SERVICES	VICTIMS		163,725.
(7) CENTRAL AMERICA AND THE CARIBBEAN				RESCUE AND RESTORATION		
(8)			PROGRAM SERVICES	VICTIMS		67,782.
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
<b>3 a</b> Sub-total .....						264,154.
<b>b</b> Total from continuation sheets to Part I .....						
<b>c</b> Totals (add lines 3a and 3b) ..	0	0				264,154.

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

Schedule F (Form 990) 2012

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to 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)	(c) Region	(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)		PART V	PART V	RESCUE AND					
(2)				RESTORATION OF HUMAN TRAFFICKING					
(3)									
(4)			CENTRAL AMERICA	ING VICTIMS	24,480.	CASH WIRE PAYMENT			
(5)				RESCUE AND					
(6)				RESTORATION OF HUMAN TRAFFICKING					
(7)									
(8)			CENTRAL AMERICA	ING VICTIMS	36,313.	CASH WIRE PAYMENT			
(9)				RESCUE AND					
(10)				RESTORATION OF HUMAN TRAFFICKING					
(11)									
(12)			EAST ASIA & PAC	ING VICTIMS	30,696.	CASH WIRE PAYMENT			
(13)				RESCUE AND					
(14)				RESTORATION OF HUMAN TRAFFICKING					
(15)									
(16)			SOUTH ASIA	ING VICTIMS	25,246.	CASH WIRE PAYMENT			

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' to 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)							

BAA

**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

Complete this part to 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 - 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.

**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.





**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.

OMB No. 1545-0047

**2012**

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

**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		42,108.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....					42,108.	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 AZ 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.

		(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))
<b>REVENUE</b>	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
<b>DIRECT EXPENSES</b>	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				

**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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
<b>REVENUE</b>	<b>1</b> Gross revenue .....				
<b>DIRECT EXPENSES</b>	<b>2</b> Cash prizes .....				
	<b>3</b> Non-cash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Combine lines 1, column (d) and line 7 .....				

**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: \_\_\_\_\_

- |  |      |                              |                             |
|--|------|------------------------------|-----------------------------|
| 11 Does the organization operate gaming activities with nonmembers? .....  |      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ..... |      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 Indicate the percentage of gaming activity operated in:   |      |                              |                             |
| a The organization's facility .....  | 13 a |                              | %                           |
| b An outside facility .....  | 13 b |                              | %                           |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:   |      |                              |                             |

Name 

---

Address ▶

- 15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? ..... ☐ Yes ☐ No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If 'Yes,' enter name and address of the third party: \_\_\_\_\_

Name 

Address ▶

- 16** Gaming manager information:

Name 

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

- ## 17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? \_\_\_\_\_ ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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.

OMB No. 1545-0047

**2012**

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) COURTNEY'S HOUSE PO BOX 12054 WASHINGTON, DC 20005	26-3883832		41,250.	0.			
(2) MISSION 21 3240 40TH AVE NE ROCHESTER, MN 55901	27-3355341		30,308.	0.			
(3) OASIS OF HOPE 287 ZION ROAD ROARING BRANCH, PA 17765	45-1662708		19,050.	0.			
(4) ON EAGLES' WINGS MINISTRIES PO BOX 9737 ASHEVILLE, NC 28815	59-3628171		93,750.	0.			
(5) REDEFINING REFUGE, INC. PO BOX 10504 TAMPA, FL 33607	27-2126223		14,897.	0.			
(6) TURNAROUND INC. 401 WASHINGTON AVE STE 300 TOWSON, MD 21204	52-1159135		40,700.	0.			
(7) VERONICA'S VOICE PO BOX 172472 KANSAS CITY, MO 66117	20-3902846		30,700.	0.			
(8)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 7
- 3 Enter total number of other organizations listed in the line 1 table ..... 0

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

TEEA3901L 11/30/12

Schedule I (Form 990) (2012)

**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.** Complete this part to 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 GRANTEES' PROJECTS.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

► **Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Name of the organization

SHARED HOPE INTERNATIONAL

Employer identification number

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	3	43,847.	DONATION FMV
10 Securities — Closely held stock.....				
11 Securities — Partnership, LLC, or trust interests.....				
12 Securities — Miscellaneous.....				
13 Qualified conservation contribution — Historic structures.....				
14 Qualified conservation contribution — Other.....				
15 Real estate — Residential.....	X	1	255,000.	APPRAISAL
16 Real estate — Commercial.....				
17 Real estate — Other.....				
18 Collectibles.....	X	1	600.	SALE AT FMV
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ► (MISC SUPPLIES.....)	X	3	902.	PURCHASE PRICE
26 Other ► (FEE PAYMENT.....)	X	1	20.	AMOUNT PAID
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

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?.....

	Yes	No
30 a		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?....

31		X
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....

32 a	X	
------	---	--

b If 'Yes,' describe in Part II.

SEE 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) 2012



**Part II** **Supplemental Information.** Complete this part to 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 HIRED TO FACILITATE THE SALES OF DONATED SECURITIES.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

SHARED HOPE INTERNATIONAL

Employer identification number

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.

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

SEE FEDERAL SUPPLEMENTAL INFORMATION

SEE FEDERAL SUPPLEMENTAL INFORMATION

SEE FEDERAL SUPPLEMENTAL INFORMATION

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

DAVID AND MARJIE AUSTEN HAVE A FAMILY RELATIONSHIP.  
VERN SMITH HAS A FAMILY RELATIONSHIP WITH LINDA SMITH.

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

THE FORM 990 IS REVIEWED AND APPROVED BY THE BOARD'S FINANCE COMMITTEE PRIOR TO  
FILING.

**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.

Name of the organization

Employer identification number

SHARED HOPE INTERNATIONAL

91-1938635

**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 AZ 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 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

Name of the organization

SHARED HOPE INTERNATIONAL

Employer identification number

91-1938635

OMB No. 1545-0047

**2012**

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**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

**Part I Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to 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) <u>TRAFFICKING MARKETS, LLC</u> <u>PO BOX 65337</u> <u>VANCOUVER, WA 98665</u> <u>20-3248901</u>	HUMAN RIGHTS	WA	42,517.	2,120.	SHARED HOPE INTERNATIONAL
(2) -----					
(3) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to 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) <u>SHARED HOPE FOUNDATION</u> <u>PO BOX 65337</u> <u>VANCOUVER, WA 98665</u> <u>41-2084596</u>	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' to 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) Dispropor- tionate allocations?		(i) Code V-UBI amount in box K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
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(2) -----												
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(3) -----												
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to 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) -----									
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(2) -----									
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**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	
1 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?	
	Yes No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	1c X
<b>d</b> Loans or loan guarantees to or for related organization(s)	1d X
<b>e</b> Loans or loan guarantees by related organization(s)	1e X
<b>f</b> Dividends from related organization(s)	1f X
<b>g</b> Sale of assets to related organization(s)	1g X
<b>h</b> Purchase of assets from related organization(s)	1h X
<b>i</b> Exchange of assets with related organization(s)	1i X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	1j X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	1k X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	1l X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	1m X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n X
<b>o</b> Sharing of paid employees with related organization(s)	1o X
<b>p</b> Reimbursement paid to related organization(s) for expenses	1p X
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q X
<b>r</b> Other transfer of cash or property to related organization(s)	1r X
<b>s</b> Other transfer of cash or property from related organization(s)	1s 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 other 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' to 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	
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## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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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 FY2013, 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 2012 EVENT WAS HELD IN NOVEMBER 2012 AND INCLUDED GUESTS FROM 30 STATES ACROSS THE COUNTRY FOR THREE DAYS OF EDUCATION, DISCUSSION AND CELEBRATION. DURING THE EVENT:

- SHI RELEASED THE 2012 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 15 STATES RAISED THEIR GRADES!
- OVER 250 INDIVIDUALS PARTICIPATED AT THE INTENSIVE DO YOU KNOW LACY? TRAINING TO HELP PROFESSIONALS AND COMMUNITY MEMBERS IDENTIFY VICTIMS OF TRAFFICKING AND RESPOND EFFECTIVELY.
- EXPERTS FROM AROUND THE COUNTRY JOINED SHI, THE PROTECTION PROJECT FROM THE JOHN HOPKINS UNIVERSITY SCHOOL OF ADVANCED INTERNATIONAL STUDIES, AND ECPAT-USA 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.

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 FY2013, SHI PRODUCED A DOCUMENTARY WHICH TELLS THE SHOCKING TRUE STORY OF TWO 'ALL-AMERICAN' TEENAGE GIRLS TRICKED INTO TRAFFICKING. CHOSEN IS A COMPREHENSIVE VIDEO RESOURCE PACKAGE THAT REVEALS THE WARNING SIGNS AND SOMETIMES FATAL CONSEQUENCES OF SEX TRAFFICKING TO MIDDLE AND HIGH SCHOOL STUDENTS. THE 20-MINUTE VIDEO IS DESIGNED TO EQUIP PRETEENS AND TEENS TO PROTECT THEMSELVES AND OTHERS FROM BEING TRAPPED IN THE HORRIFIC AND VIOLENT SEX INDUSTRY. THE CHOSEN FILM AND RELATED MATERIALS WERE USED AS AN ENGAGING AND EDUCATIONAL AWARENESS TOOL AT SCHOOL ASSEMBLIES, YOUTH GROUPS, CIVIC ACTION GROUPS, AND OTHER CLUBS AND TEAMS DURING THE YEAR.

NATIONAL RESTORATIVE INITIATIVE - BUILDING UPON 15 YEARS OF EXPERIENCE IN DEVELOPING AND PROVIDING RESTORATIVE CARE WORLDWIDE, SHARED HOPE LAUNCHED THE NATIONAL RESTORATION INITIATIVE TO SERVE AS A CATALYST FOR THE ONGOING DEVELOPMENT OF SHELTER AND SERVICES FOR AMERICA'S TRAFFICKED YOUTH. CURRENTLY, 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, SHARED HOPE PROVIDES GROUNDBREAKING RESEARCH, HOSTS NATIONAL FORUMS AND PARTNERS WITH LOCAL SHELTER AND SERVICE ORGANIZATIONS. THE NATIONAL COLLOQUIUM 2012 REPORT WAS ISSUED IN MAY 2013. THIS REPORT PROVIDES AN INVENTORY AND EVALUATION OF THE CURRENT SHELTER AND SERVICES RESPONSE TO DOMESTIC MINOR SEX TRAFFICKING.

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DURING THE YEAR, SHI'S IMPACT INCLUDED:

- 1,300 INDIVIDUALS TRAINED AT 7 DO YOU KNOW LACY? TRAININGS IN 5 STATES.
- 1,100 SERVICE PROVIDERS TRAINED TO INTERVENE ON BEHALF OF VICTIMIZED AND VULNERABLE CHILDREN.
- 21 BILLBOARDS IN 8 STATES EXPOSED MILLIONS TO THE ISSUE OF SEX TRAFFICKING.
- 240 STATE BILLS RELATED TO DOMESTIC MINOR SEX TRAFFICKING INTRODUCED SINCE THE RELEASE OF THE 2011 PROTECTED INNOCENCE CHALLENGE REPORT CARDS
- 115 AMBASSADORS OF HOPE TRAINED TO LEAD ANTI-TRAFFICKING EFFORTS
- 1,900 INDIVIDUALS TRAINED ON PROTECTED INNOCENCE CHALLENGE AT 31 DIFFERENT VENUES ACROSS THE U.S.

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

#### DOMESTIC PARTNERS

TO RESPOND TO THE EVERY-GROWING NEED FOR SHELTER AND SERVICES FOR DOMESTIC MINOR SEX TRAFFICKING 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 LICENSE TO PROVIDE RESIDENTIAL CARE FOR AN AVERAGE OF EIGHTEEN MONTHS TO YOUTH 13-17 WHO ARE SURVIVORS OF TRAFFICKING.
- PROVIDED SUPPORT FOR THE LAUNCH OF A PARTNERSHIP TO PROVIDE TRAINING AND SUPPORT TO THERAPEUTIC FOSTER FAMILIES WHO WILL PROVIDE SPECIALIZED SERVICES TO YOUTH WHO HAVE BEEN TRAFFICKED.
- PROVIDED SUPPORT TO OPEN A LICENSED GROUP HOME IN PENNSYLVANIA TO PROVIDE CARE FOR SEVEN DMST VICTIMS.
- 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 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.

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- 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.

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

## 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 FOUR 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 CURRENTLY FUNDS VILLAGES OR HOMES OF HOPE IN FIJI, 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. TODAY, SHI'S SUCCESSFUL WIN PROGRAM IS ACTIVE IN INDIA, JAMAICA, FIJI, AND NEPAL. TRAINING PROGRAMS INCLUDE COSMETOLOGY, JEWELRY-MAKING, BAKING, PRINT SERVICES, TAILORING, AND LEATHER-MAKING.

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

## 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, 2013, THE NINE-MONTH WIN TRAINING PROGRAM PROVIDED AN OPPORTUNITY FOR FIVE 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.

CLIENT 0993

SHARED HOPE INTERNATIONAL

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## INTERVENTION / PREVENTION PROGRAM

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 2,000 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.



Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

For assistance, call:  
1-877-829-5500  
FAX 801-620-5670

Notice Number: CP211A  
Date: November 25, 2013

042672.240855.0168.003 1 AB 0.384 373

|||||

Taxpayer Identification Number:  
91-1938635  
Tax Form: 990  
Tax Period: June 30, 2013



SHARED HOPE INTERNATIONAL  
% DENISE CLARK TREASURER  
PO BOX 65337  
VANCOUVER WA 98665-0012

TODAY IS NOV 18 2013

042672

## APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **February 15, 2014**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at [www.irs.gov/eo](http://www.irs.gov/eo). This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.